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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
MONTGOMERY COUNTY EMERGENCY ASSISTANCE PROGRAM INC  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
110 ROANOKE STREET  
City or town, state or province, country, and ZIP or foreign postal code  
CHRISTIANSBURG, VA 240733020

F Name and address of principal officer:  
SUSAN MILLER  
110 ROANOKE STREET  
CHRISTIANSBURG, VA 24073

D Employer identification number  
51-0163667

E Telephone number  
(540) 381-1561

G Gross receipts \$ 1,188,837

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.MCEAP.COM

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)  
H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1975

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
TO ASSIST FAMILIES AND INDIVIDUALS WITH IMMEDIATE, TEMPORARY, AND EMERGENCY SITUATIONS.

2 Check this box ☐ 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 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 150

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 609,202 928,236

9 Program service revenue (Part VIII, line 2g) 9 211,406 257,836

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 10 59 30

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,062 1,423

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 828,729 1,187,525

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 13 715,148 1,049,320

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 0

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) 16b 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 41,634 61,552

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 756,782 1,110,872

19 Revenue less expenses. Subtract line 18 from line 12 19 71,947 76,653

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 463,828 470,873

21 Total liabilities (Part X, line 26) 21 72,353 2,745

22 Net assets or fund balances. Subtract line 21 from line 20 22 391,475 468,128

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  
SUSAN MILLER PRESIDENT

2020-11-10  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name  
Firm's address

Preparer's signature  
COOKE LAVENDER MASSEY & COMPANY PC  
2001 S MAIN ST STE 6

Date  
2020-11-10

Check ☐ if self-employed

PTIN  
P00004476

Firm's EIN  
54-1451058

Phone no.  
(540) 953-1152

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)