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Form
Department of the Treasury
Internal Revenue Service

OMB No 1545-1150
2016
Open to Public Inspection

Short Form 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.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 10/11, 2016, and ending 06/30, 2017

B Check if applicable: ☐ Address change ☐ Name change ☒ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization EMERGING AMERICAN MAJORITIES Number and street (or P O box, if mail is not delivered to street address) Room/suite 1225 I STREET NW SUITE 1250 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	D Employer identification number 81-4100201 E Telephone number (202) 449-6740 F Group Exemption Number
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G Accounting Method ☐ Cash ☒ Accrual Other (specify) ☐

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ☐

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 156,838.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	156,838.											
	2	Program service revenue including government fees and contracts														2												
	3	Membership dues and assessments														3												
	4	Investment income														4												
	5a	Gross amount from sale of assets other than inventory														5a												
	5b	Less cost or other basis and sales expenses														5b	0.											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														5c												
	6	Gaming and fundraising events														6												
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)														6a												
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														6b												
Expenses	6c	Less direct expenses from gaming and fundraising events														6c												
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														6d												
	7a	Gross sales of inventory, less returns and allowances														7a												
	7b	Less cost of goods sold														7b	0.											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c												
	8	Other revenue (describe in Schedule O)														8												
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														9	156,838.											
	10	Grants and similar amounts paid (list in Schedule O)														10	500.											
	11	Benefits paid to or for members														11												
	12	Salaries, other compensation, and employee benefits														12												
Net Assets	13	Professional fees and other payments to independent contractors														13	1,404.											
	14	Occupancy, rent, utilities, and maintenance														14												
	15	Printing, publications, postage, and shipping														15												
	16	Other expenses (describe in Schedule O) ATCH. 1														16	218.											
	17	Total expenses. Add lines 10 through 16														17	2,122.											
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	154,716.											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														19	0.											
	20	Other changes in net assets or fund balances (explain in Schedule O)														20												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21	154,716.											

For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016)

SCANNED SEP 26 2018

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒ X

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments ATTACHMENT 2	0.	22	156,120.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O)	0.	24	0.
25	Total assets	0.	25	156,120.
26	Total liabilities (describe in Schedule O) ATTACHMENT 3	0.	26	1,404.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . .	0.	27	154,716.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . ☒ X

What is the organization's primary exempt purpose? ATTACHMENT 4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	ENABLES STATE AND LOCAL GOVERNMENT TO REFLECT THE POPULATION OF THEIR STATES AND ADVANCE POLICIES THAT PROMOTE INCLUSION, EQUALITY AND OPPORTUNITY FOR ALL CITIZENS.		
	(Grants \$ 500.) If this amount includes foreign grants, check here ▶ ☐	28a	500.
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	500.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

(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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
.				
ATTACHMENT 5				
.				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		X
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)		X
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)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
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		X
c 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 40c 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
e 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		X
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of 42a THE ORGANIZATION Telephone no 42a 202-449-6740 Located at 42a 1225 I STREET NW STE 1250 WASHINGTON, DC ZIP + 4 42a 20005		
b 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 42b		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c 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		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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		X
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		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X		
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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.
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

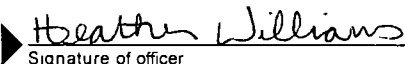
- f** Total number of other employees paid over \$100,000.
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

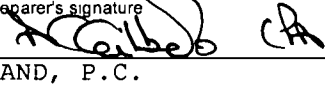
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000.

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		5-7-18
	Signature of officer	Date
	HEATHER WILLIAMS	SECRETARY
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	AMY C GILBERT		5-7-18		P00956578
	Firm's name	Firm's EIN		Firm's address	
	GILBERT & WOLFAND, P.C.	52-1263814	2201 WISCONSIN AVE, NW SUITE 320	202-342-6000	WASHINGTON, DC 20007

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Department of the Treasury
Internal Revenue Service

Name of the organization

EMERGING AMERICAN MAJORITIES

Employer identification number

81-4100201

2016

**Open to Public
Inspection**

ATTACHMENT 1

FORM 990EZ, PART I - OTHER EXPENSES

BANK FEES

218.

TOTAL

218.

ATTACHMENT 2

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION

END
OF YEAR

CASH

156,120.

TOTALS

156,120.

ATTACHMENT 3

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION

END
OF YEAR

ACCOUNTS PAYABLE

1,404.

TOTALS

1,404.

ATTACHMENT 4

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ENABLES STATE AND LOCAL GOVERNMENT TO REFLECT THE POPULATION OF THEIR
STATES AND ADVANCE POLICIES THAT PROMOTE INCLUSION, EQUALITY AND
OPPORTUNITY FOR ALL CITIZENS.