$2\,9\,4\,9\,2\,0\,9\,6\,0\,1\,6\,0\,8\,9 \\ \text{\tiny OMB No 1545-1150}$ 

2016

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

## **Short Form Return of Organization Exempt From Income Tax**

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

Department of the Treasury ▶ Information about Form 990-F7 and its instructions is at www.irs.gov/form990

_		nue Service	<u> </u>		citoris is at www.irs.gov/for	111990.	
Α	For the	2016 calend	ar year, or tax year beginning	January	, 2016, and ending	Decembe	er , 20 <sub>16</sub>
В	Check if ap	plicable	C Name of organization			D Employer ide	entification number
	Address cl	hange	Emmas Place Inc			8	1-2704613
닏	Name chai	nge	Number and street (or P O box, if mail is	not delivered to street add	fress) Room/suite	E Telephone nu	mber
님	Initial retur		4442 Yates Rd	\		40	4-766-7890
H	Amended i	n/terminated	City or town, state or province, country, a	nd ZIP or foreign postal c	ode	F Group Exer	nption
Ħ	Application		College Park, GA 30337		63	Number ▶	
_		ing Method	☐ Cash ☐ Accrual Other (sp	ecify) ►	Н	Check ▶  id if	the organization is not
	Website		emmasplacenic com				ich Schedule B
			eck only one) - 2 501(c)(3) 501(c	d ( ) ◀ (insert no.) [	☐ 4947(a)(1) or ☐ 527	•	I-EZ, or 990-PF)
_			. Corporation Trust	Association	Other		
			7b to line 9 to determine gross receip			l assets	
			w) are \$500,000 or more, file Form 990			<b>▶</b> €	3000 00
	art I		ie, Expenses, and Changes in			instructions	
-	arti		the organization used Schedule		-		-
_	1		ons, gifts, grants, and similar amo		ny question in this rait i	1	3000 00
	2		ervice revenue including governm			2	0
	3	-	nip dues and assessments			3	0
	4	investment	•		<i></i>	4	<del></del>
	1 _		· · · · · · · · · · · · · · · · · · ·			· · ·	0
	5a		ount from sale of assets other than	•	<del></del>	0	
	p		or other basis and sales expense			0	_
	C	•	ss) from sale of assets other than	inventory (Subtract	ine 50 from line 5a)	. <u>5c</u>	0
	6	-	nd fundraising events	adula O d anastan	Alaan	{}	
ø	a		come from gaming (attach Sch	edule G ii greater	'سا ـ ا		
Revenue	١.	•			· <u>[6a  </u>	0	
Š	þ		ome from fundraising events (not in		0of contribution	ns I	
ď			raising events reported on line 1)	•	1 1		
	1		ch gross income and contributions		<del></del>	0	
	_		ct expenses from gaming and fund	•		0	
	d		ne or (loss) from gaming and fund	araising events (add	lines ba and bb and su	1	
	_	line 6c) .				· · 6d	0
	1 .		es of inventory, less returns and all	lowances	. 7a	0	
	b		of goods sold		<u>[7b]</u>	0	
	С	-	fit or (loss) from sales of inventory		m line 7a)	· ·   7c	0
	8		enue (describe in Schedule O)			8	0
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7		· · · · · · · · · · · · · · · · · · ·	. ▶ 9	3000
	10		d similar amounts paid (list in Sche	edule O)	EVENCD.	10	1650
	11			l	ECEIVED	. 11	0
Expenses	12	Salaries, o	ther compensation, and employee	e benefits		. 12	0
ŝ	13	Profession	nal fees and other payments to ind	lependent dentracto	R 1 3 2019	. 13	0
ğ	. 14	Occupanc	y, rent, dilinies, and maintenance		SS SS	. 14	1100
ш	.0		ublications, postage, and shipping			. 15	250
	16	•	enses (describe in Schedule O) .		GDEN, UT	16	0
_	17		enses. Add lines 10 through 16 .			. ▶ 17	3000
ts	18		(deficit) for the year (Subtract line			. 18	0
Net Assets	19		s or fund balances at beginning of		, column (A)) (must agre		
As	1.	-	ar figure reported on prior year's r			. 19	0
let	20		nges in net assets or fund balance		•	20	0
_	21	Net assets	or fund balances at end of year	Combine lines 18 th	rough 20 <u></u>	. 🕨 21	0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)



Pa	Balance Sheets (see the instructions f	or Part II)					
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	·	
	•		_	(A) Beginning of year	<u> </u>	(B) End of year	
22	Cash, savings, and investments		[		22		0
23	Land and buildings				23		0
24 25	Other assets (describe in Schedule O)  Total assets		• • • • •		24 25	<del></del>	0 <b>&gt;</b> 0
26		•			26	<del></del>	0
27	Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column	(R) must agree with	line 21)		27	_ <del></del>	0
Par		<del></del>		Part III)			
	Check if the organization used Schedule	•		•		Expenses	
Wha	t is the organization's primary exempt purpose?	<del></del>	<del></del>			uired for section c)(3) and 501(c)(4)	
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest pe services provided	rogram services, I, the number of		nizations, optional	for
28					ļ		
	(Grants \$ 0) If this amount	ıncludes foreign gra	nts check here	▶ □	28a		Ω
29	Of it also arricant						
						ĺ	
	(Grants \$ 0) If this amount	ıncludes foreign gra	nts, check here .	<u> ▶ □</u>	29a		0
30					ţ		
	(O	inglished foreign ava			20-		
21	(Grants \$ 0) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	<del></del>	U
01		includes foreign gra			31a		0
32	Total program service expenses (add lines 28a t	through 31a)		· · · •	32		<u>_</u>
Par					nstruc	tions for Part I	V)
	Check if the organization used Schedule	O to respond to ar		Part IV		_ <del></del>	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amoun	
Janis	Smth					-	
		40		<u> </u>	0		0
Mikit	ta Smith-Jackson						_
	do Corre	40		<u> </u>	0		0
Bren	da Grier	40			0		0
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>V</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? :	35a		<b>/</b>
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓ ✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a		1		1,14
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	ي د خزر ا	
ь 39 а	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b 40a	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations  Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		2	3
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	10 m		12.5
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		3	4
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1	
41	List the states with which a copy of this return is filed ► Georgia			
42a	The organization's books are in care of ▶ Janis Smith Telephone no. ▶	404-76		
b	Located at ► 4442 Yates Rd College Park, GA  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)?  If "Yes," enter the name of the foreign country: ►	3033	Yes	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	2.1	code a	)
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c		<b>_</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\Delta 43</b>	· ·	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-1.77	7
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	1 1	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	, , , , , , , , , , , , , , , , , , ,	<b>.</b>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		¥.3

Pa	(ne	- 4

46	Did the organization engage, directly or in				ın oppositi	on Kill III	
<b>Part</b>	to candidates for public office? If "Yes," of Section 501(c)(3) organizations		Part I	<del>- ·</del>	· · · ·	46	_
	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete the	tables for lines	
	50 and 51.  Check if the organization used Sch	nedule O to respond	to any question in	this Part VI		۲	7
	Officer if the organization used out	reduce of to respond	to any question in	uns i art vi	· · · ·	Yes No	<u>-</u> _
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part		section 501(h) elect	on in effect o	luring the t	tax 47	_
48	Is the organization a school as described in					48	<u> </u>
49a	Did the organization make any transfers to If "Yes," was the related organization a se		_	ization? .		49a 🗸	_
ь 50	Complete this table for the organization's			 her than offic	ers, directo		 
	employees) who each received more than						_
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions to benefit plans, a compen	o employee and deferred	(e) Estimated amount of other compensation	f
NONE							
		•					_
							_
				<del> </del>		<del></del>	_
	Total number of other employees paid ov		. •0				
51	Complete this table for the organization \$100,000 of compensation from the organization	is five highest compe inization. If there is no	ensated independen one, enter "None"	t contractors	who each	received more tha	ın
	(a) Name and business address of each independ		(b) Type of se	vice	(c)	Compensation	
		· · · · · · · · · · · · · · · · · · ·	(5) 1 / pc c l dc				_
NONE	·	•••••					
							_
					·		_
	Total number of other independent contra	ectors each receiving	Over \$100,000	•		0	_
52	Did the organization complete Schedu	_		· · —			_
	completed Schedule A	· · · · · ·				► ✓ Yes ☐ No	
	penalties of perjury, I declare that I have examined this i prrect, and complete Declaration (אריים) איני איניים					owledge and belief, it is	
C:	03/08/2019				3/2019		_
Sign Here	Signature of officer  MIKITTA SMITH President			Date	•		
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature		ate	Check	١	
Prep	parer	1		<del></del>	self-employ	/ed	
Use	Only Firm's name ► Firm's address ►				's EIN ▶ ne no		
May t	he IRS discuss this return with the prepare	r shown above? See	instructions			Yes No	_

#### SCHEDULE A (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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Emmas Place Inc. 81-2704613 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).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 university: 10 An organization that normally receives: (1) more than 331/3% 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 33½% 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). 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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 b 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, c its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d 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 III, 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 organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(vi	)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support				· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		·	:			
	membership fees received. (Do not include any "unusual grants.")					3000	2000
2	Tax revenues levied for the		-			3000	3000
2	organization's benefit and either paid						
	to or expended on its behalf		!		o	o	0 -
3	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge				o	o	0
4	Total. Add lines 1 through 3				0	3000	3000
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)						
G	Public support. Subtract line 5 from line 4						7000
	on B. Total Support	199 3 200 TOT CHARLE MARKS 1 41 1909	Macroscopic and Colonia and	2020 ACTION OF CREATING LAND	ASSESSMENT DECEMBER OF THE PROPERTY OF THE PRO	THE STREET WEEKS SAFETY AND AND	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014 ·	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4				0	3000	3000
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	  -			_		_
•	sources	<del> </del>		<u> </u>		. 0	0
9	activities, whether or not the business						
	is regularly carried on					ا	0
10	Other income. Do not include gain or						_ <del></del>
	loss from the sale of capital assets	,					
	(Explain in Part VI.)				0	0	0
11	Total support. Add lines 7 through 10						3000
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he						<b>.</b> –
Secti	on C. Computation of Public Suppor			<u>·</u> · · ·	· · · · ·	<u> </u>	· · <b>P</b> 🔽
14	Public support percentage for 2016 (line			1. column (fl)		14	%
15	Public support percentage from 2015 Sci					15	%
16a	331/3% support test-2016. If the organ				nd line 14 is 3	31/3% or more,	check this
	box and stop here. The organization qua	•		•			▶ 🗆
b	331/3% support test—2015. If the organi						
	this box and stop here. The organization	•		_			_
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the '						
	organization	lacis-and-circ	umstances te	st. The organi	zation qualine	s as a publicly	► □
b	10%-facts-and-circumstances test—2	015 If the era	anization did =	ot chack a ba		 16a 16b or 17	_
Ð	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization						▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions	<u> </u>	<u></u>	· · · · ·	<u> </u>	<u> </u>	▶ 🗆

### 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.)

1 Gits, grants, contributions, and membership lees received (for not include any mususal grants ?) 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the originations star-evempt purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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. 7a Amounts included on lines 1, 2, and 3 received from disqualished persons. b Amounts included on lines 1, 2, and 3 received from disqualished persons. c Add lines 7a and 7b  Public support. (Subtract line 7c from line 6). 9 Amounts from line 6 10. 10 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources. b Unrelated business taxable income (less section 511 laxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 1Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain of loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First five years. If the Fornt 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check the box byth and stop here.  Section D. Computation of Public Support Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 15   18 Investment income percentage from 2015 Schedule A, Part III, line 15   19 Julius support perceyfage from 2015 Schedule A, Part III, line 17   18 Investment income percentage for 2016 (line loc, column (f) divided by line 13, column (f)) 17   18 Investment income percentage for 2016 (line loc, column (f) divided by line 13,	Section	on A. Public Support			_			
received (Dn not include any "unusual grants")  Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity halt is related to the organization's tax-exempt purpose  Gross receipts from actives that are not an unrelated trade or business under section 513  Tax revenues leveled for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without tharge.  Total. Add lines 1 through 5.  A mounts included on lines 1, 2, and 3 received from disqualified persons.  A mounts included on lines 2 and 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line \$1 for the year or Add lines 7a and 7b.  Public support. (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in)   Net income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Broad and income from maintar sources.  Unrelated business taxable income (less section 51 11 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business acquired after June 30, 1975.  Add lines 10a and 10b.  Total support. (Add lines 9, 10c. 11, and 12.)  Total support. (Add lines 9, 10c. 11, and 12.)  Public support personage for 2016 (line 8, column (f) divided by line 13, column (f)) 15  Public support personage from 2015 Schedule A, Part III, line 15  Public support personage from 2015 Schedule A, Part III, line 15  Public support personage from 2015 Schedule A, Part III, line 15  Public support personage from 2015 Schedule A, Part III, line 17  Investment informe percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 15  Public support personage from 2015 Schedule A, Part III, line 15  Broad Schot Broad Schedule A part III, line 17  Investment i	Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2 Gross receipts from admissions, merchandles sold or services per fromme, or facilities furnished in any activity that is related to the organization's star-exempt jurpose.  3 Gross receipts from activities that are not an unrelated trade or busness under section 513  4 Tax revenues lewied for the organization'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 1, 2, and 3 received from disqualified persons.  5 Amounts included on lines 1, 2, and 3 received from disqualified persons.  6 Add lines 7 and 70 and 70 and 70 are ceived from the star of the year of Add lines 7 and 70 and	1	Gifts, grants, contributions, and membership fees						
sold or services performed, or facilities furnished in any activity has is related to the organization's tax-exempt purpose or a comparison of the compariso								
furnished in any activity that is related to the organization's tax-exempt purpose and unrelated trade or business under section 513  1 Tax revenues lewed for the organization's benefit and either paid to or expended on its behalf so the organization without charge for other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year country for the organization without charge for the organization without charge for the organization of the amount on line 13 for the year country for the organization of the	2							
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#### 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 Organi	izations
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- 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**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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, t determine whether the organization had excess business holdings)

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Part	Supporting Organizations (continued)			
		75° "	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	, e	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	× 4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			أسما
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	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		L
Secti	on B. Type I Supporting Organizations			· • •
		NT. 1243	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	\$ -> 2	4 6	
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	4	بها قدا	4.
	controlled the organization's activities. If the organization had more than one supported organization,	¥2,	1,15, 1	100
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	g. T	je iz	, 200 m
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ــــــــــــــــــــــــــــــــــــــ	250
•		1		-
2	Did the organization operate for the benefit of any supported organization other than the supported		<b>I</b> .".	į
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	\$ 50.4	1, 3	
	supervised, or controlled the supporting organization	5 m	£	التعظ
C 1:		2		L
Secu	on C. Type II Supporting Organizations			
_	Marine a second of the second or the design of the second	Fig. 4.3	Yes	No V
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	,	1	1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s)	5 r.d	11.	لئت
C4:				L
Secu	on D. All Type III Supporting Organizations		V	
4	Did the average two averages to each of the average average tions, but the last day of the fifth we sate of the	Mist ya	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	4	300	1. 3
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	Ť.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	2 25 1	خسئا	10.13
_		1	<del>₽7 31</del>	
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	***	1.2	17.2
	the organization maintained a close and continuous working relationship with the supported organization(s)		1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	Mar Jak	Contract of
3	significant voice in the organization's investment policies and in directing the use of the organization's	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	17	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	* vi	₹# <u></u>	4. 12
	supported organizations played in this regard		<u>0 -:</u>	انتنا
Socti	on E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s)
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 ın:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	J- 4	, Y , J	.
	those supported organizations and explain how these activities directly furthered their exempt purposes,		15.75	
	how the organization was responsive to those supported organizations, and how the organization determined	. ,	3	1
	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	7. 7	<i>;</i>	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		,	<u> </u> • • •
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	لـنـا
3	Parent of Supported Organizations Answer (a) and (b) below.	20	<u></u>	1977
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	F ".		100
а	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a	ļ	
L		Ja 2	1 78 35 1	33.1
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 <b>Part VI</b> the role played by the organization in this regard	3b	<u> </u>	اكتسه
	or its supported organizations. It is res, describe in Fart vi the role played by the organization in this regard	บบ	<u> </u>	

Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	ızatıons	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	1	the first and recommend the same is a second to the second	
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the first of the second with the second second second	
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		
Section C - Distributable Amount		The second secon	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	The tale of tale o	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4 Enter greater of line 2 or line 3.	4	The same of the sa	
5 Income tax imposed in prior year	5	3	
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Petro	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	izations (continued)	
Secti	on D - Distributions			, Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	_		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızatıons	
4	Amounts paid to acquire exempt-use assets		<del></del>	
5	Qualified set-aside amounts (prior IRS approval required)		<del>_</del>	
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		Legither more than the property of the second section of the secti	Pre-2016	Amount for 2016
	Distributable amount for 2016 from Section C, line 6			ZUSTANIO KANDANINI MARKANINI MARKANINI MARKANINI MARKANINI MARKANINI MARKANINI MARKANINI MARKANINI MARKANINI M
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required - explain in Part VI). See			
	instructions		T 4 T 1 Y 2 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	
3	Excess distributions carryover, if any, to 2016.			
<u>a</u>				
b				
<u> </u>	From 2013			
d	From 2014			
	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years		Parte Page Cara Cara Cara	
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)  Remainder Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2016 from			
4	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u>a</u> _	Applied to dilderdistributors of prior years  Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017 Add lines 3j	Product Comments		
•	and 4c.			
8	Breakdown of line 7.			
a				
<u>_</u> _	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
<u>-</u> е	Excess from 2016		2007	

rativi	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.)
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## SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Liquidation, Termination, Dissolution, or Significant Disposition of Ass Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

- Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Emmas Place Inc

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and ad
_					-	
-						
a b c d	Did or will any officer, director, t Become a director or trustee of Become an employee of, or inde Become a direct or indirect own Receive, or become entitled to,	a successor or tran ependent contracto er of a successor o compensation or o	sferee organization? r for, a successor or tr ir transferee organization ther similar payments a			 termination, or di
	If the organization answered "Yesperwork Reduction Act Notice, see				name of the person in Cat No 50087Z	volved and explai

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
In December 2019 a local CPA was helping us with our financial reports and asked to see our Form 990. It was then that we learned
requirement to file Form 990 and that we had missed the deadline for the 2016 return.
Right away we prepared our 2016 Form 990-EZ, which we filed on March 8 2019.
No extension of time to file Form 990-EZ was requested because we were not aware of the requirement to file the return.
We believe we have reasonable cause for filing late because we are a small all-volunteer membership organization
and honestly did not know about the requirement to file Form 990. This was the 2nd time we were required to file his type of return. As
soon as we discovered our error, we immediately prepared and filed the return before being notified by the IRS that it was late, thereby
demonstrating that we acted responsibly and in good faith. We believe this demonstrates that we did not willfully neglect our filing
requirement. To prevent future late filings we have placed the due date of the Form 990 on the calendar of the board of directors,
and all new board members are educated on all the annual filing requirements that pertain to the organization.
We respectfully request that the IRS abate all assessed penalties and interest related to our 2016 Form 990-EZ.

Rad	Liquidation, Termination,					
	Note: If the organization distribut (Total liabilities), should equal -0-	ed all of its as	sets during the tax	year, then Form 990	, Part X, column (B)	, line 16 (Total .
3 4a	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or termin-					
b	If "Yes," did the organization provid				s intent to dissolve, no	dioate, or terriiri
5	Did the organization discharge or pa					•
_		-				
6a	Did the organization have any tax-e					
b	If "Yes" to line 6a, did the organization di					
	If "Yes" on line 6b, describe in Part					
Part	"Yes" on Form 990, Part IV	, line 32, or For	m 990-EZ, line 36.	Part II can be duplic	ated if additional sp	pace is needed
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and add
2 a b c d e	Did or will any officer, director, trust Become a director or trustee of a si Become an employee of, or independence a direct or indirect owner of Receive, or become entitled to, con If the organization answered "Yes"	uccessor or trans ndent contractor of a successor or npensation or other	sferee organization? for, a successor or tra transferee organization for similar payments a	ansferee organization on?	?	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

#### 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number Emmas Place Inc. 81-2704613 Total Revenue was used to start our organization on a journey provide to the elderly and at risk youth with of supportive and essential services and nutrition. We have bought things thus for to provide our less forunate with food and necessities to live and build self esteem.

Schedule O (Form 990 or 990-EZ) (2016)	Page
Name of the organization	Employer identification number
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