

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

B Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization  
**THE EMERGENCY ASSISTANCE CENTER INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**9433 OLDE EIGHT ROAD SUITE B**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NORTHFIELD OH 44067**

D Employer identification number

**34-1899752**

E Telephone number

**330-467-7945**

G Gross receipts \$

**668,722**

F Name and address of principal officer:

H(a) Is this a group return for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527J Website: **WWW.TEACENTER.ORG**K Form of organization:  Corporation  Trust  Association  OtherL Year of formation: **1999**M State of legal domicile: **OH**

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: <b>SUPPORTING OUR NEIGHBORS IN NEED BY PROVIDING FOOD AND OTHER BASIC NEEDS WHILE LEADING A COLLABORATIVE COMMUNITY EFFORT TO ACCESS RESOURCES THAT PROMOTE HEALTHY LIVES.</b>		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 20% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3 5	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5	
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 6	
6 Total number of volunteers (estimate if necessary)	6 65	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<b>521,301</b>	<b>655,089</b>
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,682</b>	<b>13,633</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>523,983</b>	<b>668,722</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>140,348</b>	<b>148,372</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	<b>1,280</b>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>355,440</b>	<b>427,421</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>495,788</b>	<b>575,793</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>28,195</b>	<b>92,929</b>
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<b>638,731</b>	<b>730,020</b>
21 Total liabilities (Part X, line 26)	<b>4,445</b>	<b>4,613</b>
22 Net assets or fund balances. Subtract line 21 from line 20	<b>634,286</b>	<b>725,407</b>

## Part II Signature Block

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

Sign Here	Signature of officer <b>RANDALL HYDE</b> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <b>JOSEPH R. MICHALSKI CPA</b> Firm's name <b>NMS, INC.</b> Firm's address <b>8383 MENTOR AVENUE MENTOR, OH 44060</b>	Preparer's signature <b>JOSEPH R. MICHALSKI CPA</b> Date <b>10/02/24</b> Firm's EIN <b>34-1909930</b> Phone no. <b>440-286-5222</b>
		Check <input type="checkbox"/> if self-employed <b>PTIN P00738093</b>

May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form 990 (2023)

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 .....	55,994	50,395	5,599	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	81,013	75,188	5,825	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	11,365	10,438	926	
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....	3,732		3,732	
b Legal .....	8,110		8,110	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .....				
12 Advertising and promotion .....	566		566	
13 Office expenses .....	1,729		1,729	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	6,316	6,259	57	
23 Insurance .....	1,283		1,283	
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.)				
a NON-CASH DONATIONS .....	247,299	247,299		
b FOOD PURCHASE .....	97,371	97,371		
c MINOR EQUIPMENT .....	4,995	1,169	3,826	
d VEHICLE EXPENSE .....	4,729	4,729		
e All other expenses .....	18,245	3,420	13,545	1,280
25 Total functional expenses. Add lines 1 through 24e .....	575,793	496,269	78,244	1,280
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				