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** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

▶ 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.

ΑF	or the	2018 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addres					
	□Name □change □Initial					236957
	return _Final _return/	Number and street (or P.0. box if mail is not del PO BOX 46226	ivered to street address)	Room/suite	E Telephone numbe 612-	910-9962
	terminated		ZIP or foreign postal code		G Gross receipts \$	125,104.
L	☐Amend return ☐Applic	MINNEAPOLIS, MN 55440			H(a) Is this a group re	
	tion pendin	F Name and address of principal officer:			for subordinates	—
_		SAME AS C ABOVE	4 (; ,) 1047()(4)		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () e: ► WWW.EMERGETWINCITIES.OI	(insert no.) 4947(a)(1)	or 527	1 '	list. (see instructions)
			sociation Other	I Voor	H(c) Group exemption 2012	n number ► M State of legal domicile: MN
	art I	Summary	Sociation Unitin	L Teal		M State of legal domiche. PIIN
_	1	Briefly describe the organization's mission or most	significant activities: EMER	GE MOT	HERS ACADEM	Y EQUIPS
Governance		SINGLE MOTHERS TO EMERGE A	AS CONFIDENT WOM	IEN ANI	CARING MOM	S.
rna	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of more	1	I -
ŏ.	3	Number of voting members of the governing body			3	6
	1 -	Number of independent voting members of the gov				6
Activities &		Total number of individuals employed in calendar y				1
ĭ		Total number of volunteers (estimate if necessary)				18
٩c		Total unrelated business revenue from Part VIII, co				0.
	b	Net unrelated business taxable income from Form	990-1, line 38	·····		Current Year
	8	Contributions and grants (Part VIII line 1h)			Prior Year 112,882.	125,104.
ne	9	. (5 .) (8.			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,756.	0.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-20,477.	-16,741.
	1	Total revenue - add lines 8 through 11 (must equal			94,161.	108,363.
		Grants and similar amounts paid (Part IX, column (2,926.	11,000.
	1	Benefits paid to or for members (Part IX, column (A			0.	0.
s	45	Salaries, other compensation, employee benefits (F			54,905.	44,407.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line		^		
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		24,102.	56,730.
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)		81,933.	112,137.
_	19	Revenue less expenses. Subtract line 18 from line	12		12,228.	-3,774.
Net Assets or				Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)			126,479.	122,705.
et A	21	Total liabilities (Part X, line 26)			0. 126,479.	122,705.
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		120,479.	122,703.
		ties of perjury, I declare that I have examined this return,	including accompanying schedule:	s and stateme	ents, and to the hest of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than office			•	in the wildings and bonon, it is
	,		,			
Sig	n	Signature of officer			Date	
Her						
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check C	PTIN
Paid					self-employ	red
	parer	Firm's name			Firm's EIN ▶	
Use	Only	Firm's address				
_					Phone no.	
May	/ the IF	S discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: EQUIPPING SINGLE MOTHERS TO EMERGE AS CONFIDENT WOMEN AND CARING MOMS.
	PARENTING IS HARD. ESPECIALLY ALONE. EMERGE MOTHERS ACADEMY COMES
	ALONGSIDE SINGLE MOTHERS TO ENCOURAGES THEIR GROWTH THROUGH OUR FOUR
	CORE VALUES. THOSE VALUES ARE: PERSONAL DEVELOPMENT, HEALTH &
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	04.026
	TO DATE, OVER 280 FAMILIES HAVE BEEN SERVED BY EMERGE MOTHERS ACADEMY.
	OVER 500 HOURS OF PARENTING CLASSES AND MENTORING HAVE GIVEN MOTHERS
	TOOLS FOR CONSTRUCTIVE PARENTING. OUR WORK-PREPARATION PROGRAM
	PREPARES MOTHERS FOR WORK AND GETS THEM EMPLOYED INTO GAINFUL
	EMPLOYMENT. WE HAVE OVER 93% PLACEMENT RATE FOR MOMS INTO WORK! EMERGE
	MOTHERS ACADEMY LEVERAGES HUNDREDS OF HOURS FROM VOLUNTEERS WHO OFFER
	COURSES ON LIFE-SKILLS, BUDGETING, PARENTING, HEALTH & WELLNESS, AND
	PERSONAL GROWTH.
	I HROUND GROWIII.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
710	(Code) (Expenses #
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Lexpended 4) (Lexpended 4) (Note index 4)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 94,936.

Form **990** (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

832003 12-31-18

Form **990** (2018)

Form 990 (2018) EMERGE MOTHERS ACADEMY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			- <u></u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
832004	1 12-31-18	Form	990	(2018)

Form 990 (2018) EMERGE MOTHERS ACADEMY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	C C C C C C C C C C C C C C C C C C C			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			162	NO
Zu	filed for the calendar year ending with or within the year covered by this return	2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions				
За		,,	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country:	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			37
_	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Pid the consequence of the consequence of the consequence of the first the consequence of		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans	13c			
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	130	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Form	990	(2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a		7-		Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				Х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a_		Х
a	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the constant of the book o	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	· · · · · · · · · · · · · · · · · · ·	400		Х
40	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	v	
	The organization's CEO, Executive Director, or top management official	15a	_X_	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed MN	I. A		la.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	avallab	ие
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	c		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	ıaı	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	REBECCA ERICKSON - 612-910-9962			
	PO BOX 46226, MINNEAPOLIS, MN 55446			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiza	tion nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	.
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	itior more) than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week				II COLO	174443	100)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	l trus		99/	n ben		(***-27 1099-141130)		and related
	below	dualt	riona	L	l old n	st col	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CODY BLADES	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(2) LEAH JENSEN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(3) KATIE OLSON	1.00	<u> </u>								
TREASURER		Х		Х				0.	0.	0.
(4) SUSAN LARSON	1.00	1						_		_
VICE CHAIR/SEC		Х		X				0.	0.	0.
(5) DANIELLE GHARINEH	3.00	ļ								
BOARD CHAIR		Х		Х				0.	0.	0.
(6) REBECCA ERICKSON	30.00	ļ						20.050		
EXECUTIVE DIRECTOR		Х	_					39,250.	0.	750.
		-								
-		<u> </u>								
		<u> </u>								
	+									
		 		\vdash						

Form 990 (2018)

	1 990 (2018) EMERGE M C									45-42	<u> 236</u>	957	Pa	age 8
Pai	rt VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	st C	compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss pe	more rson i	than on the state of the state	n an	(D) Reportable compensation from	(E) Reportable compensatio	on d	am	(F) timate ount o	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensat om the anizati I relate nizatio	e on ed
_														
	Sub-total								39,250.		0.		7.5	50.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						▶	39,250.		0.			0.
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		1	Yes	0 N o
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
	rendered to the organization? If "Yes." comparison B. Independent Contractors	plete Schedul	e J f	or sı	ıch į	oers	on .					5		Х
1	Complete this table for your five highest countries the organization. Report compensation for								the organization's tax y		ensai			
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	C	(C omper		1
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
	+ . 25,000 of componential from the organiz					•	-					Form \$	990 (2	2018)

22390430 143399 PR-20340-06

Form 990 (2018)

Part VIII

: VIII	Statement of Revenue
--------	----------------------

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
S S	1 :	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Ģ G	_	Fundraising events		49,307.				
fts,		Related organizations		13 / 3 0 / 1				
igi.		Government grants (contributions						
Sir	-	All other contributions, gifts, grant						
utic	,		1 1	75,797.				
ë Đ	_	similar amounts not included abov	· · · · · · · · · · · · · · · · · · ·					
no l	٤	Noncash contributions included in lines 1			125,104.			
O a		Total. Add lines 1a-1f			123,104.			
				Business Code				
ice	2 a							
erv ne	k							
n S	c	_						
ar Be	c							
Program Service Revenue	•							
ъ.		All other program service rever						
		Total. Add lines 2a-2f						
	3	Investment income (including						
	_	other similar amounts)						
	4	Income from investment of tax		•				
	5	Royalties						
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory						
	t	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
ө		d Net gain or (loss)a Gross income from fundraising	g events (not	············ >				
		including \$ 49,3	07 • of					
Other Revenu		contributions reported on line	1c). See					
<u>ج</u> 8		Part IV, line 18	а	0.				
the	b	Less: direct expenses	b	16,741.				
0	c	Net income or (loss) from fund	raising events	<u></u>	-16,741.			-16,741.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities	. <u></u>				
	10 a	Gross sales of inventory, less i	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sales	s of inventory	>				
		Miscellaneous Revenue	е	Business Code				
	11 a	1						
	k							
	c							
		d All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			108,363.	0.	0.	-16,741.

Form 990 (2018) EMERGE MOTHERS ACADEMY Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		this Part IX		X
	not include amounts reported on lines 6b, 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	11,000.	11,000.		
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,	40.000	24 000	16 000	
	trustees, and key employees	40,000.	24,000.	16,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 405	1 405		
7	Other salaries and wages	1,405.	1,405.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,002.	1,801.	1,201.	
10	Payroll taxes	3,002.	1,001.	1,201.	
11	Fees for services (non-employees):				
	Management				
b					
C	Accounting				
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	30,108.	30,108.		
40	column (A) amount, list line 11g expenses on Sch 0.)	403.	403.		
12	Advertising and promotion	2,626.	2,626.		
13 14	Office expenses	2,508.	2,508.		
14 15		2,500.	2,500.		
16	Royalties	8,850.	8,850.		
	Travel	78.	78.		
17 18	Payments of travel or entertainment expenses	, , , ,	, 5 •		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,669.	5,669.		
20		3,0030	3,0030		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	348.	348.		
23 24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT PURCHASE	5,053.	5,053.		
b	MISCELLANEOUS	514.	514.		
С	OTHER	240.	240.		
d	CLIENT ASSISTANCE	140.	140.		
е	All other expenses	193.	193.		
25	Total functional expenses. Add lines 1 through 24e	112,137.	94,936.	17,201.	0
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 if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	73,107.	1	58,763
	2	Savings and temporary cash investments		2	850
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un		Ť	
	"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu			
			.ii ig		
		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	F F20
	11	Investments - publicly traded securities		11	5,530 50,000
	12	Investments - other securities. See Part IV, line 11	50,000.		50,000
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,522.	15	7,562 122,705
	16	Total assets. Add lines 1 through 15 (must equal line 34)	126,479.	16	122,705
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
S	22	Loans and other payables to current and former officers, directors, trustees	,		
Ш		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X or	:		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	_	26	0
		. —	ind		
'n		complete lines 27 through 29, and lines 33 and 34.			
če	27	Unrestricted net assets		27	
ıları	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
nuc		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
Ī		and complete lines 30 through 34.	_		
s:	30	Capital stock or trust principal, or current funds	0.	30	0
sel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0
AS	32	Retained earnings, endowment, accumulated income, or other funds			122,705
Net Assets or Fund Balances					122,705
_	33	Total net assets or fund balances	4044		•
	34	Total liabilities and net assets/fund balances	1 140,4/9·	34	122,705

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>63.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126	5,4	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	122	2,7	<u>05.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EMERGE MOTHERS ACADEMY

Employer identification number

45-4236957 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	48,278.	57,811.	94,551.	112,882.	125,104.	438,626.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	48,278.	57,811.	94,551.	112,882.	125,104.	438,626.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						129,739.
6	Public support. Subtract line 5 from line 4.						308,887.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	48,278.	57,811.	94,551.	112,882.	125,104.	438,626.
	Gross income from interest,		·	·	,	•	,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			464.	1,756.		2,220.
9	Net income from unrelated business			-	,		,
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						440,846.
	Gross receipts from related activities,	etc. (see instruction				12	1,021.
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				<u>, </u>
14	Public support percentage for 2018 (I	ine 6, column (f) div	/ided by line 11, co	olumn (f))		14	70.07 %
	Public support percentage from 2017					15	69.28 %
	33 1/3% support test - 2018. If the o					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			> □
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						ightharpoonup
18	Private foundation. If the organization			•	,		······································
			,	, , , =: :		edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	•		*	•	. , . , .	
<u>C-</u>	check this box and stop here					<u></u>	>
	ction C. Computation of Publi		<u>_</u>			T I	
	Public support percentage for 2018 (I					15	<u>%</u>
16	Public support percentage from 2017					16	%
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hay on line 14 10	or 10h chock th	nic how and coo inc	etructions	ightharpoonup

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h		- Ju		
	~		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou				
	organ				
3	Admir				
4	Amou				
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	C.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	(See instructions.)
1	
_	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

45-4236957

2018

Name of the organization Employer identification number

EMERGE MOTHERS ACADEMY

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

EMERGE MOTHERS ACADEMY

45-4236957

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,530.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$12,000.	Person X Payroll

Name of organization Employer identification number

EMERGE MOTHERS ACADEMY

45-4236957

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	APPLE STOCK	_	
1			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** EMERGE MOTHERS ACADEMY 45-4236957 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EMERGE MOTHERS ACADEMY

Employer identification number 45-4236957

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	▶ \$	g or moranorio, and ornoronig concerna	mon casements adming and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Par	t III (Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other :	Similar	Assets	(contin	nued)	
3	Using th	e organization's acquisition, accession	on, and other record	s, check	any of the t	following that	are a sign	ificant u	se of its c	ollection	items	
	(check a	ll that apply):										
а	☐ Pı	ıblic exhibition	c	i 🗌	Loan or exc	hange progra	ams					
b	So	cholarly research	e	, .	Other							
С	Pr	eservation for future generations										
4	Provide	a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During t	ne year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets				
	to be so	d to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV E	scrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	'Yes" on F	orm 990	, Part IV, I	ine 9, or		
	re	eported an amount on Form 990, Par	t X, line 21.									
1a	Is the or	ganization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other ass	sets not in	cluded				
	on Form	990, Part X?								Yes		No
b		explain the arrangement in Part XIII										
										Amount	t	
С	Beginnir	ng balance						1c				
d	Addition	s during the year						1d				
е		ions during the year						1e				
f	Ending b	palance						1f				
2a	Did the	organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	?	\square	Yes		No
b		explain the arrangement in Part XIII.										
Par	t V E	ndowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10					
			(a) Current year	(b) P	rior year	(c) Two year	rs back (d	d) Three y	ears back	(e) Four	years	<u>back</u>
1a	Beginnir	ng of year balance										
b	Contribu	itions										
С		stment earnings, gains, and losses										
d	Grants o	r scholarships										
е	Other ex	penditures for facilities										
	and prog	grams										
f	Adminis	trative expenses										
g	End of y	ear balance										
2	Provide	the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a)) held as:						
а	Board d	esignated or quasi-endowment		_%								
b	Permane	ent endowment 🕨	%									
С	Tempora	arily restricted endowment 🕨	%									
	The perd	centages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there	e endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for the	organiza	ition			
	by:										Yes	No
	(i) unre	lated organizations								3a(i)		
										3a(ii)		
b	If "Yes"	on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4		in Part XIII the intended uses of the		wment f	unds.							
Par		and, Buildings, and Equipm										
	C	complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, lir	ne 10.				
		Description of property	(a) Cost or o			or other	. ,	cumulate	d	(d) Bool	k value	Э
			basis (investr	nent)	basis	(other)	depr	eciation				
1a												
b		s										
		ld improvements										
d	Equipme	ent										
Total	. Add line	es 1a through 1e. <i>(Column (d) must e</i>	gual Form 990. Part	X colum	nn (B). line 1	0c.)						0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 EMERGE MOTH	ERS ACADEMY	45	-4236957 Page
Part VII Investments - Other Securities.	on Form 000 Bort IV line 1	IIIh Soo Form 000 Port V line 12	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(A) =	(b) Book value	(c) meaned or valuation: edge of one	or your market value
(2) Closely-held equity interests			
(3) Other (A) MUTUALFUND	50,000.	COST	
(B)	30,000.	CODI	
(C)			
(D)			
(E)			
• •			
(F)			
(G)			
(H)	50,000.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	30,000.		
	5 000 B 1 N/ II 1	14 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value		d of year market value
	(b) book value	(c) Method of valuation: Cost or end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	T
<u>``</u>	Description		(b) Book value
(1) UNDEPOSITED FUNDS			7,562
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)	>	7,562
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(8) (9)

	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b				
С	Recoveries of prior year grants			
d	7	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b				
С				
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial S	12.) Statamenta With Expans	5	
Pa			ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV		<u> </u>	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	,	•		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	,	4b		
c			4c	
5			_	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIIII Supplemental Information	e 18.)	5	
Pa	rt XIII Supplemental Information.	,		/I
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		ΚI,
Pa l Prov	rt XIII Supplemental Information.	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		ΚI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		ΚI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		ΚI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; P		KI,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization EMERGE 1	MOTHERS ACADEMY					Employer ide 45-4236	ntification number 9 5 7
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
1 Indicate whether the organization rais a	ed funds through any of the followin e Solicitate f Solicitate g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	tion of tion of fundra (includation	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			—				
List all states in which the organization or licensing.		ontrib	utions	or has been notified	it is e	exempt from re	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I					
_		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1 SPLURGE GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			71 /	(), ,	,	
Revenue	1	Gross receipts	44,552.			44,552.
	2	Less: Contributions	44,552.			44,552.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes	275.			275.
Direct Expenses	6	Rent/facility costs	6,519.			6,519.
rect Ex	7	Food and beverages	3,485.			3,485.
۵	8	Entertainment	500.			500.
	9	Other direct expenses				2,522.
	10	Direct expense summary. Add lines 4 through			>	13,301.
		Net income summary. Subtract line 10 from li				-13,301.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or I	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T			
Pe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo, progressive bilige		(a) throught con. (c)
Re	1	Gross revenue				
	•	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
_		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	a 5 in column (d)			
	•					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a		states?		Yes No
b	IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 EMERGE MOTHERS ACADEMY	<u> 15-42</u>	36957	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Г	Yes	No
12	Indicate the percentage of gaming activity conducted in:			110
			ا ءمه	0/
	The organization's facility		13a	<u>%</u>
	An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	∩t		
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	Too, ones have all address of the ania party.			
	Name			
	Address >			
16	Gaming manager information:			
	Nama 🏲			
	Name			
	Gaming manager compensation \$			
	Description of control constituted in			
	Description of services provided			
	-			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Γ	Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	the		
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Dort I	II linaa O	0h 10h
		nu Part i	11, 111165 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	EMERGE MOTHERS	ACADEMY	45-4236957	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(continued)			
-					
-					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

EMERGE MC	THERS ACA	DEMY					45-423695	,7
Part I General Information on Grants a	and Assistance							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or assi	stance?						Yes X	No
2 Describe in Part IV the organization's prediction	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to	_				anization answered "Y	es" on Form 990, Part I	V, line 21, for any	
recipient that received more than					(c) Mathead of			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3) a	-	=	e line 1 table				.	
3 Enter total number of other organization	is listed in the line '	ı ladle						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
н	2	11,000.	0.		
rt IV Supplemental Information. Provide the informa	ation required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

EMERGE MOTHERS ACADEMY

Employer identification number 45-4236957

EMERGE MOTHERS ACADEMY	45-4236957
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
WELLNESS, CONSTRUCTIVE PARENTING & FINANCIAL INDEPENDENCE	. EACH OF OUR
PROGRAMS WORKS IN THE MOTHER'S BEST INTEREST AND GIVES HE	R TOOLS TO
EMERGE AND FLOURISH IN EACH OF THESE VALUES.	
FORM 990, PART VI, SECTION A, LINE 8B:	
NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERN	ING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE 990 IS PROVIDED TO THE BOARD PRIOR TO FILIN	G FOR ALL TO
REVIEW/INQUIRE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
IN 2013 THE BOARD DID A MARKET ANALYSIS AND STARTED SCALI	NG THE EXECUTIVE
DIRECTORS PAY BASED ON INCOME FUNDS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTERE	ST POLICY AND
FINANCIALS ARE AVAILABLE UPON REQUEST.	
TODA 000 DADE TA LINE 110 OFFIDE	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GRANT WRITER:	
PROGRAM SERVICE EXPENSES	4,240.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,240.
I HA For Panerwork Reduction Act Notice see the Instructions for Form 900 or 900-F7 Sch	Adula (1 (Earm 00f) or 00f1-E71 (2010)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization EMERGE MOTHERS ACADEMY	Employer identification number
CONSULTANT:	
PROGRAM SERVICE EXPENSES	9,408.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,408.
SOCIAL WORK CONSULTANT:	
PROGRAM SERVICE EXPENSES	16,460.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,460.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	30,108.

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STATE COPY

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

\sim

SECTION A: Organization Information	
Legal Name of Organization EMERGE MOTHERS	ACADEMY
Federal EIN: 45-4236957	Fiscal Year-End: 12312018
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address:	Physical Address:
Contact Person PO BOX 46226	Contact Person PO BOX 46226
Street Address MINNEAPOLIS, MN 55446	Street Address MINNEAPOLIS, MN 55446
City, State, and ZIP Code 612-910-9962	City, State, and ZIP Code 612-910-9962
Phone Number	Phone Number
Email Address	Email Address
Organization's website: <u>WWW.EMERGETWINCI</u> List all of the organization's alternate and former names (a	attach list if more space is needed).
List all names under which the organization solicits contrib	butions (attach list if more space is needed).
4. Is the organization incorporated pursuant to Minn. Stat. cl	h. 317A? Yes X No
5. Total amount of contributions the organization received from	om Minnesota donors: \$
6. Has the organization's tax-exempt status with the IRS cha Yes X No If yes, attach explanation.	inged?
7. Has the organization significantly changed its purpose(s) or Yes X No If yes, attach explanation.	or program(s)?

8.	Has the organization been denied the right to solicit contributions by any court or gove Yes X No If yes, attach explanation.	mment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to	
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Co	ode
	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or L donated food to a nonprofit food shelf may be excluded from the total revenue if the for subsequent distribution at no charge and is not resold. Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than \$100,000? Yes X No	PA. The value of od is donated for	
	If yes, provide the following information for the five highest paid individuals:		
	Name and title	Compensation*	Other compensation
	THE PARTY OF THE P		
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10	099-MISC (Box 7)	

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

IN	С	O	N	ΙE

1.	Contributions Received	\$ 125,104. ₁
2.	Government Grants	\$ 2
3.	Program Service Revenue	\$ 3
4.	Other Revenue	\$
5.	TOTAL INCOME	\$ <u>108,363.</u> 5

EXPENSES

6.	Program Expenses	\$_	94,936. 6
7.	Management & General Expenses	\$	17,201. 7
8.	Fund-raising Expenses	\$_	8
9.	TOTAL EXPENSES	\$	<u> 112,137.</u> 9
10.	EXCESS or DEFICIT	\$	-3,77 4 . 10
	(Line 5 minus Line 9)		

ASSETS

11.	Cash	\$ <u>59,613.</u> 11
12.	Land, Buildings & Equipment	\$ 12
13.	Other Assets	\$ 63,092. ₁₃
14.	TOTAL ASSETS	\$ 122,705. 14

LIABILITIES

ABILITIES		
15. Accounts Payable	\$	15
16. Grants Payable	\$	16
17. Other Liabilities	\$	17
18. TOTAL LIABILITIES	\$	18
UND BALANCE/NET WORTH	¢ 1	22 705

(Line 14 minus Line 18)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.	11,000.	11,000.		
3.	Grants and other assistance to governments,	,			
"	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
"	trustees, and key employees	40,000.	24,000.	16,000.	
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	1,405.	1,405.		
	Pension plan contributions (include section	2,2001	2,2000		
3.	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes	3,002.	1,801.	1,201.	
11.	Fees for services (non-employees):	5,002.	1,001.	1,201	
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	-				
	Investment management fees	30,108.	30,108.		
	Other	403.	403.		
12.	Advertising and promotion	2,626.	2,626.		
13.	Office expenses	2,508.	2,508.		
14.	Information technology	2,300.	2,300.		
15.	Royalties	8,850.	8,850.		
16.	Occupancy	78.	78.		
17.	Travel	70.	70•		
18.	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings	5,669.	5,669.		
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance	348.	348.		
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
L	not exceed 5% of total expenses (Line 25).				
a.	EQUIPMENT PURCHASE	5,053.	5,053.		
_	MISCELLANEOUS	514.	514.		
_	OTHER	240.	240.		
_	ALL OTHER EXPENSE STMT 1	333.	333.		
25.	Total functional expenses. Add lines 1 through 24d	112,137.	94,936.	17,201.	
26.	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation	·	·	·	

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. \S 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly	constituted officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursu	uant to the resolution of the
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of t	the document, and do hereby certify that the
	_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and ha	ave supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true	e, correct and complete to the best of our knowledge.
Name (Print)	Name (Print)
Signature	Signature
Title	Title
	Date

ANNUAL REPORT	ALL OTHER EXPENSI	ES FOR FUNCTION	NAL EXPENSE	STATEMENT 1
DESCRIPTION	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
CLIENT ASSISTANCE	140.	140.	0.	0.
FEES	134.	134.	0.	0.
WORK PREP PROGRAM	59.	59.	0.	0.
TOTAL TO LINE 24D OF STATEMENT OF FUNCTIONAL EXPENSE	333.	333.	0.	0.

** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	or the 2	2018 calendar year, or tax year beginning	and	ending		
B	Check if applicable:	C Name of organization			D Employer identific	cation number
	Address	EMERGE MOTHERS ACADEMY				
	Name change	Doing business as			45-4	236957
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	- I	
	□Final return/	PO BOX 46226			612-	910-9962
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	125,104.
L	Amende	MINNEAPOLIS, MN 55446			H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer:			for subordinates	
_		SAME AS C ABOVE			H(b) Are all subordinates in	
				or 527		list. (see instructions)
		▶ WWW.EMERGETWINCITIES.OI			H(c) Group exemptio	
		94	ssociation Other	L Year	of formation: ZUIZ N	M State of legal domicile: MN
Pa	_	Summary	· · · · · · · · · · · · · · · · · · ·	OE MOR	HIEDO ACADEM	Z HOULD C
ø	1 B	riefly describe the organization's mission or most				
Governance	2 2	INGLE MOTHERS TO EMERGE A				
ēru	2 C	heck this box if the organization disconnection of the organization of the orga	•			sets.
હુ	3 N	umber of voting members of the governing body			<u>3</u>	6
	1	umber of independent voting members of the gov				1
ties		otal number of individuals employed in calendar y				18
Activities &		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, co				0.
Ac		et unrelated business teveride from Fart VIII, co				0.
_	D 10	et difference business taxable fricome from Form	550 1, IIIIC 00		Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)			112,882.	125,104.
Revenue	9 P	(5			0.	0.
š	10 In	vestment income (Part VIII, column (A), lines 3, 4,			1,756.	0.
æ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c			-20,477.	-16,741.
	1	otal revenue - add lines 8 through 11 (must equal			94,161.	108,363.
		rants and similar amounts paid (Part IX, column (2,926.	11,000.
	1	enefits paid to or for members (Part IX, column (A			0.	0.
s	45 0	alaries, other compensation, employee benefits (F			54,905.	44,407.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), I			0.	0.
<u>e</u>	b To	otal fundraising expenses (Part IX, column (D), line		0.		
û	17 0	ther expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		24,102.	
	18 To	otal expenses. Add lines 13-17 (must equal Part l	X, column (A), line 25)		81,933.	112,137.
	19 R	evenue less expenses. Subtract line 18 from line	12		12,228.	-3,774.
OF Sec				В	eginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)			126,479.	122,705.
Net Assets or	21 T	otal liabilities (Part X, line 26)			0.	0.
		et assets or fund balances. Subtract line 21 from	line 20		126,479.	122,705.
		Signature Block				
	•	es of perjury, I declare that I have examined this return,			•	knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than office	er) is based on all information of wi	nich preparei	r nas any knowledge.	
C:	_	Signature of officer			I Date	
Sig	Ι.	a signature of emocr			2410	
Her	e	Type or print name and title				
	- '	Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		τιπο τηρο ρτοραίοι ο παιπο	Troparor o orginaturo		if self-employ	
	⊢	irm's name	<u> </u>		Firm's EIN ▶	 1
		irm's address			. Ann o Line	
	, j				Phone no.	
May	the IRS	discuss this return with the preparer shown abo	ve? (see instructions)			Yes No
		a LUA For Denominary Poduction Act Notice				Farm 990 (2018)

 $832001\ 12\text{-}31\text{-}18$ LHA For Paperwork Reduction Act Notice, see the separate instructions. $\ 7$

Form **990** (2018)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ▶ 94,936.

Form **990** (2018)

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2018) EMERGE MOTHERS ACA
Part IV Checklist of Required Schedules (continued)

	,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0 †	Part V, line 1	34		х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
-5	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
00		38	Х	
Pai	Note. All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance		1	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
			000	(2010)

832004 12-31-18

Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	REBECCA ERICKSON - 612-910-9962			
	PO BOX 46226, MINNEAPOLIS, MN 55446			

Form **990** (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

hours per week (list any hours for related organizations below line) (1) CODY BLADES BOARD DIRECTOR (2) LEAH JENSEN BOARD DIRECTOR (3) KATIE OLSON TREASURER (4) SUSAN LARSON VICE CHAIR/SEC (5) DANIELLE GHARINEH LIST AND Week (list any hours for related organization with the organization officer and a director/trustee) of the other compensation from related organization (W-2/1099-MISC) (W-2/1099-MISC)	(A)	(B)	(C) Position				,		(D)	(E)	(F)
Week (list any hours for related organizations below line) 1.00 EDARD DIRECTOR X X X X X X X X X	Name and Title		(do	(do not check more than one				one			
Clist any hours for related organizations below line) Figure 1 Figure 2 Figure 3			box	box, unless person is both an officer and a director/trustee)				n an tee)			
CODY BLADES			tor								
CODY BLADES			direc				- - - -				
CODY BLADES		related	tee or	ustee			ensat				organization
CODY BLADES			altrus	nal tr		loyee	comp				
CODY BLADES			dividu	stitutic	fficer	ey emp	ghest	rmer			organizations
BOARD DIRECTOR	(1) CODY BLADES		=	트	Ó	ž	王高	Œ			
1.00	BOARD DIRECTOR		х						0.	0.	0.
TREASURER	(2) LEAH JENSEN	1.00									
TREASURER X X X 0. 0. 0. (4) SUSAN LARSON 1.00 X X 0. 0. 0. VICE CHAIR/SEC X X X 0. 0. 0. (5) DANIELLE GHARINEH 3.00 X X 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. (6) REBECCA ERICKSON 30.00 0. 0. 0. 0.	BOARD DIRECTOR		Х						0.	0.	0.
(4) SUSAN LARSON 1.00 VICE CHAIR/SEC X X 0. 0. 0 (5) DANIELLE GHARINEH 3.00 X X 0. 0. 0 BOARD CHAIR X X X 0. 0. 0 (6) REBECCA ERICKSON 30.00 0 0 0 0 0	(3) KATIE OLSON	1.00									
VICE CHAIR/SEC X X 0. 0. 0. (5) DANIELLE GHARINEH 3.00 X X 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. (6) REBECCA ERICKSON 30.00 0. 0. 0. 0.	TREASURER		Х		Х				0.	0.	0.
(5) DANIELLE GHARINEH 3.00 BOARD CHAIR X X 0. 0. 0 (6) REBECCA ERICKSON 30.00 0 0 0 0 0		1.00								_	_
BOARD CHAIR X X 0. 0. 0. 0			Х		X				0.	0.	0.
(6) REBECCA ERICKSON 30.00		3.00	4								
			X		X				0.	0.	0.
EXECUTIVE DIRECTOR X 39,250. 0. 750		30.00	١						20.050	•	
	EXECUTIVE DIRECTOR		X						39, 250.	0.	/50.
			$\frac{1}{2}$								
			-								
			-								
			1_								
			$\frac{1}{2}$								

Form 990 (2018)

	1 990 (2018) EMERGE M (THERS A	CA	DE	MY	-				45-4	<u> 2369</u>	957	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d ns	com fro	(F) timate nount of other pensa om the anizati	of ition e ion
		organizations below line)	Individual tru:	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relate	
	Sub-total							▶	39,250.		0.		7!	50.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							o re	39,250.	000 of reportable	0.		7!	0. 50. 0
_													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" co	mpl	ete S	Sche	edule	J f	for such individual			4		Х
	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		Х
1	Complete this table for your five highest co										 pensat	ion fro	m	
	the organization. Report compensation for (A) Name and business			endir DNI		ith c	or wi	thin	the organization's tax you (B) Description of s		С	(C omper		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lin	nite	d to	thos (ted	above) who received mo	ore than		F	200	0015
												Form 9	JJ U (2	∠∪18)

		(2018)			S ACADEMY	7		45-4236	957 Page 9
Pa	rt VI	II State	ement of Reven	iue					
		Check	k if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 0	4 .	• Endorator	I campaigns	1a					312 314
Contributions, Gifts, Grants and Other Similar Amounts	' '								
S S					49,307.				
ts, An	•		ng events		49,307				
Gif	•		rganizations						
ns,	•		ent grants (contributi						
rtio	1		ontributions, gifts, gran						
jg H			ounts not included above	· · · · · · · · · · · · · · · · · · ·	75,797.				
E ST	9	Noncash con	tributions included in lines	1a-1f: \$		105 101			
g G		n Total. Add	d lines 1a-1f		>	125,104.			
					Business Code				
ė	2 8	a							
e vi	ı	·							
Se	•	·							
am		d t							
Program Service Revenue	•	•							
P	1	All other p	orogram service reve	nue					
		Total. Add	d lines 2a-2f						
	3	Investmer	nt income (including	dividends, intere	est, and				
		other simi	lar amounts)		▶				
	4	Income fro	om investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 8	Gross ren	ts						
	1	Less: rent	al expenses						
			come or (loss)						
			income or (loss)						
			ount from sales of	(i) Securities	(ii) Other				
		assets oth	ner than inventory						
		Less: cost	t or other basis						
		and sales	expenses						
			oss)						
			or (loss)		•				
		-	ome from fundraising						
Other Revenue			\$ 49,3						
Ve			ons reported on line						
Ä			ne 18		0.				
he			ct expenses						
ಠ			ne or (loss) from fund		>	-16,741.			-16,741.
			ome from gaming ac	-					
			ne 19		,				
			ct expenses						
			ne or (loss) from gam		•				
			es of inventory, less	-					
			ances		, l				
	ı		t of goods sold						
			ne or (loss) from sale						
			scellaneous Revenu		Business Code				
	11 :		occinario da o ricvoria		1				
			evenue						
			d lines 11a-11d						
					, , , , , , , , , , , , , , , , , , ,				

832009 12-31-18

Form **990** (2018)

Total revenue. See instructions

Form 990 (2018) EMERGE MOTHERS ACADEMY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 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		САРСПЭСЭ	general expenses	Схропаса
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	11,000.	11,000.		
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	40,000.	24,000.	16,000.	
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	1,405.	1,405.		
8	Pension plan accruals and contributions (include			T	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,002.	1,801.	1,201.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	, <u> </u>				
f	Investment management fees				
g	,	20 100	20 100		
	column (A) amount, list line 11g expenses on Sch O.)	30,108.	30,108.		
12	Advertising and promotion	403.	403.		
13	Office expenses	2,626.	2,626.		
14	Information technology	2,508.	2,508.		
15	Royalties	0.050	0.050		
16	Occupancy	8,850.	8,850.		
17	Travel	78.	78.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 660	F 660		
19	Conferences, conventions, and meetings	5,669.	5,669.	-	
20	Interest				
21	Payments to affiliates			+	
22	Depreciation, depletion, and amortization	348.	348.	+	
23	Insurance Other expanses Itemize expanses not severed	340.	340.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) EOUIPMENT PURCHASE	5,053.	5,053.		
a b	MISCELLANEOUS	514.	514.		
C	OTHER	240.	240.		
d	CLIENT ASSISTANCE	140.	140.		
u e		193.	193.		
25 25	Total functional expenses. Add lines 1 through 24e	112,137.	94,936.	17,201.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization		22,330.		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X | Balance Sheet

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		73,107.	1	58,763
	2	Savings and temporary cash investments		850.	2	850
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and f				
		trustees, key employees, and highest compens	, , , , , , , , , , , , , , , , , , ,			
					5	
	6	Part II of Schedule L Loans and other receivables from other disqual			3	
	0	•	, ,			
		section 4958(f)(1)), persons described in section	-			
		employers and sponsoring organizations of sec	·			
ets		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11	5,530 50,000	
	12	Investments - other securities. See Part IV, line	50,000.	12	50,000	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,522.	15	7,562
	16	Total assets. Add lines 1 through 15 (must equ		126,479.	16	122,705
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19			19		
	20	Deferred revenue			20	
		Tax-exempt bond liabilities	D 111/10 1 1 1 D		21	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to current and forme				
≝		key employees, highest compensated employe				
Liabilities					22	
-	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, page 1)	ı			
		parties, and other liabilities not included on line	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117 (ASC 95	8), check here 🕨 🔲 and			
ပ္သ		complete lines 27 through 29, and lines 33 a	nd 34.			
<u> </u>	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
<u>B</u>	29	Democratic methods to describe			29	
<u> </u>		Organizations that do not follow SFAS 117 (A	ASC 958), check here ▶X			
느ㅣ		and complete lines 30 through 34.				
ts (30	Capital stock or trust principal, or current funds	,	0.	30	0
Se	31	Paid-in or capital surplus, or land, building, or e		0.	31	0
ΙŽ	32	Retained earnings, endowment, accumulated in	126,479.	32	122,705	
Net Assets or Fund Balances	33	Total net assets or fund balances		126,479.	33	122,705
		TOTAL FIOR ADDOLD OF TUTTO DATA TOTAL		126,479.	-	122,705

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>2,1</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	6,4	79.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12	2,7	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	`		Form	990	(2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization EMERGE MOTHERS ACADEMY 45-4236957 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	48,278.	57,811.	94,551.	112,882.	125,104.	438,626.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	48,278.	57,811.	94,551.	112,882.	125,104.	438,626.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						129,739.			
6	Public support. Subtract line 5 from line 4.						308,887.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	48,278.	57,811.	94,551.	112,882.	125,104.	438,626.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources			464.	1,756.		2,220.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						440,846.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,021.			
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3)				
	organization, check this box and stop	here					>			
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2018 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	70.07 %			
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	69 . 28 %			
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				\ X			
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check thi	s box and stop h	nere. Explain in Pa	rt VI how the organ	ization			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b										
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	;			
	organization meets the "facts-and-circ	cumstances" test. T	The organization qu	ualifies as a public	ly supported organ	nization	▶□			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 1 <mark>7</mark> b	o, check this box a	nd see instructions				
	a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	•		*	•	. , . ,	
<u>C-</u>	check this box and stop here					<u></u>	>
	ction C. Computation of Publi					T I	
	Public support percentage for 2018 (I					15	<u>%</u>
16	Public support percentage from 2017					16	%
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hay on line 14 10	or 10h chock th	nic how and coo inc	etructions	ightharpoonup

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

Pa	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		<u> </u>	
000	tion of Type in oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000	tion B. All Type in Supporting Organizations		Vaa	Na
	Did the expenientian provide to each of its supported expenientians, but he lost day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10		s amount divided by line 9 amount			
Secti		Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3		s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
-	line 7:	. '			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
_		Subtract lines 3g and 4a from line 2. For result greater			
	,	tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
'	and 4	- I			
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		ss from 2017			
е	⊨xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	(See instructions.)
1	
_	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EMERGE MOTHERS ACADEMY

Employer identification number 45-4236957

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	· — —
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	▶ \$	g or moranorio, and ornoronig concerna	mon casee.me adming and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(contin	ued)
3	Using	the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sig	nificant ι	use of its c	ollection	items
	(check	all that apply):									
а		Public exhibition	c	i 🗌	Loan or exc	hange prograr	ms				
b		Scholarly research	e		Other						
С		Preservation for future generations									
4	Provid	e a description of the organization's co	llections and explain	n how th	ey further th	ne organization	n's exem	pt purpo	se in Part	XIII.	
5		the year, did the organization solicit o	· ·		-	-					
	to be s	sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par		Escrow and Custodial Arrang								ine 9, or	
		reported an amount on Form 990, Par			Ü				,	,	
1a	Is the	organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other asse	ets not ir	ncluded			
		m 990, Part X?								Yes	☐ No
b		," explain the arrangement in Part XIII									
			•	_						Amount	:
С	Beginr	ning balance						1c			
d	_	ons during the year									
е		utions during the year									
f		g balance						1f			
2a		e organization include an amount on Fo						:v?		Yes	No
		," explain the arrangement in Part XIII.								_	
Par		Endowment Funds. Complete in						0.			
		·	(a) Current year		rior year	(c) Two years			vears back	(e) Four	years back
1a	Beainr	ning of year balance	,	` ′						. ,	
b		butions									
c		estment earnings, gains, and losses									
d		s or scholarships									
е		expenditures for facilities									
•		ograms									
f		istrative expenses									
a		year balance									
2		e the estimated percentage of the curr	ent vear end balance	e (line 1d	column (a)) held as:					
– a		designated or quasi-endowment		% %	,, ooiaiiii (a	,,, 11014 40.					
b		nent endowment	%	— /°							
c		prarily restricted endowment									
•		ercentages on lines 2a, 2b, and 2c show									
За		ere endowment funds not in the posses		ation that	t are held ar	nd administere	ed for the	e organiz	ation		
	by:							- 0. ga <u>-</u>		Γ	Yes No
		related organizations								3a(i)	111
										3a(ii)	
b		" on line 3a(ii), are the related organiza								3b	
4		be in Part XIII the intended uses of the									<u> </u>
Par	t VI	Land, Buildings, and Equipm	ent.								
		Complete if the organization answered	d "Yes" on Form 990). Part IV	. line 11a. S	See Form 990.	Part X. I	ine 10.			
		Description of property	(a) Cost or o			t or other		cumulat	ed	(d) Book	value
		2000p.1.0 0. p. op 0y	basis (investr			(other)	٠,	reciation	I	(4, 200.	
	Land		- `	,							
b		ngs									
		nold improvements									
		ment									
		nonc									
		nes 1a through 1e. (Column (d) must o		Vaclum	nn (D) linn 1	00.)					0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 EMERGE MOTHI	ERS ACADEMY		45-	-4236957	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, li	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-	of-year market va	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) MUTUALFUND	50,000.	COST			
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	50,000.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, lii	ne 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation:		of-year market va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, li	ne 15.		
	Description	· ·		(b) Book va	lue
(1) UNDEPOSITED FUNDS				7,	562.
(2)				•	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)			7,	562.
	on Form 000 Dort IV line:	110 or 11f Coo Form 000 Do	ut V lina OF		
Complete if the organization answered "Yes" (a) Description of liability		(b) Book value	III A, IIIIE 25.		
1. (7		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(5)					
<u>(6)</u>					
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(9)

Par	t XI	Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments			
b		ted services and use of facilities			
С		veries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
_		nes 4a and 4b			
5 Dar	Total t XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta	temente With Evnen	5	
Гаі	ιχιι			ses per neturn.	
	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	ا م		
a		ted services and use of facilities			
b		year adjustments			
C		losses (Describe in Part XIII.)			
d e		,		30	
3		nes 2a through 2d			
4		act line 2e from line 1 Ints included on Form 990, Part IX, line 25, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
		nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			
Par	t XIII	Supplemental Information.			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,	
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	y additional information.		

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

(i) Name and address of individual

or entity (fundraiser)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Internal Revenue Service	► Go to www.irs.gov/F	orm990 for instructions and the latest information.		Inspection					
Name of the organizatio	Employer	identification number							
	EMERGE MOTHERS AG	CADEMY	45-42	36957					
	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether th	ne organization raised funds through a	ny of the following activities. Check all that apply.							
a Mail solicita	tions	e Solicitation of non-government grants							
b Internet and	l email solicitations	f Solicitation of government grants							
c Phone solic	itations	g Special fundraising events							
d In-person so	olicitations								
2 a Did the organization	on have a written or oral agreement w	ith any individual (including officers, directors, trustees,	or						
key employees lis	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
b If "Yes," list the 10	O highest paid individuals or entities (f	undraisers) pursuant to agreements under which the fur	ndraiser is t	o be					
compensated at le	compensated at least \$5,000 by the organization.								

(ii) Activity

(iii) Did fundraiser have custody or control of contributions?

Yes No (iv) Gross receipts

from activity

Total			•						
3 List all states in which the organizatio or licensing.	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								

832081 10-03-18

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

	rt	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	
			(a) Event #1 SPLURGE GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	44,552.			44,552.
	2	Less: Contributions	44,552.			44,552.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes	275.			275.
beuses	6	Rent/facility costs	6,519.			6,519.
Direct Expenses	7	Food and beverages	3,485.			3,485.
	8	EntertainmentOther direct expenses	1			500. 2,522.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	h 9 in column (d)			13,301. -13,301.
Pa	rt	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	(a) Diana	(b) Pull tabs/instant	(a) Other resides	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming and No," explain:	ctivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	year?	Yes No
	_	. со, одржи.				

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 EMERGE MOTHERS ACADEMY	<u> 15-42</u>	36957	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Г	Yes	No
12	Indicate the percentage of gaming activity conducted in:			110
			ا ءمه	0/
	The organization's facility		13a	<u>%</u>
	An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	∩t		
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	Too, ones have all address of the and party.			
	Name			
	Address >			
16	Gaming manager information:			
	Nama 🏲			
	Name			
	Gaming manager compensation \$			
	Description of control constituted in			
	Description of services provided			
	-			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Γ	Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	the		
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Dort I	II linos O	0h 10h
		nu Part i	11, 111165 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	EMERGE MOTHERS	ACADEMY	45-4236957	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(constitution)			
-					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

EMERGE MC	THERS ACA	DEMY					45-4236957
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	า
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.		<u> </u>	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government ord	ganizations listed in th	e line 1 table	1			•
3 Enter total number of other organization	-						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
	2	11,000.	0.		
Supplemental Information. Provide the information	tion required in Part I. lin	e 2: Part III. column	(b): and any other ac	ditional information.	
	·	,			

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

EMERGE MOTHERS ACADEMY

Employer identification number 45-4236957

EMERGE MOTHERS ACADEMI 45 4230737
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WELLNESS, CONSTRUCTIVE PARENTING & FINANCIAL INDEPENDENCE. EACH OF OUR
PROGRAMS WORKS IN THE MOTHER'S BEST INTEREST AND GIVES HER TOOLS TO
EMERGE AND FLOURISH IN EACH OF THESE VALUES.
FORM 990, PART VI, SECTION A, LINE 8B:
NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO THE BOARD PRIOR TO FILING FOR ALL TO
REVIEW/INQUIRE.
FORM 990, PART VI, SECTION B, LINE 15A:
IN 2013 THE BOARD DID A MARKET ANALYSIS AND STARTED SCALING THE EXECUTIVE
DIRECTORS PAY BASED ON INCOME FUNDS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY AND
FINANCIALS ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
GRANT WRITER:
PROGRAM SERVICE EXPENSES 4,240.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 4,240.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

37

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization EMERGE MOTHERS ACADEMY	Employer identification number 45-4236957
CONSULTANT:	
PROGRAM SERVICE EXPENSES	9,408.
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	0 100
SOCIAL WORK CONSULTANT:	
PROGRAM SERVICE EXPENSES	16,460.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,460.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	30,108.