

Form **990**

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

OMB No. 1545-0047  
**2022**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <p align="center"><b>THE EMERGENCY ASSISTANCE CENTER INC</b></p> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>9919 OLDE 8 ROAD SUITE C</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>NORTHFIELD OH 44067</b></p>	<b>D Employer identification number</b> <p><b>34-1899752</b></p> <b>E Telephone number</b> <p><b>330-467-7945</b></p> <b>G Gross receipts \$</b> <b>523,983</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>J Website:</b> <b>WWW.TEACENTER.ORG</b>		<b>H(c) Group exemption number</b> _____
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> <b>1999</b> <b>M State of legal domicile:</b> <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: SUPPORTING OUR NEIGHBORS IN NEED BY PROVIDING FOOD AND OTHER BASIC NECESSITIES WHILE LEADING A COLLABORATIVE COMMUNITY EFFORT TO ACCESS RESOURCES THAT PROMOTE HEALTHY LIVES.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 2% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	7		
	6 Total number of volunteers (estimate if necessary)	6	53		
	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 41	7b		0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	649,775	521,301
	9 Program service revenue (Part VIII, line 2g)			0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17		2,682	
	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)	649,792		523,983	
<b>Expenses</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)	101,171		140,348	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
	b Total fundraising expenses (Part IX, column (D), line 25)			1,188	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	364,129		355,440	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	465,300		495,788	
	19 Revenue less expenses. Subtract line 18 from line 12	184,492		28,195	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	607,062	638,731
	21 Total liabilities (Part X, line 26)	3,450		4,445	
	22 Net assets or fund balances. Subtract line 21 from line 20	603,612		634,286	

**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.

<b>Sign Here</b>	Signature of officer <b>RANDALL HYDE</b>	Date
	Type or print name and title <b>TRUSTEE - CHAIRMAN</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPH R. MICHALSKI CPA</b>	Preparer's signature <b>JOSEPH R. MICHALSKI CPA</b>
	Firm's name <b>NMS, INC.</b>	Date <b>11/03/23</b>
	Firm's address <b>8383 MENTOR AVENUE MENTOR, OH 44060</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00738093</b>
		Firm's EIN <b>34-1909930</b>
		Phone no. <b>440-286-5222</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

**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	51,622	46,460	5,162	
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	78,242	72,220	6,022	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,484	9,594	890	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,680		3,680	
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	916		916	
13 Office expenses	1,972	59	1,913	
14 Information technology				
15 Royalties				
16 Occupancy	26,049		26,049	
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	7,790	7,705	85	
23 Insurance	1,144		1,144	
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 <b>NON-CASH DONATIONS</b>	201,595	201,595		
b <b>FOOD PURCHASE</b>	88,741	88,741		
c <b>ASSISTANCE TO INDIVIDUALS</b>	4,299	4,299		
d <b>RUBBISH</b>	2,633		2,633	
e All other expenses	16,621	3,906	11,527	1,188
25 <b>Total functional expenses.</b> Add lines 1 through 24e	495,788	434,579	60,021	1,188
26 <b>Joint costs.</b> 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)				

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