(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2019 calen	dar year, or tax	year begin	ning 7/0	01	, 2019	, and ending	6/	30		, 2020
В	Check if a	pplicable:	С							D Employ	er identi	ification number
	Addre	ess change	THE EAGLE	ACADEM	Y FOUNDA	ATION,	INC.			20-	1532	382
	Name	e change	31 WEST 12			,				E Telepho		
		I return	NEW YORK,	NY 100	27					212	-477	-8370
	\vdash	eturn/terminated									111	0370
		nded return								G Gross r	acaints (\$ 2,852,450.
	\vdash		F Name and addr	occ of princips	Lofficor:			T ₁	H(a) Is this	a group retur		
	Appli	cation pending		ass or principa	DAV	/ID C.	BANKS		` '			
_	T		SAME AS C		\		1047/->/1>		If "No,	l subordinates " attach a list	. (see ins	structions)
÷		empt status:	X 501(c)(3)	501(c) () ~ (nsert no.)	4947(a)(1) o					
J	Webs		W.EAFNY.OR	1 1		1 -	1.		• • •	exemption no		
K		f organization:	X Corporation	Trust	Association	Other ►	L	Year of formation	n: 200	4 W S	State of le	egal domicile: NY
Pa		Summar					1: :1: 0.			3710 377	0070	
	_		be the organizat	tion's miss	ion or most	significar	it activities:SE	E ORGANI	<u>ZATTO</u>	<u>N'S MI</u>	<u>SS10</u> .	N ON SCHEDULE
9	<u>0</u>) <u>.</u>										
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Governance	3 -	heck this bo	y b [] if the		n discontinu		erations or dis			DE 0/ of ito		
õ			oting members of								1 3	seis. 13
∘ŏ			dependent votin								4	0
Activities &			of individuals e								5	21
₹			of volunteers (6	133
Act	7a To	otal unrelate	ed business reve	enue from	Part VIII, co	lumn (C)	line 12				7a	0.
	b Ne	et unrelated	l business taxab	ole income	from Form 9	990-T, Iin	e 39			, ,	7b	0.
										Prior Year		Current Year
45	8 Co	ontributions	and grants (Pa	ırt VIII, Iine	1h)			,		3,759,9	76.	1,733,367.
Revenue			vice revenue (Pa							1,164,8	394.	1,118,696.
			ncome (Part VIII							2	232.	387.
ď			e (Part VIII, colu							-146,1		
			e – add lines 8							4,778,9	949.	2,852,450.
			imilar amounts p				•					
	14 Be	enefits paid	to or for memb	ers (Part I	X, column (A	4), line 4)						
'n	15 Sa	alaries, othe	er compensatior	n, employe	s 5-10)	1	1,637,1	.78	1,802,194.			
Se	16a Pi	rofessional	fundraising fees	(Part IX,	column (A),	line 11e)						
Expenses	b To	otal fundrais	sing expenses (F	Part IX, col	lumn (D), lin	ne 25) ►	4	54,313.				
Щ			ses (Part IX, colu			•			-	1,988,1	9.1	2,322,602.
			es. Add lines 13							3,625,3		4,124,796.
			expenses. Sub							1,153,5		-1,272,346.
- S		0101140 1000	у сиропосо. Сав	Trace iii io i	0 11 0111 11110					ng of Currer		End of Year
Net Assets o Fund Balance	20 To	otal assets	(Part X, line 16).)						2,365,2		1,468,297.
\sse Bala	21 To		es (Part X, line 2							140,5		503,618.
₽₽	22 N		fund balances.	,								·
2 E	rt II			Subtract ii	ile Zi iloili	III le 20			2	2,224,6	082.	964,679.
		Signatur										
com	er penalties olete. Decla	s of perjury, 1 de aration of prepa	eciare that I have exa arer (other than officei	imined this retu r) is based on	irn, including ac all information c	companying of which prep	schedules and stat arer has any knowl	ements, and to ti ledge.	ne best of n	ny knowledge	and bell	ef, it is true, correct, and
		David	t C. Banks						(05/17/	/202	1
cia	ın	Signatu	re of officer							ate	202	
Siç He	JII re	DVA	TD C DANK	·c					DDEC	IDENT	& CEO	1
110			ID C. BANK print name and title	ن.					FKES	IDENI (X CE	<i>J</i>
		31	preparer's name		Preparer's sig	nature		Date		Check	if	PTIN
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Pa			E BEDIAKO,		BARUTI	DEDTY.	KO, CPA	5/14/	<u> </u>	self-employ	ea	P00740658
rre He	eparer e Only	Firm's name		NRICE L							- 00	1706741
US	Comy	Firm's addre		V PLZ 1								-1726741
			NEW YO	ORK. NY	10001					Phone no.	(21)	2) 447-7300

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Check if Schedule C contains a response or note to any line in this Part III. Briefly describe the organization's mission: SEE SCHEDULE Q	Part	Ш	Statement of Program Service Accomplishments	ī.,
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22. 3 Did the organization caese conducting, or make significant changes in how it conducts, any program services?		D : 41		X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZZ. 10 If Yes, 'cescribe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		-	•	
Form 990 or 990-E27.		SEE_	SCHEDULE O	
Form 990 or 990-E27.				
Form 990 or 990-E27.				
Form 990 or 990-E27.				
If "Yes," describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services?				. —
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?				Yes X No
A Describe these changes on Schedule O. 4 Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(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 \$ 891,181. including grants of \$) (Revenue \$ 998,216.) EAGLE INSTITUTE WITH THE GOAL OF IMPROVING THE ACADEMIC AND LIFE TRAJECTORIES OF YOUNG MEN OF COLOR, EAG OFFRATES THE EAGLE INSTITUTE TO BROADEN THE REACH OF EAGLE'S PROVEN MODEL, BEYOND TIS EAGLE ACADEMIES. THROUGH TRAINING ON EAGLE'S MODEL AND PRACTICES AND COACHING SERVICES. THE EAGLE INSTITUTE ENHANCES THE CAPABALILITY OF SCHOOL EDUCATIONS TO EFFECTIVELY MEET THE NEEDS OF MALE STUDENTS OF COLOR AND ULTIMATELY INCREASE THE NUMBER OF SCHOOLS WITH POSITIVE CULTURES AND INTERVENTIONS INTERDED TO SUPPORT THE ACADEMIC ACHIEVEMENT AND SOCIO-EMOTIONAL FLOURISHING OF BLACK AND LATINO MALE STUDENTS NATIONWIDE. 4b (Code:) (Expenses \$ 786,771. including grants of \$) (Revenue \$) EXTENDED LEARNING OPPORTUNITIES DURING TITME OUT OF SCHOOL, AFTER SCHOOL, ON WEEKENDS, SCHOOL BREAKS, AND DURING SUMMER, EAF PROVIDES EAGLE SCHOLARS WITH ACADEMIC AND CO-CURRICULAR ENRICIMENTS INCLUDING TUTORING, REGENTS AND SAT TEST PREPARATION, SPORTS AND PHYSICAL ACTIVITIES. ARTS, SCIENCE, CLUBS AND OPPORTUNITIES FOR MENTORING, COMMUNITY SERVICE, LOCAL FIELD TRIPS AND TRAVEL 4c (Code:) (Expenses \$ 574,592 including grants of \$) (Revenue \$ 8,500.) THROUGH A COMPREHENSIVE AND SYSTEMATIC APPROACH FOR COLLEGE READINESS, FAF REINFORCES THE MESSAGE AND EXPECTATION THAT ALL SCHOLARS HAVE A POST-SECONDARY PLAN INCLUDING THE GOAL OF COLLEGE ENTRANCE. COLLEGE PREPARATION STARTS EARLY, WITH COLLEGE AMPAGES BEGINNING AT THE 6TH GRADE, MULTIPLE VISITS TO AND TOURS OF COLLEGE CAMPUSES, COLLEGE COUNSELING AND PLANNING TRIPOGH TO FOD OF 12TH GRADE ALONG WITH COLLEGE AMPAGES. COLLEGE COUNSELING AND PLANNING TR				. —
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4e Total program service expenses ► 2.711.207			program service expenses > 2 711 207	, 300.)

			V	NI.
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Χ	
	a Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	bid the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Χ	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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		Х
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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2019) THE EAGLE ACADEMY FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х			
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х				
24 8	a 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			
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
•	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					
25	a 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		Х			
ı	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		Х			
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х			
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		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):						
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х			
I	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 lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash 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 contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х			
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 Schedule N, Part II.	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х			
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
ı	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х				
Part V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V			. NI			
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No			
I	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
•	bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X				
BAA		Form	990 (2019			

Form 990 (2019) THE EAGLE ACADEMY FOUNDATION, INC.

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

			Yes	No
2 8	a 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 21			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ć	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
(If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ı	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			
•	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ı	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If 'Yes,' complete Form 4720, Schedule O.	10		- 23

Form 990 (2019) THE EAGLE ACADEMY FOUNDATION, INC. Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 13 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..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

NEW YORK NY 10027 212-477-8370

WEST 125TH STREET

Form 990 (2019)	THE	FACLE	ACADEMY	FOUNDATION.	TNC

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Page **7**

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

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

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

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

See 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.

		(C)								
(A) Name and title	(B) Average	thar	one	box,	unles	eck moss s pers and a	on	(D) Reportable	(E) Reportable	(F)
Name and the	hours	18		ector/	truste	ee)		compensation from the organization	compensation from related organizations	Estimated amount of other
	week	Indi or c	İnst	Officer	Кеу	Highest co employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization
	(list any hours for related organiza-	lirec	ijm(icer	em	nest Yoye	mer			and related organizations
	organiza- tions	E E	mal		employee	com				
	below dotted	Individual trustee or director	Institutional trustee		ĕ	pens				
	line)	()	99			Highest compensated employee				
(1) DAVID C. BANKS	50									
PRESIDENT/CEO	0			Χ				292,548.	0.	8,881.
(2) ELIZABETH ALMONTE	40									
CHIEF INNOV. OFC.	0					Χ		208,723.	0.	9,038.
(3) JAWANA JOHNSON	40									
CHIEF ACAD OFFICER	0					Χ		169,406.	0.	9,042.
(4) DONALD RUFF	40							_		
DIR OF COLLEGE PLN	0					Χ		132,885.	0.	0.
(5) SCHAUNTE M. COLLINS	40									
DEV. DIRECTOR	0					Χ		115,381.	0.	8,908.
(6) KENITA D. LLOYD	50									
C00	0			Χ				114,413.	0.	5,029.
(7) AARON_BARNETTE	40								_	
DIR STRAT PTR&MENT	0					Χ		110,453.	0.	8,829.
(8) A. MARK GETACHEW, ESQ.	2							_	_	_
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(9) DOUGLAS T. HEALY, CFA	2									
TREASURER	0	Χ		Χ				0.	0.	0.
(10) MICHAEL J. GARNER	2	.,		• • •						•
SECRETARY	0	X		Χ				0.	0.	0.
(11) JOEL I. ALBARELLA	2	٠,,							0	0
DIRECTOR	0	X						0.	0.	0.
(12) WILLIAM F. BARRETT	2	3.7						0	0	0
DIRECTOR	0	Χ						0.	0.	0.
(13) CHAPIN BATES	2	v						_	_	0
DIRECTOR (14) TEDECA EVANC	0	Х						0.	0.	0.
(14) TERESA EVANS	2	v						_	_	0
DIRECTOR	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ustees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	S (cont	inued)
	(B)			(C	•							
(A) Name and title	Average hours per week	box	, unle	ss pe	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) ated am	nount
	(list any hours for related	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the c an	ensation organizat od relate anization	tion d
	organiza - tions below	al trus	nal tro		oloyee	compe						
	dotted line)	lee	stee			nsated						
(15) CARRA WALLACE DIRECTOR	<u>2</u> 0	Х						0.	0.			0.
(16) MONIQUE L. NELSON DIRECTOR	2	Х						0.	0.			0.
(17) FELTON JOHNSON	2											
DIRECTOR (18) PAUL T. WILLIAMS, JR.	2	Х						0.	0.			0.
DIRECTOR	0	X						0.	0.			0.
(19) STEPHEN NORDAHL DIRECTOR	2	Х						0.	0.			0.
(20) VICKI ZUBOVIC DIRECTOR	2	Х						0.	0.			0.
(21)		Λ						0.	0.			0.
(22)												
(23)												
<u>(24)</u>												
(25)												
1 b Subtotal							>	1,143,809.	0.		49,	727.
c Total from continuation sheets to Part VII, Secti							>	0.	0.			0.
d Total (add lines 1b and 1c).							<u> </u>	1,143,809.	0.	- 11		727.
2 Total number of individuals (including but not limited from the organization ► 7	I to those I	ısted	abov	ve) v	who	recei	ved	more than \$100,00	O of reportable comp	ensatio		
3 Did the organization list any former officer, direct	tor truste	e ke	av er	mnla	ovee	or	hiał	nest compensated	emplovee		Yes	No
on line 1a? If 'Yes,' compléte Schedule J for suc	h individu	ıaİ								. 3		Х
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	es,'	com	ıple	te Schedule J for		. 4	X	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	n fro ched	om a lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	enen	dent	cor	ntrad	rtors	tha	it received more th	nan \$100 000 of			
compensation from the organization. Report comper	sation for	the c	alen	dar y	year	endi	ng v	vith or within the or	ganization's tax year		C/	
Name and business add	ress							Description (of services	Compe	ensatio	on
_												
	1											
Total number of independent contractors (including last \$100,000 of compensation from the organization)		ited to	o tho	se I	isted	abo	ve)	wno received more	tnan			

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	1 722 267			
a C	- ''	Business Code	1,733,367.			
ğ	2.		1 110 606	1 110 606		
Program Service Revenue	2a b c	1429 1910 1911 192 1411 241 25	1,118,696.	1,118,696.		
er.	d					
Ĕ	е					
gra	f	All other program service revenue				
P.		Total. Add lines 2a-2f ▶	1,118,696.			
	3	Investment income (including dividends, interest, and other similar amounts)	387.			387.
	4	Income from investment of tax-exempt bond proceeds >				
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
	h	other than inventory Less: cost or other basis				
	b	and sales expenses 7b				
	С	Gain or (loss) 7c				
	d	Net gain or (loss)				
	0 -	Gross income from fundraising events				
nue	oa	(not including \$				
Ve		of contributions reported on line 1c).				
Re		See Part IV, line 18 8a				
Other Revenu	b	Less: direct expenses 8b				
돗		Net income or (loss) from fundraising events ▶				
)		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities▶				
	ıva	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
s		Business Code				
ᄝᇷ	11 a					
Miscellaneous Revenue	b					
돌	С					
န္က နွ	11 a b c d	All other revenue				
Ξ		Total. Add lines 11a-11d				
		Total revenue. See instructions.	2.852.450.	1.118.696.	0	387

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r	esponse or note to any (A)		(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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, trustees, and key employees	429,777.	107,444.	214,889.	107,444.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,144,685.	893,901.	105,745.	145,039.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,144,003.	033,301.	103,743.	140,000.
9	Other employee benefits	111,867.	71,378.	22,491.	17,998.
10	Payroll taxes	115,865.	73,724.	23,552.	18,589.
11	Fees for services (nonemployees):	,	·	•	•
ā	Management				
ŀ	Legal				
	: Accounting	85,268.	65,360.	3,429.	16,479.
C	Lobbying	61,110.		61,110.	
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.SCH Q	1,351,732.	961,830.	342,840.	47,062.
12	Advertising and promotion	14,676.	13,308.	1,368.	11,70021
13	Office expenses	191,824.	137,190.	48,001.	6,633.
14	Information technology	196,943.	150,230.	36,169.	10,544.
15	Royalties	,	,	,	,
16	Occupancy	121,921.	77,541.	24,829.	19,551.
17	Travel	106,664.	67,221.	39,443.	·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,754.	35,115.	12,639.	
20	Interest	,	,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,189.		1,189.	
23	Insurance	2,977.	1,894.	606.	477.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	SPECIAL EVENT	81,981.	21,743.	6,146.	54,092.
ŀ	STIPENDS (YOUTH)	33,190.	32,190.	1,000.	
(BAD DEBT	15,055.		7,500.	7,555.
(EXTERNAL EVENTS	7,456.	638.	3,968.	2,850.
•	All other expenses	2,862.	500.	2,362.	
25	Total functional expenses. Add lines 1 through 24e	4,124,796.	2,711,207.	959,276.	454,313.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

T		
(A) Beginning of you	ear	(B) End of year
1 Cash — non-interest-bearing.	1	
2 Savings and temporary cash investments. 1,108,0	19. 2	1,108,736.
3 Pledges and grants receivable, net. 1,196,0	85. 3	230,657.
4 Accounts receivable, net	4	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
7 Notes and loans receivable, net.	7	
<u> </u>	8	
8 Inventories for sale or use		37,920.
10a Land, buildings, and equipment: cost or other basis.	52. 3	31,320.
	- 10	0.510
b Less: accumulated depreciation	10 0	0/010:
11 Investments – publicly traded securities. 20, 0		50,510.
12 Investments – other securities. See Part IV, line 11	12	
13 Investments – program-related. See Part IV, line 11	13	
14 Intangible assets.	14	21 056
15 Other assets. See Part IV, line 11		31,956.
16 Total assets. Add lines 1 through 15 (must equal line 33)	67. 16	1,468,297.
17 Accounts payable and accrued expenses	85. 17	141,236.
18 Grants payable	18	,
19 Deferred revenue	19	158,882.
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	22	
23 Secured mortgages and notes payable to unrelated third parties	23	203,500.
24 Unsecured notes and loans payable to unrelated third parties	24	203,300.
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	25	
26 Total liabilities. Add lines 17 through 25	85 . 26	503,618.
Ø Organizations that follow FASB ASC 958, check here ► X		
and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		777,729.
28 Net assets with donor restrictions	28	186,950.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 2, 224, 6		
29 Capital stock or trust principal, or current funds	29	
30 Paid-in or capital surplus, or land, building, or equipment fund	30	
31 Retained earnings, endowment, accumulated income, or other funds	31	
32 Total net assets or fund balances	82. 32	964,679.
33 Total liabilities and net assets/fund balances. 2,365,2		1,468,297.

	, III III III III III III III III III I				<u> </u>	
Pai	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	852,	<u>450.</u>	
2	Total expenses (must equal Part IX, column (A), line 25).	2	4,	124,	796.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	272,	346.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	224,	682.	
5	Net unrealized gains (losses) on investments.	5		12,	343.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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		964,	679 <u>.</u>	
Pai	t 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					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	3	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a				
	separate basis, consolidated basis, or both:)				
	Separate basis Consolidated basis Both consolidated and separate basis					
ı	• Were the organization's financial statements audited by an independent accountant?		21	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ate				
	basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	:	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single					
	Audit Act and OMB Circular A-133?		3	a	X	
ı	f 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31)		
BAA	TEEA0112L 01/21/20		For	n 990	(2019)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE EAGLE ACADEMY FOUNDATION, INC. 20-1532382 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,437,678.	2,276,002.	1,848,219.	3,759,976.	1,733,367.	12,055,242.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,437,678.	2,276,002.	1,848,219.	3,759,976.	1,733,367.	12,055,242.
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)						2,268,360.
6	Public support. Subtract line 5 from line 4						9,786,882.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,437,678.	2,276,002.	1,848,219.	3,759,976.	1,733,367.	12,055,242.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	821.	797.	85.	232.	387.	2,322.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	65,190.					65,190.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,					0.
	Total support. Add lines 7 through 10						12,122,754.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				3,449,387.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14							80.73%
15	Public support percentage from	2018 Schedule A,	Part II, line 14				83.36%
16a	33-1/3% support test—2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b blicly supported o	oox on line 13, an	d line 14 is 33-1/3	3% or more, checl	this box
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Parl	t VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	t VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

Page 3

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						
Calend	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	or a revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b					7	
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here		na, thira, fourth, o	r titth tax year as	a section 501	I(c)(3) ►
	Public support percentage for 20			ne 13 column (f))		15 %
	Public support percentage from 2	•	•		•		16 %
	tion D. Computation of Inv						7
	Investment income percentage for				ump (fl)	1	17 %
							18 %
	Investment income percentage framework 33-1/3% support tests—2019. If the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is the support tests—2019 is						-
	is not more than 33-1/3%, check 33-1/3% support tests—2018. If t	this box and sto he organization d	p here. The organ lid not check a bo	ization qualifies a x on line 14 or lir	as a publicly supp ne 19a, and line 10	orted organiz 5 is more thai	ation
20	line 18 is not more than 33-1/3% Private foundation. If the organization		-				

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organization decument by the proposition decument.	5a		
t	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	0-		
t	If 'Yes,' provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9a 9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Pa	art iv Supporting Organizations (Continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Se	ction C. Type II Supporting Organizations			
	,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ctruc	tions)	
	The organization supported a governmental entity. Describe in Fait Vi now you supported a government entity (see in	isti ac	10113).	•
2	Activities Test. Answer (a) and (b) below.		Yes	No
	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.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	==		
	organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	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? <i>Provide details in Part VI.</i>	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Pai	付 V │Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions					
1								
Sec	Section A — Adjusted Net Income (A) Prior Year							
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						
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
k	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
(I Total (add lines 1a, 1b, and 1c)	1d						
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	tion C — Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting or	ganization				

Schedule A (Form 990 or 990-EZ) 2019

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
DAA		Calaadada A /Fa	000 000 F7\ 2010

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Schedule A (Form 990 or 990-EZ) 2019

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



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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

• 5	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
	of organization	,		Employer identification	ation number
THE	E EAGLE ACADEMY FOU	NDATION, INC.		20-153238	
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1		organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)		⊳ \$	1
3	Volunteer hours for political	campaign activities (see instructions)			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	> \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
b	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	,
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities ►\$	
2		g organization's funds contributed to other			
3	Total exempt function expen line 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all so received that were promptly and directly delal action committee (PAC). If additional spanning	ivered to a separate po	olitical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if section 501(the organization	n is exempt under se	ection 501(c)(3) an	d filed Form 5768 (el	ection under
_		igs to an affiliated group (an	d list in Part IV each affil	liated group member's name	
	•	nd share of excess lobbying			
B Check ► ☐ if the filir	ng organization che	ecked box A and 'limited co	ontrol' provisions apply		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendite	•				
		legislative body (direct lob			
, , ,	•	and 1b)			
		nes 1c and 1d)			
		nount from the following ta			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	e amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
0ver \$17,000,000	amount (enter 25%	\$1,000,000. of line 1f)			
•	•	ss, enter -0			
· ·		s, enter -0			
		r line 1h or line 1i, did the or			
section 4911 tax for this	s year?	· · · · · · · · · · · · · · · · · · ·			Yes No
		4-Year Averaging Period	Under Section 501(h)		
(Som	e organizations th	at made a section 501(h) e elow. See the separate ins	election do not have to	complete all of the five	
		bying Expenditures During			
	100	Symig Exponentarios Bulling	j i ioui /tvorugilig i o		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2 a Lobbying nontaxable amount					
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					
RAA				Schadula C (Forn	1 990 or 990-F7) 2019

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 f the lobbying activity.		i)	(b)
		No	Amount
SEE PART IV 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?		Χ	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ	
c Media advertisements?		Χ	
d Mailings to members, legislators, or the public?		Χ	
e Publications, or published or broadcast statements?		Χ	
f Grants to other organizations for lobbying purposes?		Χ	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Χ		61,110.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ	
i Other activities?		Χ	
j Total. Add lines 1c through 1i			61,110.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ	
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?			
Oort III A Commisse if the approximation is account and an earlier F01/5//A as at on F01/	/-\/E\		

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

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

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

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

Part IV | Supplemental Information

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

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

THE EAGLE ACADEMY FOUNDATION, INC. ENGAGED PATRICK B. JENKINS AND ASSOCIATES TO FACILITATE MEETINGS WITH VARIOUS NEW YORK CITY AND STATE GOVERNMENT AGENCIES TO SOLICIT FUNDING.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	THE EAGLE ACADEMY FOUNDATION	ON, INC.	20-1532382
Pai	† Organizations Maintaining Dono	r Advised Funds or Other Simi	ilar Funds or Accounts.
	Complete if the organization answ	vered 'Yes' on Form 990, Part I	IV, line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don are the organization's property, subject to the		
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that g of the donor or donor advisor, or for a	grant funds can be used only any other purpose conferring Yes No
Pai	t II Conservation Easements.		
. 41	Complete if the organization answ	vered 'Yes' on Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by		•
	Preservation of land for public use (for examp	ole, recreation or education)	reservation of a historically important land area
	Protection of natural habitat	P	reservation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	in the form of a conservation easement on the
	last day of the tax year.		
	Total number of constanting constant		Held at the End of the Tax Year
	a Total number of conservation easements		
	b Total acreage restricted by conservation easer		
	c Number of conservation easements on a certif		
(d Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and not or	n a historic 2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or termin	nated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy real and enforcement of the conservation easement		
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enfo	forcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and enforcin	ng conservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote t	orts conservation easements in its revoor the organization's financial statemer	renue and expense statement and balance sheet, and nts that describes the organization's accounting for
_	conservation easements.	otions of Aut Historical Tracer	una au Othau Cimilau Acceta
Pai	Organizations Maintaining Collectory Complete if the organization answers	vered 'Yes' on Form 990, Part I	IV, line 8.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	d for public exhibition, education, or re	evenue statement and balance sheet works of art, esearch in furtherance of public service, provide in s.
ı	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or research	h in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		▶\$
	amounts required to be reported under FASB		
;	a Revenue included on Form 990, Part VIII, line	1	
	Accets included in Form 990 Part Y		▶ ¢

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continu	ıed)					
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check ar	ny of the following that ma	ke significant use of its	collection						
a Public exhibition	d Loan o	or exchange program								
b Scholarly research	e Other									
c Preservation for future generations	_	•								
4 Provide a description of the organization's collect Part XIII.	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Escrow and Custodial Arrange line 9, or reported an amount o	ments. Complete if to Form 990, Part X,	he organization ans line 21.	wered 'Yes' on Fo	rm 990, Par	t IV,					
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	an or other intermediary	for contributions or other	assets not included	Yes	No					
b If 'Yes,' explain the arrangement in Part XIII			·							
				Amount						
c Beginning balance			. 1 c							
d Additions during the year			. 1 d							
e Distributions during the year			. 1 e							
f Ending balance			1f							
2a Did the organization include an amount on F	orm 990, Part X, line 21,	for escrow or custodial a	account liability?	Yes	No					
b If 'Yes,' explain the arrangement in Part XIII	. Check here if the explan	nation has been provided	on Part XIII	[
Part V Endowment Funds. Complete in	f the organization an	swered 'Yes' on For	<u>m 990, Part IV, Iir</u>	ne 10.						
(a) Curre	nt year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	's back					
1 a Beginning of year balance										
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held a	s:							
a Board designated or quasi-endowment ▶	<u> </u>									
b Permanent endowment ▶	9									
c Term endowment ► %										
The percentages on lines 2a, 2b, and 2c should	equal 100%.									
3 a Are there endowment funds not in the possessic organization by:	on of the organization that a	are held and administered f	or the	Yes	No					
(i) Unrelated organizations				3a(i)						
(ii) Related organizations				3a(ii)						
b If 'Yes' on line 3a(ii), are the related organiz				. 3b	 					
4 Describe in Part XIII the intended uses of the	·				<u>.</u> L					
Part VI Land, Buildings, and Equipmen										
Complete if the organization an		m 990, Part IV, line	11a. See Form 99	0, Part X, li	ne 10.					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue					
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment	9,707.		1,189.	8	,518.					
e Other										
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, o	column (B), line 10c.)		8	,518.					
DΛΛ		*		ula D /Farm 991						

TEEA3302L 8/22/19

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(B)			
(C) (D)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27./2	
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A) Part IV line 11c See Form	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)	(.,	(),	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	N/A		
Canadala if the association areas	N/A	Doubly line 11d Con Found	. 000 David V Iima 15
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form	
Complete if the organization answered (a) Des	'Yes' on Form 990 scription), Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value
Complete if the organization answered (a) Des	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 1990, Part X, column (E) Other Liabilities.	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 1990, Part X, column (E) Other Liabilities.	'Yes' on Form 990 Scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2)	'Yes' on Form 990 Scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3)	'Yes' on Form 990 Scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4)	'Yes' on Form 990 Scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Description (b) Complete if the organization answered (c) Complete if the organization answered (d) Complete if the organization answered 'Yes' on Formation (Complete if the organization answered 'Yes') (Complete if the organization answered 'Yes') (Complete if the organization answered 'Yes') (Complete if the organization answered 'Yes') (Complete if the organization answered 'Yes') (Complete if the organization answered 'Yes') ('Yes' on Form 990 Scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Column (h) must equal Form 990, Part X, column (Expert X) Complete if the organization answered 'Yes' on Form (g) Description (h) Federal income taxes (g) Description (g) Description (g) Description (g) Description (h) Federal income taxes (g) Description (g) Description (g) Description (h) Description (g)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription B) line 15.) orm 990, Part IV, line 1 ption of liability	1e or 11f. See Form 990, Part X, line	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	5,497,194.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	13.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	2,644,744.
3 Subtract line 2e from line 1	3	2,852,450.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,852,450.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	6,757,197.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities)1.	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	2,632,401.
3 Subtract line 2e from line 1	3	4,124,796.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	1 - 1	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,124,796.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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 - FASB ASC 740 FOOTNOTE

THE FOUNDATION HAS EVALUATED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN TAX

POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED

STATES OF AMERICA, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX

BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A

TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL

MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.

ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR

Schedule D (Form 990) 2019

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2020 AND 2019.

THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX RETURNS FILED PRIOR TO 2017.



BAA TEEA3305L 8/22/19 **Schedule D (Form 990) 2019**

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE EAGLE ACADEMY FOUNDATION, INC.

Employer identification number 20-1532382

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

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-MIS	SC compensation	(C) Detirement	(D) Nantayahla	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID C. BANKS	(i)	292,548.	0.	0.	0.	8,881.	301,429.	0.
1 PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH ALMONTE	(i)	208,723.	0.	0.	0.	9,038.	217,761.	0.
2 CHIEF INNOV. OFC.	(ii)	0.	0.	0.	0.	0.	0.	0.
JAWANA JOHNSON	(i)	169,406.	0.	0.	0.	9,042.	178,448.	0.
3 CHIEF ACAD OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
5	(i) (ii)					-4		
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
	(i)							
12	(ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (ii)							
	(i)							
16	(ii)		TEE / / 102 8 / 2 / 1					L (Form 000) 2010

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Schedule J (Form 990) 2019

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.



SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047 2019

Open To Public

Department of the Treasury

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

e organization														
ic organization								Em	ployer i	dentifica	tion nu	mber		
Excess Be	enefit Trans	actions (sec	tion 50	01(c)(3	3), sec	tion 501(c)(4), and	section	501	(c)(2	9) or	ganiz	zatior	าร
OHIY). Com	piete if the orga						ie 25a or 25i	o, or For	m 990	J-E∠, I	art v	, iine		rootod
(a) Name of disqua	organization			ori ariu	(c) Description of transaction						No			
													165	NO
										►ŝ				
										•				
									•	7				
Complete if t	he organization	answered 'Yes	' on Fori	n 990-E	Z, Part	V, line 38a or	Form 990, F	Part IV, I	ine 26	; or if	the			
	reported an am	ount on Form 9			5, 6, or	22.								
e of interested person	(b) Relationship with organization	(c) Purpose of loan	from	n the	(e princ) Original sipal amount	(f) Balanc	e due	(g) In (default?	(h) Ap	proved ard or	(i) Wi	
			organiz	zation?							comm	nittee?	. 3	
			То	From					Yes	No	Yes	No	Yes	No
								~						
						_		-	-					
			1			▶ \$								
Grants or	Assistance	Benefiting I	nteres	ted Pe	rsons	······								
	he organization	answered 'Yes	' on Fori	n 990, F	art IV,	line 27.								
(a) Name of interes	sted person	(b) Relations	ship betwee	en intereste	ed	(c) Amount o	of assistance	(d) Typ	e of ass	sistance	(e)	Purpose	e of assi	stance
.,	·	person a	and the org	anization		• •						·		
								1						
								1						
								1			_			
								1						
		-												
								1						
	Excess Be only). Com (a) Name of disqual atter the amount of cition 4958	Excess Benefit Trans only). Complete if the organization described by the resulting the amount of tax incurred and the resulting the amount of tax, if any, on the resulting the amount of tax, if any, on the resulting the organization organization reported an amount of interested person (b) Relationship with organization with organization described by the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the resulting transfer of the	Excess Benefit Transactions (seconly). Complete if the organization answert the amount of tax incurred by the organization 4958. Loans to and/or From Interested Complete if the organization answered 'Yes organization reported an amount on Form 9 or interested person (b) Relation (c) Purpose of loan (c) P	Excess Benefit Transactions (section 50 only). Complete if the organization answered 'Ye (a) Name of disqualified person The section 4958. 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Complete if the organization answered 'Yes' on Form 990, Part IV, ling (a) Name of disqualified person (b) Relationship between disqualified person and organization dependent organization. (c) Name of disqualified person organization managers or disqualified person and organization organization. Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a organization reported an amount on Form 990, Part X, line 5, 6, or 22. (c) Purpose of loan or from the organization principal amount organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to organization organization organization principal amount organization organization reported an amount organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization org	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and only). 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Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans (d) Description of trans Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26 organization reported an amount on Form 990, Part X, line 5, 6, or 22. Interested person (d) Purpose of from the formal principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of principal amount of pr	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(2) only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, it is amount of tax incurred by the organization managers or disqualified person and organization organization organization organization. Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if organization reported an amount on Form 990, Part X, line 5, 6, or 22. Interested person (a) Peationship with organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization org	Excess Benefit Transactions (section 501 (c)(3), section 501 (c)(4), and section 501 (c)(29) or Only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V (a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction (c) Description of transaction (d) Description of transaction (e) Description of transaction (e) Description of transaction (f) Description of transaction (g) Description of transaction (h) Relationship between disqualified person and organization of transaction organization (h) Relationship between disqualified person and organization of transaction (h) Relationship between disqualified person and organization of transaction (h) Relationship between disqualified person and organization of transaction (h) Relationship between disqualified person and organization (h) Relation	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organization (h)). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of transaction (d) Description of transaction (e) Description (e) Description (e) Description (e) Description (e) De	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organization only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Organization (e) Description of transaction (e) Description of transaction (f) Person (g) Description of transaction (h) Relationship between disqualified person and organization organization organization answered by the organization (e) Description of transaction (f) Person (g) Organization (h) Relationship organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount of term 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount of principal amount or organization answered 'Yes' on Form 990-Part IV, line 38a or Form 990, Part IV, line 26; or if the organization experted an amount of principal amount organization answered 'Yes' on Form 990-Part IV, line 38a or Form 990, Part IV, line 26; or if the organization or organization amount or principal amount organization organization organization amount or principal amount organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organi

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
(1) MALCOLM BANKS	FAMILY MEMBR O	10,500.	INDEPENDENT CONTRACT		Χ
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

THE PRESIDENT/CEO'S SON WORKS AS AN INDEPENDENT CONTRACTOR FOR THE ORGANIZATION.



SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE EAGLE ACADEMY FOUNDATION, INC.

Employer identification number

20-1532382

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO DEVELOP AND SUPPORT A NETWORK OF ALL MALE, GRADES 6-12, COLLEGE-PREPARATORY

PUBLIC SCHOOLS IN CHALLENGED URBAN COMMUNITIES THAT EDUCATE AND MENTOR YOUNG MEN

INTO FUTURE LEADERS COMMITTED TO EXCELLENCE IN CHARACTER, SCHOLASTIC ACHIEVEMENT AND

COMMUNITY SERVICE, AND TO PROMOTE THESE PRINCIPLES NATIONALLY.

THE FOUNDATION SUPPORTS ITS: (1) EAGLE ACADEMY NETWORK OF PUBLIC SCHOOLS IN NEW YORK CITY AND NEWARK, NEW JERSEY; AND (2) PROFESSIONAL DEVELOPMENT INSTITUTE

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

SCHOOL CAPACITY BUILDING

FOCUSED ON STRENGTHENING THE INFRASTRUCTURE AND OPERATIONS OF ITS SCHOOLS, EAF
OFFERS ACADEMIC SUPPORT SERVICES, PROVIDES PROFESSIONAL DEVELOPMENT OPPORTUNITIES,
ASSISTS WITH TALENT RECRUITMENT EFFORTS AND SUPPORTS THE SCHOOL COMMUNITY BY
LEVERAGING ADDITIONAL PARTNERSHIPS AND RESOURCES THAT ENABLE THE SCHOOL TO ACHIEVE
ITS GOALS.

OTHER PROGRAMS INCLUDING GENERAL PROGRAM, AMBASSADOR PROGRAM, AND FISCAL CONDUIT.

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

THE FORM 990 IS REVIEWED AND COMPARED TO PRIOR YEAR 990 BY FINANCE AND PRESIDENT/CEO FOR ACCURACY. IT IS ALSO REVIEWED AND APPROVED BY THE BOARD FINANCE COMMITTEE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
THE DIRECTORS REGULARLY COMPLETE AND RETURN TO THE ORGANIZATION THE CONFLICT OF
INTEREST QUESTIONNAIRES.

Name of the organization	Employer identification number
THE EAGLE ACADEMY FOUNDATION, INC.	20-1532382

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE PRESIDENT/CEO SALARY IS DETERMINED THROUGH A COMPARATIVE ANALYSIS OF SIMILAR
NON-PROFITS AND APPROVED BY THE BOARD.

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

SALARIES ARE DETERMINED THROUGH A COMPARATIVE ANALYSIS OF SIMILAR NON-PROFITS AND

APPROVED BY THE BOARD.

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

FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST.

GOVERNANCE AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

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

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
PROFESSIONAL FEES	TOTAL	1,351,732. \$ 1,351,732.	961,830. \$ 961,830.	342,840. \$ 342,840.	\$ 47,062. \$ 47,062.