

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

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Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(c) 3  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
**24,702,550**

**D** Employer identification number (Employees' trust, see instructions.)  
**62-1474791**

**E** Unrelated business activity code (See instructions.)  
**900099**

Name of organization (  Check box if name changed and see instructions )  
**EMERALD YOUTH FOUNDATION**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**1014 HEISKELL AVE.**

City or town, state or province, country, and ZIP or foreign postal code  
**KNOXVILLE TN 37921**

**F** Group exemption number (See instructions) ◆

**G** Check organization type ◆  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses ◆ 1 Describe the only (or first) unrelated trade or business here  
 ◆ **PROVIDE AMATEUR SOCCER FOR YOUNG ADULTS.** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

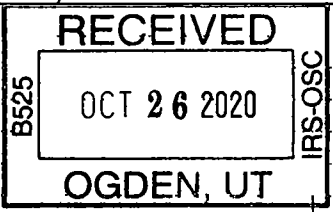
**J** The books are in care of ◆ **EMERALD YOUTH FOUNDATION** Telephone number ◆ **865-637-3227**

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance			
1c			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit Subtract line 2 from line 1c			
3			
4a Capital gain net income (attach Schedule D)			
4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4b			
c Capital loss deduction for trusts			
4c			
5 Income (loss) from partnership and S corporation (attach statement)			
5			
6 Rent income (Schedule C)			
6			
7 Unrelated debt-financed income (Schedule E)			
7			
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
9			
10 Exploited exempt activity income (Schedule I)			
10			
11 Advertising income (Schedule J)			
11			
12 Other income (See instructions, attach schedule)			
12			
13 Total. Combine lines 3 through 12	0		0

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14
15 Salaries and wages		15
16 Repairs and maintenance		16
17 Bad debts		17
18 Interest (attach schedule) (see instructions)		18
19 Taxes and licenses		19
20 Depreciation (attach Form 4562)		20
21 Less depreciation claimed on Schedule A and elsewhere on return		21a 0
22 Depletion		22
23 Contributions to deferred compensation plans		23
24 Employee benefit programs		24
25 Excess exempt expenses (Schedule I)		25
26 Excess readership costs (Schedule J)		26
27 Other deductions (attach schedule)		27
28 Total deductions. Add lines 14 through 27		28
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30
31 Unrelated business taxable income Subtract line 30 from line 29		31



SEE STATEMENT 1

SCANNED SEP 27 2021

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Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, Yes/No. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature: Steve Dizzo, Date: 10-25-20, Title: EXECUTIVE DIRECTOR.

Preparer Information: Paid Preparer Use Only. Includes fields for Preparer's name (JAMES R. CATES, CPA), Firm's name (MITCHELL EMERT & HILL, P.C.), and address (416 ERIN DRIVE, KNOXVILLE, TN).

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ♦

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b> <b>No</b>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1</b> Description of property		
(1)	<b>N/A</b>	
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ♦
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ♦		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)	<b>N/A</b>			
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10  
Enter here and on page 1,  
Part I, line 8, column (A)

Add columns 6 and 11  
Enter here and on page 1,  
Part I, line 8 column (B)

**Totals**

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				

Enter here and on page 1,  
Part I, line 9, column (A)

Enter here and on page 1,  
Part I, line 9, column (B)

**Totals**

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 25

**Totals**

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5))

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ◆						
<b>Totals, Part II (lines 1-5)</b> ◆	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			◆

Form <b>990-T</b>	<b>Schedule M Loss Carryover Calculation</b> <small>Description</small> <b>UNRELATED BUSINESS ACTIVITY</b>	<b>2019</b>
Name <b>EMERALD YOUTH FOUNDATION</b>		Taxpayer Identification Number <b>62-1474791</b>
Unincorporated Business Income Tax Code <b>900099</b> Activity <b>OTHER UNRELATED BUSINESS ACTIVITY</b>		

1 Activity income	1	
2 Activity deductions	2	
3 Activities income or loss, after deductions	3	
4 Losses carried over to this year (do not include amounts prior to 2018)	4	66,928
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive	5	
6 Take the lesser of Line 4 or Line 5 <b>Enter here and on Line 30 of Form 990-T or Schedule M</b>	6	
7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)	7	66,928
8 If line 3 is less than zero, enter that amount here as a positive number	8	0
9 Total loss carried forward to 2020 (Add lines 7 and 8)	9	66,928

62-1474791

### Federal Statements

FYE: 12/31/2019

#### Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
PROFESSIONAL SERVICES	\$
PROMOTION AND DEVELOPMENT	
RENT	
FOOD	
SUPPLIES	
OTHER PROGRAMS	
TELEPHONE	
OFFICE	
PERMITS AND REGISTRATION	
TRANSPORTATION	
PAYROLL TAXES	
FRINGE BENEFITS	
TOTAL	\$ <u>0</u>