

.....
....
.....
..
.....
**
*
!!",4

EMOTIONS ANONYMPOUIS
INTERNATIONAL 2016 EXEMPT
ORGANIZATION INCOME TAX
RETURNS

.....
....
.....
...
.....
....
....
....
.....

EMOTIONS

CLIENT'S COPY

Form 990-EZ

Form

Initial return

.....

.

.....

.....

AWN

25,966

Short Form

O

MB No. 1545-1150 Return of Organization Exempt From Income Tax

2

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

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury

Inspection Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning 07/01/16 , and ending 06/30/17 B Check if applicable: C Name of organization

Employer identification number Address change Name change | EMOTIONS ANONYMOUS INTERNATIONAL

2

3-7301869 Number and street (or P. O. box, if mail is not delivered to street address)

Room/suite

Telephone number Final return/terminated PO BOX 4245

651-647-9712

Amended return

City or town, state or province, country, and ZIP or foreign postal code

Group Exemption Application pending ST. PAUL

MN 55104

umber G Accounting Method: Cash Accrual Other (specify)

Check if the organization is not | Website: | WWW.
EMOTIONSANONYMOUS.ORG

required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) 501(c) (insert no.) 4947(a (1) or 527 (Form 990, 990-EZ, or 990-PF). 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

48,180 Part 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
1

X

1 Contributions, gifts, grants, and similar amounts received

2,702 2 Program service revenue including government fees and contracts

,397 3 Membership dues and assessments 4 Investment income

,236 5a Gross amount from sale of assets other than inventory

2,000 b Less: cost or other basis and sales expenses

5b

2

5,966 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

3,966 6 Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than \$15,000).....

bal

..... 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) C Less: direct expenses from gaming and fundraising events

6c d 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

7

5,845 Less: cost of goods sold

2

4,485 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

1,360 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ...

7,729 10 Grants and similar amounts paid (list in Schedule O).

Benefits paid to or for members Salaries, other compensation, and employee benefits

12

3,015 13 Professional fees and other payments to independent contractors

19 Occupancy, rent, utilities, and maintenance

6,618 15 Printing, publications, postage, and shipping

,193 16 Other expenses (describe in Schedule O)

9,198 17 Total expenses. Add lines 10 through 16

17

40,843 Excess or (deficit) for the year (Subtract line 17 from line 9).

18

43, 114 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

53,030 20 Other changes in net assets or fund balances (explain in Schedule O).....

20

,211 21 Net assets or fund balances at end of year. Combine lines 18 through 20

..

21

19, 127 For Paperwork Reduction Act Notice, see the separate instructions.

EMOTIONS

Form 990-EZ (2016) . EMOTIONS ANONYMOUS INTERNATIONAL 23-7301869

Page 2 Parul Balance Sheets (see the instructions for Part II)

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

(A) Beginning of year

B) End of year 22 Cash, savings, and investments

138,411 22

12,117 23 Land and buildings

23 24 Other assets (describe in Schedule O)

26,223 24

9,585 25 Total assets

164,634 25

31,702 26 Total liabilities (describe in Schedule O)

11,604 26

2,575 27 Net assets or fund balances (line 27 of column (B) must agree with line 21).

153,030 27

19,127 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

If this amount includes foreign grants, check here

31a 32 Total program service expenses (add lines 28a through 31a)

13, 783 Pan List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this part IV.....

(b) Average

T (c) Reportable

(d) Health benefits, (a)

Name and title

hours per week

compensation contributions to employee (e) Estimated amount of

(Forms W-2/1099-MISC) | devoted to position

benefit plans, and other compensation

1 (if not paid, enter -0-)

deferred compensation GUS SCHLOESSER

..... PRESIDENT

2.00 SCOTT JACKEL VICE

PRES/TREASURER VALERIE ANDERSON

..... SECRETARY

2.00 JOHN WERNER BOARD MEMBER

1.00 HAROLD FINK

BOARD MEMBER

1.00 JACK HINKLEY BOARD

MEMBER

1.00

2.00

0|

0|

0|

0|

VALERIE ANDERSON

.....

WHENEBR

.....

.....

| ololololololol

0|

om 1 1.00 1.00

0|

0|

0|

0|

0|

.....

..... |

.....

..... |

.....

.....

.....

..... |

DAA

EMOTIONS

Page 3

**Form 990-EZ (2016) EMOTIONS ANONYMOUS INTERNATIONAL
23-7301869**

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

Yes

2

3

et

X X

35a

.....

...

35b

.

....

35c

36

36

X X X X

37b

.

..

38a

..

...

39b

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 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)..... 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)? 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 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 . 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? 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? b If "Yes," complete Schedule L, Part II and enter

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: 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: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

40b

40e

651-647-9712

55104

Yes

No

42b

42c

.....

Yes

Ada

mon

C

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be

completed instead of Form 990-EZ. 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

Did the organization receive any payments for indoor tanning services during the year? 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.. 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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).....

14d

45a

W

I

S

.
.

.....

.....

.....

.....

.....

.

.....

.

...

.....

.....

45b Form 990-EZ (2016)

DAA

EMOTIONS

Form 990-EZ (2016)

EMOTIONS ANONYMOUS INTERNATIONAL

23-7301869

Page 4 Yes No

46

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 1
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.

130

Yes

No

47 48 49a 49b

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."

(b) Average (c) Reportable 1 (d)

Health benefits, (a) Name and title of each employee

hours per week

compensation contributions to employee devoted to position (Forms W-2/1099-MISC) benefit plans, and

deferred compensation NONE

(e) Estimated amount of other compensation

.
.....
f 51
.....
.....

Total number of other employees paid over \$100,000 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

www

NONE

.
dom

NONE

.....

.....

.....

.....

.....

..... |
.....
.....
.....
.....
.....
.....
.....
.....

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.

.. X 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.

Date
PTIN
DIANA L. WEDDIGEN

Sign
Signature of officer Here

SCOTT JACKEL VICE PRES/TREASURER

Type or print name and title Print/Type preparer's name
Preparer's signature
Date

heck Paid

na 1. Weddegin

0/23/17 self-employed P01950848 Preparer

Firm's name LEWIS, KISCH & ASSOCIATES, LTD

irm's EIN) 41-1620961 Use Only Firm's address

**1125 SOUTH FRONTAGE ROAD, SUITE 1 HASTINGS, MN
55033-2489**

hone no. 651-437-3356 May the IRS discuss this return with the preparer shown above? See instructions

▶ X Yes No Form 990-EZ (2016)

DAA

EMOTIONS

Public Charity Status and Public Support

UD

ASVAISTYS.

.....

....

.SARAW.

oco voor Awn

W

Y

y

..

.

.....

—

.....

SCHEDULE A

MB No. 1545-0047 (Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 2016

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

pen to Pubio Internal Revenue Service

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

Inspection

Name of the organization

Employee

r Identification number EMOTIONS ANONYMOUS INTERNATIONAL

3-7301869 Pant Reason for Public Charity Status (All organizations must complete this

part.) See instructions. 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 11.)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 || 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 X 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). 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.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 1, Type II, Type III

functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(1) Name of supported

(ii) EIN

(iii) Type of organization (iv) is the organization (v) Amount of monetary

vi) Amount of organization

(described on lines 1-10 listed in your governing

support (see

other support (see

above (see instructions))

document?

instructions)

Instructions)

Yes No (A)

0

0

0

(B)

(C)

.

.

(D)

(E)

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

Schedule A (Form 990 or 990-EZ) 2016

DAA

Schedule A (Form 990 or 990-EZ) 2016 EMOTIONS ANONYMOUS INTERNATIONAL 23-7301869

Parti 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.) Section A. Public Support Calendar year (or fiscal year beginning in)

(a) 2012 | (b) 2013 (c) 2014 (d) 2015 | (e) 2016

(f) Total

y m

1

Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")...

2

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

به

هم

10

The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 (1) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in)



(a) 2012

(b) 2013 (c) 2014 (d) 2015 (e) 2016

f) Total 7 Amounts from line 4 8 Gross income from interest, dividends,

payments received on securities loans, rents, royalties and income from similar sources ..., Net income from unrelated business activities, whether or not the business is regularly carried on . 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here ... Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (1) divided by line 11, column (n))..... 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

..... b 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check

this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2016. 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 meets the "facts-and-circumstances" test.

The organization qualifies as a publicly supported

organization b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990 or 990-EZ) 2016

12

| 14

16:46

0

0

0

g

.....▶

DAA

EMOTIONS

Schedule A (Form 990 or 990-EZ) 2016 EMOTIONS ANONYMOUS INTERNATIONAL
23-7301869

**Part II 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 11.) Section A. Public Support Calendar year (or fiscal year beginning in)

(a) 2012

(b) 2013

(c) 2014 (d) 2015 (e) 2016

f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

31,379

39,368

39,300 43,641

43,641 42,702

42,702 1 96,390

96,390 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.

103,193

97,202

98,467

103,405

83,4781 485,745

Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied 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 charge 6 Total. Add lines 1 through 5

134,572

136,570

137,767

147,046

126,180

682,135

7a Amounts included on lines 1, 2, and 3

received from disqualified persons 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 C Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.).....

82,135 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016

f) Total 9 Amounts from line 6 ..

134,572 136,570 137,767 147,046

126,180 682,135 10a Gross income from interest, dividends,
payments received on securities loans, rents, royalties and income from similar sources

2,001

2,041

1,941

25,086

1,069 b Unrelated business taxable income (less
section 511 taxes) from businesses acquired after June 30, 1975

13.57

18,5419,

2,041 _

1,941

25,086

31,069

c

Add lines 10a and 10b

2,001|_

2,001

2,041

2,041

1

1,941

,941_

25,086

25,086

31,069

31,069

2,848

140,615)

198,987

151,268

11 Net income from unrelated business activities not included in line 106, 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.).

1,619

,467 13 Total support. (Add lines 9, 10, 11, and 12.)

138,192 138,611 140,615 148,987

51,266 717,671 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (1) divided by line 13, column (0))....

5.05% 16 Public support percentage from 2015 Schedule A, Part III, line 15.

16

8.26% Section D. Computation of Investment Income Percentage 17
Investment income percentage for 2016 (line 10c, column (1) divided by
line 13, column ()).

4%

% 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a
33 1/3% support tests-2016. If the organization did not check the box on line 14, and
line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization
qualifies as a publicly supported organization b 33 1/3% support
tests-2015. If the organization did not check a box on line 14 or line 19a, and line
16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The
organization qualifies as a publicly supported organization 20 Private
foundation. If the organization did not check a box on line 14, 19a, or 19b, check
this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

17H

| 18

1%

DAA

- - 13:-

18

**Schedule A (Form 990 or 990-EZ) 2016 EMOTIONS ANONYMOUS
INTERNATIONAL 23-7301869**

Pan V 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

es 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. 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. 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. 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. 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).

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?

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

(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. 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. 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.)

Schedule A (Form 990 or 990-EZ) 2016

b

Tyne Lor

30

C.

-

c

21:3_2

DAA

. "
" " "
" "

EMOTIONS

" "

Schedule A (Form 990 or 990-EZ) 2016 EMOTIONS ANONYMOUS INTERNATIONAL

Part IV Supporting Organizations (continued)

23-7301869

Page 5

**

Yes

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 a supported organization? b A family member of a person described in (a) above?

c 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, Section B, Type I Supporting Organizations

11a 11b 11c

Yes

No

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. 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,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

.....

.

....

..

....

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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s). Section D. All Type III Supporting Organizations

...

...

e

Yes

n

PS

S

.

.

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? 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). 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.

Section 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).

The organization satisfied the Activities Test. Complete line 2 below.

The organization is the parent of each of its supported organizations. Complete line 3 below. CU The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

oo

Yes

No

La

2 Activities Test. Answer (a) and (b) below.

a 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. 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.

Parent of Supported Organizations. Answer (a) and (b) below. a 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. 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.

DAA

Schedule A (Form 990 or 990-EZ) 2016

EMOTIONS

|--

|

|

.

|

**

.

||

... **

co

Schedule A (Form 990 or 990-EZ) 2016 EMOTIONS ANONYMOUS INTERNATIONAL
23-7301869

age 6 Part 1 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 I Check here if the organization satisfied the Integral Part Test as a
qualifying trust on Nov. 20, 1970 (explain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organizations
must complete Sections A through E.

B) Current Year Section A - Adjusted Net Income

(A) Prior Year

optional) 1 Net short-term capital.gain 2 Recoveries of prior-year distributions 3
Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation
and depletion 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)

7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).

B) Current Year Section B - Minimum Asset Amount

(A) Prior 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

1

a b Average monthly cash balances c Fair market value of other non-exempt-use assets

1

c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other

factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3). 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6)

.
.
.....
..
.

1b

wn

01 A

co

Section C - Distributable Amount

Current Year

|

T

|
|
|

1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

DAA

EMOTIONS

Schedule A (Form 990 or 990-EZ) 2016 EMOTIONS ANONYMOUS INTERNATIONAL
23-7301869

Page 7 Party Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions

Current Year 1 Amounts paid to supported organizations to accomplish
exempt purposes 2 Amounts paid to perform activity that directly furthers
exempt purposes of supported

organizations, in excess of income from activity 3 Administrative expenses paid to
accomplish exempt purposes of supported organizations 4 Amounts paid to acquire
exempt-use assets 5

Qualified 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 Distributions to attentive supported organizations to which the organization is
responsive

(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

iii) Section E - Distribution Allocations (see instructions)

Excess Distributions | Underdistributions Distributable

Pre-2016

Amount for 2016 1 Distributable amount for 2016 from Section C, line 6

Underdistributions, if any, for years prior to 2016 2 (reasonable cause required-explain in Part
VI). See

instructions. 3 Excess distributions carryover, if any, to 2016:

(ii)

IwN

.

.
. .
. .
. .
. .
. .
. .
. .
. .
. .

LIIT!

1- 111-

C From 2013... d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions)

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2016, if

any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2017. Add lines 3j and 4c. Breakdown of line 7:

11110111

b Excess from 2013 C Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

DAA

EMOTIONS

--
.....
.....
..... 12.....

Schedule A (Form 990 or 990-EZ) 2016 EMOTIONS ANONYMOUS INTERNATIONAL
23-7301869

Page 8

age 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part li, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 30, 46, 40, 5a, 6, 9a, 96, 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.)

..-
-
..-
..-
-
.
..-
.....
.....
.
...
.
..224

PART III, LINE 12 - OTHER INCOME DETAIL

4,467

DAA

Schedule A (Form 990 or 990-EZ) 2016

EMOTIONS

OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

2016

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.

Open to Public

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

Employer identification number

EMOTIONS ANONYMOUS INTERNATIONAL

23-7301869

Department of the Treasury Internal Revenue Service

Name of the organization

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

AMOUNT

DESCRIPTION CONVENTION

CONVENTION EXPENSE.

.....

8,152

EXPENSES

PASYW

A Y!!!.

WEBSITE

u

1,690

.

u

OFFICE SUPPLIES

2,963

??

W

OFFICE EQUIPMENT

...

OFFICE EQUIPMENT LEASES

.....

...

...

..

BOARD MEETING EXPENSE

\$ 386

386 \$... 5,407

5,407 .. 2,315

.

737

737 1,119

US

WORKERS COMP. OFFICE INSURANCE

US

DIRECTOR/OFFICER INSURANCE

US

1,362

PAYROLL PROCESSING FEES

US

BANK FEES/MISC.

COMPUTER RELATED EXPENSES

US

..... 1,807 ... 372

372

533

us

TELEPHONE/DSL

.....

..... 1,762

STAFF EXPENSE

us

MN CHARITIES FEE

us

...

NON-INVESTMENT DEPRECIATION

us

TOTAL \$29,198

**FORM 990-EZ PART I, LINE 20 - OTHER CHANGES IN
NET ASSETS OR FUND BALANCES DESCRIPTION**

AMOUNT

UNREALIZED GAINS

ZED GAINS

.....

.....9,211.

.....

..... 9,211

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

Schedule O (Form 990 or 990-EZ) (2016)

DAA

EMOTIONS

Page 2

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization

EMOTIONS ANONYMOUS INTERNATIONAL

Employer identification number

23-7301869

.....
.....

PREPAID EXPENSES AND DEFERRED CHARGES

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION

BEG. OF YEAR END OF YEAR

ACCOUNTS RECEIVABLE

\$.....3

,266 \$..... 1,009 INVENTORIES FOR SALE
OR USE

\$.... 19,625 \$... 14,169 \$... 1,491 \$.
... 2,484

\$. 16,925 \$

... 16,925 LESS ACCUMULATED DEPRECIATION

\$ 16,912 \$

..... 16,925 UNDEPOSITED FUNDS

\$ 465 \$ 560 1,363

\$..... 1,363 TOTAL \$..... 26,223 \$

et:

:
:

SECURITY RENT DEPOSIT

:
9,585
11.-4.2.....19,585
.....
.

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION

BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

. . . .

PAYROLL TAX LIABILITIES

ei esi

VACATION ACCRUAL

\$ 8,433 \$ 8,433 .. \$
. 134 \$ 134
319 \$ 3,602 248 \$. . . . 406 470
\$

SALES TAX PAYABLE

si

.....

CONVENTION DEPOSITS

es

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

DESCRIPTION OF ORGANIZATION MISSION: EMOTIONS ANONYMOUS
MEMBERS COME

TOGETHER IN WEEKLY MEETINGS FOR THE PURPOSE OF
WORKING TOWARD RECOVERY FROM ANY SORT OF
EMOTIONAL DIFFICULTIES. PROGRAM MEMBERS ARE OF
DIVERSE AGES, ECONOMIC STATUS, SOCIAL AND

**EDUCATIONAL BACKGROUNDS. THE ONLY. REQUIREMENT
FOR MEMBERSHIP IS A DESIRE TO BECOME EMOTIONALLY
WELL.**

PAGE 1 OF 2 Schedule 0 (Form 990 or 990-EZ) (2016)

DAA

EMOTIONS

Page 2

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization

EMOTIONS ANONYMOUS INTERNATIONAL

Employer identification number

23-7301869

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT ASSISTED INDIVIDUALS SUFFERING FROM PROBLEMS AS DIVERSE AS DEPRESSION, ANGER, BROKEN OR STRAINED RELATIONSHIPS, GRIEF, ANXIETY, LOW SELF-ESTEEM, PANIC, ABNORMAL FEARS, RESENTMENT, JEALOUSY, BUILT, DESPAIR, FATIGUE, TENSION, BOREDOM, LONELINESS, WITHDRAWAL, OBSESSIVE & NEGATIVE THINKING, WORRY, COMPULSIVE BEHAVIOR & A VARIETY OF OTHER EMOTIONAL ISSUES. PROVIDED A WARM & ACCEPTING SETTING FOR WEEKLY SUPPORT MEETINGS IN WHICH TO SHARE EXPERIENCES WITHOUT FEAR OF CRITICISM. AS OF 2016 THERE ARE OVER 600 EMOTIONS ANONYMOUS CHAPTERS IN 30 COUNTRIES, INCLUDING THE UNITED STATES.

PAGE 2 OF 2 Schedule O (Form 990 or 990-EZ) (2016)

DAA

EMOTIONS

c2

STATE OF MINNESOTA

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

CHARITABLE ORGANIZATION

ANNUAL REPORT FORM

Website Address <http://www.ag.state.mn.us/charities>

(Pursuant to Minn. Stat. ch. 309)

-

SECTION A: Organization Information

-----M

ARAS

Legal Name of Organization **EMOTIONS ANONYMOUS INTERNATIONAL**

.5

Federal EIN: 23-7301869

.

Fiscal Year-End: 06/30/2017

mm/dd/yyyy Did the organization's fiscal year-end change? Yes X

No

Physical Address:

ELAINE WEBER NELSON, EXEC DIRECTOR Contact Person

1:!

..***

.de

Mailing Address:

ELAINE WEBER NELSON, EXEC DIRECTOR Contact Person

PO BOX 4245 Street Address

2233 UNIVERSITY AVE STE 402 Street Address

MN 55104

MN 55104

ST. PAUL City, State, and Zip Code

ST. PAUL City, State, and Zip Code

651-647-9712 Phone Number

651-647-9712 Phone Number

DIRECTOR EMOTIONSANONYMOUS.ORG Email Address

DIRECTOR EMOTIONSANONYMOUS .ORG

Email Address

1. Organization's website: WWW.EMOTIONSANONYMOUS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

Alternate Alternate

Former Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?

X Yes

No

5. Total amount of contributions the organization received from Minnesota donors:

42,702

6. Has the organization's tax-exempt status with the IRS changed?

Yes X No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes x No If yes, attach explanation.

EMOTIONS

EMOTIONS ANONYMOUS INTERNATIONAL

23-7301869

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?

Yes No If yes, attach explanation.

9.

Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser

Compensation

*

.

Street Address

City, State, and Zip Code

10. Is the organization a food shelf? | Yes No

If yes, is the organization required to file an audit? [Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total

compensation* of more than \$100,000? Yes No If yes, provide the following information for the five highest paid individuals:

Name and title

Compensation*

Other compensation

*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.

EMOTIONS

EMOTIONS ANONYMOUS INTERNATIONAL

23-7301869

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Continued)

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.

A

INCOME

1. Contributions Received 2. Government Grants 3. Program Service Revenue 4. Other Revenue 5. TOTAL INCOME

42,702 1 __ 2 4,397 3 50,630 4 97,7295

A

A

140,8436

A

V

A

EXPENSES

6. Program Expenses 7. Management & General Expenses 8. Fund-raising Expenses 9. TOTAL EXPENSES 10. EXCESS or DEFICIT

(Line 5 minus Line 9)

VIRI

A

140,8439 -43, 114 10

mea

A

ASSETS

11. Cash 12. Land, Buildings & Equipment 13. Other Assets 14. TOTAL ASSETS

112,117 11

12 19,585 13 131, 702 14

A

A

LIABILITIES

15. Accounts Payable 16. Grants Payable 17. Other Liabilities 18. TOTAL
LIABILITIES

A

A A

16 12,575 17 12,575 18

FUND BALANCE/NET WORTH (Line 14 minus Line 18)

119,127

A

EMOTIONS

EMOTIONS ANONYMOUS INTERNATIONAL

23-7301869

c2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Continued)

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

Adresi

86,345

69,076

17,269

6,670

5,336

1,334

595

595

1. Grants and other assistance to governments and organizations in the U.S. 2. Grants and other assistance to individuals in the U.S. 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 6. Compensation not included above, to disqualified persons (as defined under

section 4958(1)(1) and persons described in section 4958(c)(3)(B) 7. Other salaries and wages 8. Pension plan contributions (include section 401(k) and section 403(b)

employer contributions) 9. Other employee benefits 10. Payroll taxes 11. Fees for services (non-employees):

a. Management b. Legal C. Accounting d. Lobbying e. Professional fundraising services f. Investment management fees

g. Other | 12. Advertising and promotion

13. Office expenses 14. Information technology 15. Royalties 16. Occupancy 17. Travel 18. Payments of travel or entertainment expenses for any federal, state, or

local public officials 19. Conferences, conventions, and meetings 20. Interest 21. Payments to affiliates 22. Depreciation, depletion, and amortization 23. Insurance 24. Other expenses. Itemize expenses not covered above. Expenses labeled

miscellaneous may not exceed 5% of total expenses (Line 25). a. CONVENTION EXPENSE b. PAYROLL PROCESSING FEES C. TELEPHONE/DSL

d. ALL OTHER EXPENSES 25. Total functional expenses. Add lines 1 through 24d. 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

224 1,690 9,949

224 1,690 7,959

1,990

16,618

13,294

3,324

2,315

1,852

463

20

20 3,218

2, 575

643)

8,152 1,807 1,762

1, 478 140, 843

8, 152 1, 446 1, 410

749 113,783

361

352

729 27,060

.

4

EMOTIONS

EMOTIONS ANONYMOUS INTERNATIONAL

23-7301869

c2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

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. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization,

being the

VICE PRES/TREASURER

(Title) and

(Title) respectively, and that

we execute this document on behalf of the organization pursuant to the resolution of the

(Board of Directors, Trustees, or Managing Group) adopted on the , approving the contents of the document, and do hereby certify that the day of

L,20_

(Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue

to supervise, the operations and finances of the organization. We further state that the information supplied is

true, correct and complete to the best of our knowledge.

....vai

..

SCOTT JACKEL Name (Print)

.ni

Name (Print)

asses

Signature

Signature

VICE PRES/TREASURER Title

Title

Date

Date

1919 W

er wide

YYYP12 www

.

es

5