# Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

<b>₩</b>	Ala.	1545-	1070

For calendar year 2019, or fiscal year beginning MAY 1 , 2019, and ending APR 30 , 20 20 2019 Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer Identification number ECONOMIC OPPORTUNITIES ADVANCEMENT CORP OF PLANNING REGION XI 74-1549077 Name and title of officer DOROTHY MARSTALLER EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b \_\_\_\_\_ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) ......... 4b \_\_\_\_ 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) \_\_\_\_\_\_ 5b \_\_\_ 5a Form 8868 check here **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return, I consent to allow my Intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize MCCONNELL & JONES LLP 49077 \_\_ to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen, As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date  $\triangleright$  03/15/21

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76299791555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

923051 10-03-19

ERO's signature

Date  $\triangleright$  03/15/21

Product: Exempt

Category:

IRS Center: Ogden

Name: Economic Opportunities Advancement Corp of Planning Region e-Postmark: 3/15/2021 3:10 PM

ΧI

FEIN: \*\*\*\*\*9077

Notification: Email

Fiscal Year Begin Date: 5/1/2019

Fiscal Year End Date: 4/30/2020

eSigned:

#### Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
03/15/2021	19X:100000031,2100:V1	Upload Started			Hale- Knight,Cindy	
03/15/2021	19X:100000031.2100:V1	Ready to Release by Customer				
03/15/2021	19X:100000031.2100:V1	Released for Transmission - Validation in Progress	- ! :		Hale-Knight, Cindy	
03/15/2021	19X:100000031.2100:V1	Ready to transmit - Validation Complete		! : : 4	:	
03/15/2021	19X:100000031,2100:V1	Transmitted to FD	7629972021074034be21			
03/15/2021	19X:100000031.2100:V1	Accepted by FD on 3/15/2021		:	•	

### Cassandra Bianchi

From: Karen Hu <yhu@mjlm.com>

Sent: Thursday, February 25, 2021 11:53 AM

To: Cassandra Bianchi

Subject: PBC Request for 990 of Economic Opportunities Advancement Corporation

CAUTION: This email originated from outside of the organization! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe!

#### Good morning,

My name is Karen Hu with McConnell & Jones LLP, and I will prepare the 990 of Economic Opportunities Advancement Corporation for FY 2019-2020. Please provide the following information for the return:

- 1. Please confirm the officer to sign the 990 is Dorothy Marstaller Executive Director.
- 2. Please provide the name and telephone number of person who handles the organization's accounting records.
- 3. Number of voting members of the governing body at the end of the tax year
- 4. Number of independent voting members of the governing body at the end of the tax year
- 5. Total number of volunteers (estimate if necessary) during the tax year
- 6. Number of Form 1099 issued for calendar year 2019  $< \partial \partial Q$
- 7. Number of employees reported on Form W-3 for calendar year 2019 35%
- 8. List of board directors. Please include name, title, average hours per week, and compensation from the organization, if any.
- 9. For officers who are not board members, Please provide their name, title, weekly hours and 2019 W-2 forms.
- 10. Total number of independent contractors who received more than \$100,000 of compensation for calendar year 2019. Please list the five highest compensated independent contractors, including their name, address, amount received, and description of services provided.

Thanks! Please let me know if you have any questions.

Best regards,
Karen Hu
Tax Staff
yhu@mjlm.com
McConnell & Jones LLP
4828 Loop Central Drive, Suite 1000, Houston, TX 77081
(713) 968-1620 (Direct Phone)
(713) 968-1600 (Main Phone)
(713) 968-1640 (Fax)
www.mcconnelljones.com

- Caralana de 0011	F	7.	F		
a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 84632.31		a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 84632.31	2 Federal income tax withheld 6842.03
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld		3 Social security wages	4 Social security tax withheld
	84632.31			84632.31	5247.20
b Employer identification number 74–1549077	6 Medicare wages and tips 84632.31	6 Medicare tax withheld	b Employer Identification number 74-1549077	5 Medicare wages and tips 84632.31	6 Medicare tax withheld
c Employer's name, address, and		REISSUED STATEMENT	c Employer's name, address, and		1227,17 REISSUED STATEMENT
	TUNITIES ADVANC			TUNITIES ADVANCE	EMENT CORP
WACO	TX	76701	WACO d Control number	TX 7 Social security tips	76701 8 Allocated tips
e Employee's first name and initial	Last name	Suff.	d Consol Nameon	T COOKS SOCIETY SPS	a mounta apa
KRISTINE 303 W DENISON		***************************************	e Employee's first name and initia	:	Suff,
202 M DEMISON	DK		KRISTINE	M JACKSON	************************
ROBINSON	TX	76706	303 W DENISON	DR	
f Employee's address and ZIP co d Control number 7		B Allocated tips	ROBINSON f Employee's address and ZIP		76706
9	Dependent care benefits	1 Nonqualified plans	13 Statutory	Retirement X	Third-party
	<u> </u>	, , , , , , , , , , , , , , , , , , ,	employee L	Non1	sick pay 11 Nonqualified plans
DD 1	7777.96 14 Other			To Dependent care benefits	11 Nonquamed plans
12b	าล่าก่าน่าน้ำนักกับ		12a .	14 Other	-1
12c ;	111141411414111111		DD   126	7777,96	
12d .	***************		1		
ļi			12c		
13 Statutory employee	Retirement X	Third-party sick pay	12d		
16 State Employer's state ID nu	mber 16 Stale wages, tips	, etc. 17 State income tax	16 State Employer's state ID no	ımber 6 State wages, tips	, etc. 17 State income tax
		***************************************			
1					
18 Local wages, tips, etc. 19 Loc	cal income tax 20 Locality n	ame	18 Local wages, tips, etc. 19 Lo	cal income tax 20 Locality	name
	***************************************				***************************************
LL			<u> </u>		<del></del>
Form W-2 Wage and Tax Statement	coby a - 10 as tusa stu	partneri of he Treasury Internal Revenue Service n Employee's FEDERAL Tax Return.	Form W-2 Wage and Tax Statement	сору 2 - 10 по глед мил стрюум	partment of the Treasury-Internal Revenue Servic 'a State, City, or Local Income Tax Return
a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 8 4 6 3 2 . 3 1	1	a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 8 4 6 3 2 . 3 1	
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld	OMB No. 1545-0008	3 Sodal security wages	4 Social security tax withheld
b Employer identification number	84632.31	5247,20 6 Medicare tax withheld	b Employer identification number	84632.31	5247.20 6 Medicare tax withheld
74-1549077	8 4 6 3 2 . 3 1		74-1549077	84632.31	
c Employer's name, address, and		REISSUED STATEMENT	c Employer's name, address, and		REISSUED STATEMENT
ECONOMIC OPPOR	TUNITIES ADVANC	EMENT CORP	ECONOMIC OPPOR	TUNITIES ADVANC	EMENT CORP
500 FRANKLIN A	VE		500 FRANKLIN A	VE	
WA CO	mV	76701	FIA CO	my	76701
WACO			WACO	TX	
e Employee's first name and initia KRISTINE	I Last name M JACKSON	Suff.	e Employee's first name and initia KRISTINE	l Last name M JACKSON	Suff.
303 W DENISON	DR		303 W DENISON		
ROBINSON	TX	76706	ROBINSON	TX	76706
f Employee's address and ZIP co	de		f Employee's address and ZIP co	ode	
d Control number	Social security tips	8 Allocated tips	d Control number	7 Social security tips	8 Allocated tips
9 1	0 Dependent care benefits	11 Nonqualified plans	9	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other		12a	14 Other	
1 1)1) :	777.96		DD	7777.96	
126			126		
12c	***************************************		12c	*******************************	
12d ;	******************		12d :	***************************************	
	Petirement NA	Third.neght	i	Patiroment N. 4	Third-pady [ ]
employee	Retirement D	Third-party sick pay	employeé	Retirement A	Third-parly sick pay
16 State Employer's state ID nu	mber 16 State wages, tips	, etc. 17 State income tax	15 State Employer's state ID no	umber 6 State wages, tips	, etc. 17 State income tax
				***************************************	
18 Local wages, tips, etc. 19 Lo	cal income tax 20 Locality n	ame	18 Local wages, tips, etc. 19 Lo	cal income tax 20 Locality r	l ame
arannamanan mananan pana			***************************************		**************************
Form Wage and Tax Statement	2019 Conv C - Fo	r EMPLOYEE'S RECORDS.	Form W-2 Wage and Tax Statement	2019 (	Innativented by Terranius lateral December 6
44-Z			<b>∀∀-∠</b>	Annual Taranta State of the	Repartment of the Treasury-Internal Revenue Serv

a Employee's SSN 465-88-6734	1 Wages, tips, other compensation 83271.2		a Employee's SSN 465-88-6734	1 Wages, tips, other compensatio 83271.26	
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld	OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
b Employer Identification number	108271.2	6 6712.82 6 Medicare tax withheld	b Employer Identification number	108271.26	6 Medicare tax withheld
74-1549077	108271,2	•	74-1549077	108271.26	
c Employer's name, address, and ECONOMIC OPPOR 500 FRANKLIN A	TUNITIES ADVANC	REISSUED STATEMENT	c Employer's name, address, a ECONOMIC OPPO 500 FRANKLIN	RTUNITIES ADVANC	REISSUED STATEMEN' CEMENT CORP
WACO	TX	76701	WACO	TX	
e Employee's first name and initial	Last name	Suff.	d Control number	7 Social security lips	8 Allocated tips
DOROTHY 289 SAFFLE ROA		ER	e Employee's first name and in	;	Suff,
			DOROTHY 289 SAFFLE RO	MARSTALLI	ER
ROBINSON f Employee's address and ZIP co	TX de	76706	1		
	Social security tips	8 Allocaled tips	ROBINSON  f Employee's address and 2		76706
9	O Dependent care benefits	f1 Nonqualified plans	13 Statutory employee	Retirement X	Third-party Sick pay
128	14 Other		9	10 Dependent care benefits	11 Nonqualified plans
12b	5000.00		128	14 Other	
12c			12b	25000.00	
12d	***************************************		12c .	***************************************	
13 Statutory employee	Retirement X	Third-party sick pay	12d	***************************************	
15 State Employer's state ID nu		s, etc. 17 Stale income tax	15 State Employer's state ID	number 6 State wages, tip	s, etc. 17 State income tax
			***************************************		
18 Local wages, tips, etc. 19 Loc	cal income tax 20 Locality	pame	18 Local wages, tips, etc. 19	Local income tax 20 Local	ily name
(*****************************					
Form W-2 Wage and Tax Statement	Copy B - 10 Be Filed W	Repartment of the Treasury-Internal Revenue Service th Employee's FEDERAL Tax Return.	Form W-2 Wage and Tax Statem	Copy 2 - 10 Be Filed With Employ	Department of the Treasury-Internal Revenue Service's State, City, or Local Income Tax Retur
a Employee's SSN 465-88-6734	1 Wages, tips, other compensation 83271.2	on 2 Federal income tax withheld 6 21200,86	a Employee's SSN 465-88-6734	1 Wages, tips, other compensation 83271, 26	
OMB No. 1545-0008	3 Social security wages 108271.2	4 Social security tax withheld 6712.82	OMB No. 1545-0008	3 Social security wages 108271.26	4 Social security tax withhele
b Employer identification number	6 Medicare wages and tips	6 Medicare tax withheld		ber 6 Medicare wages and tips	6 Medicare tax withheld
74-1549077 c Employer's name, address, and	108271.2	6 1569.85 REISSUED STATEMENT	74-1549077 c Employer's name, address,	108271.26	5 1569.85
ECONOMIC OPPOR 500 FRANKLIN A	TUNITIES ADVANO VE			RTUNITIES ADVANC	
WACO	TX	76701	WACO	TX	76701
e Employee's first name and initial		Suff.	e Employee's first name and in		Suff.
DOROTHY 289 SAFFLE ROA	MARSTALL D	EK	DOROTHY 289 SAFFLE RC	IMARSTALLI AD	<u>er</u>
ROBINSON	TX	76706	ROBINSON	TX	76706
f Employee's address and ZiP co d Control number 7	Social security tips	8 Allocated tips	f Employee's address and ZIF d Control number	7 Social security tips	8 Allocated tips
9 1	0 Dependent care benefits	11 Nonqualified plans	9	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other		12a	14 Other	<u> </u>
E 25	000.00	***************************************	E 326	25000.00	
120			12c		
12d	*******	***************************************	12d	***************************************	
<u> </u>	Retirement 57	Third-narty I		Petirement N 7	Third packs [77]
13 Statutory employee 15 State Employer's state ID nu	Retirement  plan  16 State wages, tip	Third-party sick pay s, etc. 17 State income tax	13 Statutory employee 16 State Employer's state ID	Retirement D	Third-party sick pay
		o, oto.	Thirtyer a state ID		or order records tax
	1			<u> </u>	
18 Local wages, tips, etc. 19 Loc	cal income tax 20 Locality	name	18 Local wages, tips, etc. 19	Local Income fax 20 Locality	name
Form W-2 Wage and Tax Statement	2019 Copy C - F	or EMPLOYEE'S RECORDS.	Form W-2 Wage and Yax Statem	m 2019	Department of the Tressury-Internal Revenue Sec

# ECONOMIC OPPORTUNITIES ADVANCEMENT CORP

Vendor Activity From 1/1/2019 Through 12/31/2019

TXU ENERGY ASSISTANCE GROUP BLUE CROSS BLUE SHIELD OF TEXAS SKUNK DADDY SERVICES LLC LITTLE CHRISTIAN ACADEMY III WACO CHILD DEVELOPMENT CENTER EOAC HEALTH PLAN FAITH ACADEMY CHILD CARE CENTER LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC HANDPRINTS ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC YOUNG EXPRESSION DAYCARE LLC	(1,279,647.31 (1,077,407.53 (453,702.73 (415,855.67 (352,006.33 (332,380.75 (321,654.78 (318,422.30 (308,627.90 (289,398.17 (266,567.56
SKUNK DADDY SERVICES LLC LITTLE CHRISTIAN ACADEMY III WACO CHILD DEVELOPMENT CENTER EOAC HEALTH PLAN FAITH ACADEMY CHILD CARE CENTER LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC HANDPRINT'S ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(1,077,407.53 (453,702.73 (415,855.67 (352,006.33 (332,380.75 (321,654.78 (318,422.30 (308,627.90 (289,398.17
LITTLE CHRISTIAN ACADEMY III WACO CHILD DEVELOPMENT CENTER EOAC HEALTH PLAN FAITH ACADEMY CHILD CARE CENTER LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC HANDPRINT'S ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(453,702.73 (415,855.67 (352,006.33 (332,380.75 (321,654.78 (318,422.30 (308,627.90 (289,398.17
WACO CHILD DEVELOPMENT CENTER EOAC HEALTH PLAN FAITH ACADEMY CHILD CARE CENTER LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC HANDPRINT'S ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(415,855.67 (352,006,33 (332,380.75 (321,654.78 (318,422.30 (308,627.90 (289,398.17
EOAC HEALTH PLAN FAITH ACADEMY CHILD CARE CENTER LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC HANDPRINTS ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(352,006,33 (332,380.75 (321,654.78 (318,422.30 (308,627.90 (289,398.17
FAITH ACADEMY CHILD CARE CENTER LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC HANDPRINTS ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(332,380.75 (321,654.78 (318,422.30 (308,627.90 (289,398.17
LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC HANDPRINTS ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(321,654.78 (318,422.30 (308,627.90 (289,398.17
HANDPRINTS ACADEMY BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(318,422.30 (308,627.90 (289,398.17
BRIGHT HORIZONS CHILD CARE CENTER US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(308,627.90 (289,398.17
US FOODS ASPIRING FUTURE LEADERS ACADEMY LLC	(289,398.17
ASPIRING FUTURE LEADERS ACADEMY LLC	• • • • • • • • • • • • • • • • • • • •
	(-00,000
	(265,849.45
To otto Militaro In Militaro	(262,284.61
AUNT ROSIES DAY CARE	(246,603.29
BUTTERLAND CDC	(233,054.12
STELLAR PREP ACADEMY LLC dba LITTLE PEOPLES	(229,315.30
LEARNING CENTER	(227,313.30
RELIANT ENERGY	(223,181,64
MUTUAL OF AMERICA	(215,572.28
TAMMY'S LEARNING CENTER	(205,764.52
DIRECT ENERGY	(204,844.74
GREATER WACO EARLY EDUCATION CENTER	(199,485.41
A & H REFRIGERATION CO	(191,829.00
KIDZ TURN	(187,514.38
OAKLAWN BAPTIST DAY CARE	(184,857.97
GUARDIAN	(182,160.62
WACO MASTER CLEANING	(163,156.20
CANDY CANE CORNER	(161,380.82
STREAM ENERGY	(151,529.08
MARY STREET LTD	(150,228.00
CHILDREN FIRST LEARNING CENTER	(148,467.43
JUST ENERGY INC	(133,204.39
FUTURE MINDS CHILD CARE	(123,385.85
BRITE START CHILDCARE CENTER	(122,951.57
GOLDEN APPLE ACADEMY	(116,500.24
EXTRACO TECHNOLOGY	(110,157.84
FIRST CHOICE POWER	(109,422.68
McGREGORS KID STOP CDC	(109,041.02
WACO HARVEST TIME CHRISTIAN	(108,351.82
GREEN MOUNTAIN ENERGY COMPANY	(107,689.00
AMERIPOWER, LLC	(106,861.49
LITTLE TYKE RANCH CDC	(95,773.69
BABES N TOTS CHILD CARE CENTER	(95,191.71
CONNALLY IS D CHILD CARE	(83,036.64
CARD SERVICE CENTER	(82,671.52
WACO CHILD DEVELOPEMENT, INFANT	(82,453.62
KINGDOM BUILDERS FOR CHRIST CCC	(82,381.25
BERKLEY HUMAN SERVICES	(78,562.50
IMAGINE GREATNESS	(78,362.36 (77,845.78
YMCA - EDNA	
	(77,517.12
AMBIT ENERGY TEXAS MUTUAL INSURANCE CO.	(77,463.55 (76,272.58

#### Cassandra Bianchi

From: Kristine Jackson

Sent: Wednesday, December 18, 2019 1:53 PM

To: Alex Zou

Cc: Cindy Hale-Knight

**Subject:** RE: Information Request for Form 990

I'll have the rest of the info by the end of next week.

Kris Jackson CFO/Controller

**Economic Opportunities Advancement Corporation of Planning Region XI** 

Office: (254) 753-0331 ext. 1502

Fax: (254) 754-1031

From: Alex Zou <azou@mjlm.com>

**Sent:** Wednesday, December 18, 2019 10:49 AM **To:** Kristine Jackson <a href="mailto:kristine.jackson@eoacwaco.org">kristine.jackson@eoacwaco.org</a>

**Cc:** Cindy Hale-Knight <cknight@mjlm.com> **Subject:** Information Request for Form 990

CAUTION: This email originated from outside of the organization! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe!

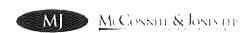
Hello Kristine,

My name is Alex. I am assigned to prepare EOAC 2018 Form 990. Please provide the following information so we can finish the tax return as soon as the audit is finished:

- (1) Please provide 2018 W-2 forms of the officers.
- (2) Is average hours per week the same as 2017?
- (3) Total number of forms reported in Box 3 of Form 1096.
- (4) Number of voting members of the governing body 15
- (5) Number of independent voting members of the governing body 15
- (6) Number of employees reported on Form W-3
- (7) Total number of volunteers.
- (8) Please provide your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization, including name, address, description of services, and payment amount.
- (9) Please confirm if the executive director is Dorothy Marstaller. yes

Let me know if you have any questions. Thank you.

Best Regards, Shuai (Alex) Zou, CPA Tax Experienced Staff azou@mjlm.com



McConnell & Jones LLP 4828 Loop Central Drive, Suite 1000, Houston, TX 77081 (713) 968-1600 (phone) (713) 968-1638 (direct phone) (713) 968-1640 (main fax) www.mcconnelljones.com

The information contained in this message (including attachments) may be legally privileged and confidential and protected from disclosure by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any retention, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

	30.04	<u> </u>		
33333 a Control dumber for Official Us	de Oilly ▶ \ 5-0008	Aatrix Rev. 11/08/18		
Kind Sind Sind Sind Sind Sind Sind Sind S	Kind of State/local, State/local (Check,one)	on-govt, Third-party sick pay  ocal 501c Federal govt, applicable)		
c Total number of Forms W.2 d Establishment number 366	1 Wilgies, tips, other compensation 7263972.41	2 Pederal Income tex withheld 553999.10		
T4-1549077	3 Social socurity wages 6292063.44	4 Social security tax withhold 390107.99		
f Employer's name ECONOMIC OPPORTUNITIES ADVANCE	6 Medicare wages and tips 7373489.91	6 Medicare lax withhold 106915.58		
500 FRANKLIN AVE	7 Social security tips	0 Allocated tips		
WACO TX 76701 -	9	10 Dependent care benefits		
ថ Employer's address and ZIP code	11 Nonqualified plans	12a Deferred compensation 48658.26		
h Other EIN used this year	13 For third-party alck pay use only	12h		
16 State Employer's state ID number	14 income tax withheld by payer of third-party	sick pay		
16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income lax		
Employer's contact person KRISTINE JACKSON	Employer's telephone number 254 753-0331	For Official Use Only 0 0 0 0/1048		
Employer's fax number 254 754-0046	Employer's email address KRISTINE.JACKSON@EOACWACO.ORG			

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature >

Tille

Dato

01/26/19

# Form W-3 Transmittal of Wage and Tax Statements

Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

#### Reminder

Separate instructions, See the 2018 General instructions for Forms W-2 and W-3 for information on completing this form, Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA,

### Purpose of Form

Complete a Form W-3 Transmittal only when filling paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct lax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

#### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA that you have created using payroll or tex software that formats the files according to the SSA's Specifications for Filing Form W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 3, 2019. For more information, go to www.SSA.gowbso.

First time filers, select "Register"; returning filers select "Log in."

#### When To File Paper Forms

2018

Mall Form W-3 with Copy A of Form(s) W-2 by January 31, 2019.

# Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration Data Operations Center Wilkes-Barre, PA 18769-0001

Note. If you use "Certified Mail" to file, change the ZIP code to "18769.0002" If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Rublication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

b Employer identification number (EIN) 74-1549077  c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CO 500 FRANKLIN AVE WACO TX 76701  d Control number  c Employee's first name and initial KRISTINE M JACKSON  TX 76706  1 Wages, lips, other compensation 74539.87 4 Social security tax withheld 74539.87 6 Medicare wages and tips 74539.87 6	22222	I Vald I II	oyae's social security number	For Official Us OMB No. 164					
C Employer's name, address, and ZIP code  ECONOMTC OPPORTUNITIES ADVANCEMENT CO 500 FRANKLIN AVE  TX 76701  C Control number  C Complete this traine and initial KRISTINE  M DENISON  TX 76706  C Employee's address and ZIP code	b Employer ident				1 Wages, lips, other compensation	2 Federal Income	tax withheld		
C Employer's name, address, and ZIP code  ECONOMTC OPPORTUNITIES ADVANCEMENT CO 500 FRANKLIN AVE  WACO TX 76701  C Control number  C Employee's first name and initial KRISTINE M JACKSON  TX 76706  TX 76706  3 Social security wages		74-1	549077			1	5788.18		
ECONOMIC OPPORTUNITIES ADVANCEMENT CO 500 FRANKLIN AVE  WACO TX 76701  d Control number  D Employee's first name and Initial KRISTINE M JACKSON  TX 76706	c Employer's nar	ne, address, and ZIP cor	do	***************************************					
ECONOMIC OPPORTUNITIES ADVANCEMENT CO 5 Medicare wages and tips 74539.87  NACO TX 76701  d Control number  D Employee's first name and initial KRISTINE M JACKSON  TX 76706  11 Nonqualified plans  12a See instructions for box for plan in sick pay plan in sick pa	170037037				74539.87	1	4621.47		
WACO TX 76701	,		LTIES ADVANCEM	ENT CO	The state of the s				
WACO TX 76701  d Control number  9 Verification code 10 Dependent care benefits  Employee's first name and initial KRISTINE M JACKSON  11 Nonqualified plans 12a See instructions for box 12	SUU FRA	MKLIN AVE			74539.87		1080.82		
© Employee's first name and initial KRISTINE M JACKSON  303 W DENISON DR  ROBINSON  TX 76706  11 Nonqualified plans  12a See instructions for box 12 DD   5002.  14 Other  15 Department care strictions for box 12 DD   5002.  16 Statutory Reference Third-party plan sick pay  17 DD   12b   12c   12c    18 Employee's address and ZiP code	WACO		TX 7670	1	7 Social security tips	8 Allocated tips			
KRISTINE M JACKSON  303 W DENISON DR  ROBINSON  TX 76706  TX 76706  TARGE INSTRUMENT THIRD-PAIN SIGN PROPERTY OF THE PROPERTY	d Control number			<u> </u>	9 Varification code	10 Dependent car	re benefils		
KRISTINE M JACKSON  303 W DENISON DR  ROBINSON  TX 76706  13 Statutory troffrement Third-party slick pay  14 Other  12c  12th  12th	º Employee's firs	t name and initial	Last name	Suff.	11 Nonqualified plans	12a See Instruction	ons for box 12		
303 W DENISON DR  ROBINSON  TX 76706  13 Statutory Plato slick pary plato	KRISTIN	ie m	JACKSON	•	, ,	ו ממ	5002.92		
ROBINSON TX 76706  12d  1Employee's address and ZIP code	303 W D	ENISON DR				12b			
f Employee's address and ZIP code	ROBINSO	N	TX 7670	6	14 Other	12c			
15 (c) Employed alst 13 may be						12d			
16 State wages, bps., ctp. 17 State income tax 18 Local wages, bps., ctc. 19 Local income tax 10 Local kyru									
	18 BUW Employe	era state IO numbar	16 State wages, tips, etc.	17 State income		19 Local Income lax	10 Localty name		
Wade & Tex.						<b>N//</b>	. ]		

Form W-2 Statement
Copy A For Social Security Administration - Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable. 0 0 0 0 /1048

2018

For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

	To Found	wate sould	Fo	v Official Ha					
22222	I Valati III i	oyee's social secu 165–88–67	,	r Official Use MB No. 1548	• -	•			
b Employer identi	lication number (EIN)	100 00 07	<u> </u>			es, tips, other o	compensation	2 Foderal inco	me lex withheld
	74-1	549077					258.61		18158.42
c Employer's nam	e, address, and ZIP co	de			3 Soci	al security wage	98	4 Social secur	
FICONOME	C OPPORTUN	ארוא משדחת	7 እ እፕረጓ <b>፣</b> ምል የመጽተጠ	m (10	L	78'	758.61		4883.03
	NKLIN AVE	KTEES ADV	ANCEMEN.	r CO				6 Medicaro lax	
JOU FREE	MINITIA MATE					<u>78'</u>	758.61		1141.93
WACO		ТX	76701		7 Soci	al securily tips		B Allocated tip	8
d Control number					9 Verif	ication code		10 Dependent	care benefits
o Employee's first	name and Initial	Last name	***************************************	Suff.	11 Non	qualified plans		12a See Instruc	clions for box 12
DOROTHY		MARSTALI	ER					E	7500.00
289 SAF	FLE ROAD				13 Sietul		Third-party sick pay	12b	
ROBINSO	N	ТX	76706		14 Olhi	er .		12¢	
								12d	
f Employee's addr	ess and ZIP code								
18 State Employer	's slate ID number	16 Sisto	roges, tips, etc.	17 State Income	tax	14 Local wages, by	s, etc.	raj empori leood el	20 Localty name
				( ;	100 m	· 0.	Ì		-
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				•
157.0	Wage & Tax	Victorial Control	REPORT	WOO O	ু ১ জন	Di Nama	nadinani di u	in Trongulor - Inte	roal Revenue Service

Form W-2 Statement 20 1 8
Copy A For Social Security Administration - Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable, 0 0 0 0 /1048

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.