

Form **990**
(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)

OMB No. 1545-0047

2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 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) Room/suite
9919 OLDE 8 ROAD SUITE C
 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

F Name and address of principal officer:
RANDALL HYDE
3705 BUCKWORTH CT
STOW OH 44224

G Gross receipts \$ **736,071**

H(a) Is this a group return for subordinates? Yes No
H(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 527

J Website: **www.teacenter.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1999** **M** State of legal domicile: **OH**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Served 10,177 individuals in need by providing food, clothing and personal hygiene items. In addition, sponsored a program that provided food to children on the weekends (Back Pack Program).		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	707,082	735,224
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	512	847
	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)	707,594	736,071
Expenses	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)	81,777	80,258
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 2,794		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	621,634	628,225
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	703,411	708,483	
19 Revenue less expenses. Subtract line 18 from line 12	4,183	27,588	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	153,114	180,568
	22 Net assets or fund balances. Subtract line 21 from line 20	2,294	2,160
		150,820	178,408

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: **RANDALL HYDE** Date: **TRUSTEE - CHAIRMAN**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Kathleen J. Miller, EA** Preparer's signature: **Kathleen J. Miller, EA** Date: **07/10/20** Check if PTIN self-employed **P00018067**

Firm's name: **Kathleen J. Miller & Associates, Inc.** Firm's EIN: **34-1366176**
 Firm's address: **7351 Center St Mentor, OH 44060-5801** Phone no.: **440-255-1541**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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	40,415	36,374	4,041	
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	33,497	30,007	3,490	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,346	5,699	647	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,760		1,760	
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	250		250	
13 Office expenses	1,109	37	1,072	
14 Information technology				
15 Royalties				
16 Occupancy	23,711		23,711	
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	395		395	
23 Insurance	1,610		1,610	
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 Used	543,478	543,478		
b Food Purchase	35,164	35,164		
c Fundraising Supplies & Ex	2,794			2,794
d Minor Equipment	2,662	1,772	890	
e All other expenses	15,292	7,361	7,931	
25 Total functional expenses. Add lines 1 through 24e	708,483	659,892	45,797	2,794
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)				