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

OMB No. 1545-0047 2020 Open to Public

Department of the Treasury Internal Revenue Service Inspection U Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21D Employer identification number C Name of organization Check if applicable: Address change EMERALD CHARTER SCHOOLS Doing business as 46-4687417 Name change Number and street (or P.O. box if mail is not delivered to street address) 1014 HEISKELL AVENUE 865-637-3227 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated KNOXVILLE TN 37921 6,290,913 **G** Gross receipts\$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Yes Application pending STEVE DIGGS P.O. BOX 3304 H(b) Are all subordinates included? TN 37927 If "No." attach a list. See instructions KNOXVILLE **X** 501(c)(3) Tax-exempt status: 501(c) () t (insert no.) 4947(a)(1) or WWW.EMERALDCHARTERSCHOOLS.ORG Website: U H(c) Group exemption number U Year of formation: 2014 Form of organization: | X | Corporation | Trust | Association | M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FREE, SUSTAINABLE, HIGH QUALITY PUBLIC SCHOOLS IN KNOXVILLE'S & Governance URBAN NEIGBORHOODS, ENSURING ALL ENROLLED STUDENTS HAVE ACCESS TO AN OUTSTANDING COLLEGE PREPARATORY EDUCATION. 2 Check this box u | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 7 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 129 6 Total number of volunteers (estimate if necessary) 59 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b 0 Current Year 5,021,737 5,509,371 **8** Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 17,287 2,124 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,047 764,255 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,032,908 6,290,913 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 3,793,220 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,620,835 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 17,618 1,321,707 1,351,692 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,114,927 4,972,527 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,318,386 -82,01919 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 7,107,361 6,452,043 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 5,500,384 4,837,316 2,270,045 951,659 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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. Signature of officer Sign Here STEVE DIGGS PRESIDENT Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid JAMES R. CATES, CPA 02/02/22 self-employed JAMES R. CATES, CPA P01774987 **Preparer** MITCHELL EMERT & HILL, P.C. Firm's EIN } 62-1483064 **Use Only** 416 ERIN DRIVE KNOXVILLE, TN 865-522-2396 37919-6205 Firm's address May the IRS discuss this return with the preparer shown above? See instructions Yes No

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

Form 990 (2020) EMERALD CHARTER SCHOOLS Part IV Checklist of Required Schedules

	art IV Checklist of Required Schedules			
4	le the experimentary described in section E01(a)(2) or 4047(a)(4) (ether than a private foundation)? If "Vee"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
2		4		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
		10		Х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
_				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			٠.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		х	
4a	Did the executantian maintain on office completes an execute system of the United States?	44-		Х
		14a		- 21
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		v
		14b		X
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	15		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	15		х
6 7	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15		х
6 7	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	15 16 17		x
6 7 8	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	15 16 17		x
16 17 18	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	15 16 17 18		x x
16 17 18 19	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	15 16 17 18		x x x
16 17 18 19	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	15 16 17 18 19 20a		x x x
115 116 117 118 119 20a b 221	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	15 16 17 18 19 20a		x x x x

Form 990 (2020) EMERALD CHARTER SCHOOLS

Part IV Checklist of Required Schedules (con Checklist of Required Schedules (continued)

Г	Checklist of Required Schedules (Continued)		1	
22	Did the organization report more than \$5,000 of grants or other conjetence to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-22
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	ampleyages If "Van " complete Schodylle I	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	Was 7 seven late Calcadida I. Davit IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.5
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			• •
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	x	
D	19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	38		
r	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oneth it otherwise of toritains a response of fible to any life in this fall v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		

Pa	int v Statements Regarding Other IRS Filings and Tax Compliance (continu	uea)				1
20	Enter the number of employees reported an Form W.2. Transmittel of Wage and Tay		I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	129			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the executivation have unrelated by since a green income of \$4,000 as some during the unrelated			3a		х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Vaa" enter the name of the foreign country !!					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact					х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			I _ I		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	,	,	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra					Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For					X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ایدا	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	116				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u> 2	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the experiencian receive any negrepts for indeed tenning continue during the toy year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
-	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					

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

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	aunominion of officers dispeters tructure or less employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders or persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		he following:			
а	The governing body?	-	_	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	nal F	Revenue Co	ode.)	•	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed u TN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est po	licy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds u				
El	MERALD CHARTER SCHOOLS 117 N. CENTRAL ST.					

KNOXVILLE

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for	off	x, unle	Pos check ess pe nd a	(C) (D) (E) Position neck more than one ss person is both and a director/trustee) organization O		Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
(1) STEVE DIGGS										
PRESIDENT	1.00	x		x				0	0	0
(2) RANDY GIBSON	0.00	122		22				•		
()	1.00									
SECRETARY	0.00	X		Х				0	0	0
(3) KALA GRAY										
	1.00	.						_		
DIRECTOR	0.00	X						0	0	0
(4) ED HEDGEPETH	1 00									
VICE DESTREME	1.00	x		x				0	o	0
VICE PRESIDENT (5) TIM MCELMORE	0.00	^		Λ		\vdash		0	<u> </u>	<u> </u>
(5) IIII MCDIMOTO	1.00									
DIRECTOR	0.00	X						0	0	0
(6) SANFORD MILLER										
DIRECTOR	1.00	x						0	o	0
(7) ALVIN NANCE										
	1.00									
TREASURER	0.00	X		X				0	0	0
(8) JANENE NORDIN	1 00									
DIRECTOR	1.00	x						0	o	0
(9)										
(10)										
(11)										

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				9-
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle ficer a		rson i	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) timated of oth compens from t	ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio	on and inization	s
1b c d 2	Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII, s	Sect imite	ion <i>i</i>	A			u u u abov	ve) who received more than	\$100,000 of				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line or the state of the state	" complete Schede 1a, is the sum nizations greater 1a receive or acc	dule of rother than crue	J for epor 1 \$15 com	r <i>suc</i> table 50,00 	com com 00? I	dividu npen: f "Ye n froi	ual satio ss," m a	on and other compensation complete Schedule J for su	from the ch		3	Yes	X X
Sect	for services rendered to the or ion B. Independent Contractor		es,"	com	plete	Sci	hedu	ile J	I for such person			5		X
1	Complete this table for your five compensation from the organization								dar year ending with or with	nin the organization's tax ye	ear.			
	Name and	(A) d business address							Descrip	(B) tion of services		Ca	(C) mpensat	ion
2	Total number of independent or received more than \$100,000									0				

orm	990	(2020)	EMERALD	CHARTER	SCHOOL

	IIL V			edule O conta	ains a	respor	nse or r	ote	to any line in this	Part VIII		
						·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1a	Federated camp	paigns		1a		58,6	82				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du			1b							
s, o	С	Fundraising eve	ents		1c							
Sift ar	d	Related organiz			1d							
s, ini	е	Government grants (d	contributio		1e	4	,399,7	65				
ion S	f	All other contributions,										
but The		and similar amounts n	ot indude	ed above	1f	1.	,050,9	24				
a tri	g	Noncash contributions	induded	in lines 1a-1f	1g	\$						
<u>ဗ</u>	h	Total. Add lines	1a-1f					u	5,509,371			
							Business	Code				
8	2a											
Program Service Revenue	b											
n En	С											
<u>R</u> 2	d											
PQ D	е											
_		All other program	m serv	rice revenue								
	g	Total. Add lines	2a-2f					u				1
	3	Investment inco	,	-								
		other similar am	nounts)					u	17,287	17,287		
	4	Income from inv	estme	nt of tax-exempt	t bond	proceeds	S	u				
	5	Royalties						u				
				(i) Real		(ii)	Personal					
	6a	Gross rents	6a									
	b	Less: rental expenses	6b									
	С	Rental inc. or (loss)	6c									
	d 7a	Net rental incom	e or (u				
	, u	sales of assets		(i) Securities	i	(ii	i) Other					
		other than inventory	7a									
Revenue	b	Less: cost or other	l									
èVe.		basis and sales exps.	7b									
		Gain or (loss)										
Other		Net gain or (loss						u				
ō	ва	Gross income from		_								
		(not including \$										
		of contributions rep										
	L .	See Part IV, line 18	o		8a 8b							
		Less: direct exp Net income or (
	C	Gross income from		_	events			u				
	Ja	See Part IV, line 19			9a							
	h	Less: direct exp	oncoc		9b							
	l .	Net income or ($\overline{}$			u				
		Gross sales of i			VILIES			J				
	100	returns and allo			10a							
	h	Less: cost of go			10b							
		Net income or ($\overline{}$			u				
			300, 11	2 20.20 01 1110			Business					
sno	11a	LOAN FORGI	VNESS	1					745,527	745,527		
ne	b	GIFTS IN K							18,175	18,175		
Miscellaneous Revenue	C			SALES INCO	 ИЕ				553	553		
Aisc Re	ď	All other revenu										
_		Total. Add lines						u	764,255			
		Total revenue.						u	6,290,913	781,542	0	0

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All othe		olete column (A).	
	Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,937,529	2,838,827	98,702	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	160,327	154,617	5,710	
9	Other employee benefits	309,440	301,468	7,972	
10	Payroll taxes	213,539	206,405	7,134	
11	Fees for services (nonemployees):	-			
а	Management				
b	Legal				
С	Accounting	227,866	170,815	43,751	13,300
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,000	2,000		
12	Advertising and promotion				
13	Office expenses	56,530	51,541	4,714	275
14	Information technology	52,428	43,234	9,194	
15	Royalties				
16	Occupancy	163,782	163,782		
17	Travel	39	39		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,273			3,273
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	183,763	183,763		
23	Insurance	53,386	11,105	42,281	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BUS SERVICES	116,500	116,500		
b	CONTRACT SERVICES	89,183	88,734	449	
С	SPECIAL EDUCATION CLINICI	53,440	53,440		
d	SUPPLIES & MATERIALS:CURR	50,501	50,501		
е	All other expenses	299,001	273,965	24,266	770
25	Total functional expenses. Add lines 1 through 24e	4,972,527	4,710,736	244,173	17,618
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)				
DAA					Form QQ ((2020)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 698,690 1,370,644 Cash—non-interest-bearing 1 2 Savings and temporary cash investments 2 107,385 193,209 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ______ 7 Inventories for sale or use 12,232 29,554 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 5,900,115 b Less: accumulated depreciation 10b 998,754 4,973,321 10c 4,901,361 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 660,415 612,593 15 6,452,043 7,107,361 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 166,477 Accounts payable and accrued expenses 74,540 17 17 18 Grants payable 18 122,905 19 Deferred revenue 19 Tax-exempt bond liabilities 4,094,875 4,394,875 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 300,000 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 745,527 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 285,442 153,059 5,500,384 4,837,316 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here uX Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,593,967 27 418,258 27 676,078 533,401 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 951,659 2,270,045 32 6,452,043 7,107,361 Total liabilities and net assets/fund balances ...

Form **990** (2020)

orm	1 990 (2020) EMERALD CHARTER SCHOOLS 46-	·468/41/			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets		,			
	Check if Schedule O contains a response or note to any line in this Part >	<u>(</u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	L		6,29		
2	Total expenses (must equal Part IX, column (A), line 25)	L		4,97		
3	Revenue less expenses. Subtract line 2 from line 1		3	1,31	L8,3	386
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	95	51,6	559
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, lines)					
	32, column (B))		10	2,27	70,0	45
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part >	(II	<u></u>		<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual C	Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	rplain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account	ntant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis	sis				
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were au-	dited on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis	sis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent a	accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year	ear, explain on				
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as	set forth in the				
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergr	o such audits		3b		

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EMERALD CHARTER SCHOOLS

Employer identification number 46-4687417

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.					
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	heck only	one box)						
1	\Box	A church, coi	nvention of churches, or ass	ociation of churches described i	in sectio i	170(b)(1)(A)(i).						
2	X	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	990-EZ).)							
3	П			ce organization described in se			(iii).						
4	П		· ·	d in conjunction with a hospital of			· ·	nospital's name.					
-	ш	city, and state	0:					, , , , , , , , , , , , , , , , , , , ,					
5	П	•		of a college or university owned			novernmental unit described in						
•	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	A rederal, 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												
•	Ш		section 170(b)(1)(A)(vi). (C		ili a gove	on in ici itai	unit of from the general public	,					
8	П			170(b)(1)(A)(vi). (Complete Part	11.)								
9	Н	•		cribed in section 170(b)(1)(A)(i	,	ed in con	junction with a land-grant collection	ne					
,	ш	•	•					go					
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10			ion that normally receives: (1) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gro	OSS					
	ш			ppt functions, subject to certain e									
		support from	gross investment income ar	nd unrelated business taxable in	come (les	ss section	511 tax) from businesses						
	_	acquired by t	he organization after June 3	0, 1975. See section 509(a)(2).	(Comple	te Part III	l.)						
11	Ш	An organizati	on organized and operated	exclusively to test for public safe	ety.See s	section 5	09(a)(4).						
12		An organizati	on organized and operated of	exclusively for the benefit of, to p	perform th	ne functio	ns of, or to carry out the purpo	ses					
				zations described in section 509									
			· ·	hat describes the type of suppor	0 0			· ·					
	а			erated, supervised, or controlled	•			ng					
			• ,, ,	ver to regularly appoint or elect		of the di	rectors or trustees of the						
			•	omplete Part IV, Sections A ar									
	b			pervised or controlled in connecting argenization yeared in the s									
				ting organization vested in the s Part IV, Sections A and C.	ame pers	טווס נוומנ	control of manage the support	eu					
	С	\neg	• •	supporting organization operated	l in conne	oction with	and functionally integrated w	rith					
	·			structions). You must complete				ш,					
	d		• , , ,	 A supporting organization ope 				on(s)					
		ш	•	e organization generally must sa				• •					
		requireme	ent (see instructions). You r	nust complete Part IV, Section	s A and	D, and P	art V.						
	е	Check thi	is box if the organization rec	eived a written determination fro	m the IR	S that it is	a Type I, Type II, Type III						
				n-functionally integrated support	ting orgar	nization.							
	f		mber of supported organizati										
	g	Provide the f	1	ne supported organization(s).			<u> </u>	<u> </u>					
(i		ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)					
				above (eee mendenemen)	Yes	No	in out doublis)	indiadiono)					
/۸۱					1.00								
(A)													
/D\													
(B)													
(C)					-								
(C)													
/ D`					-								
(D)													
					-								
(E)													
Tota	ı		i		1	I	1	l					

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
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							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3						_	
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)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	\perp	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.						12	
13	First 5 years. If the Form 990 is for the or	-		•		, , ,		. —
	organization, check this box and stop her	<u> </u>					<u> </u>	<u></u>
Sec	tion C. Computation of Public Su	• •						
14	Public support percentage for 2020 (line 6			nn (f))			14	%_
15	Public support percentage from 2019 Sche	·				-	15	%_
16a	33 1/3% support test—2020. If the organ			•	33 1/3% or more,	check this		. —
	box and stop here. The organization qual							▶ ⊔
b	33 1/3% support test—2019. If the organ				15 is 33 1/3% or m	ore, check		. □
170	this box and stop here. The organization							P 🗀
17a	10%-facts-and-circumstances test—202	•						
	10% or more, and if the organization mee			•				
	Part VI how the organization meets the "fa			•		•		▶ □
h	organization 10%-facts-and-circumstances test—201							
b	15 is 10% or more, and if the organization	•						
	in Part VI how the organization meets the			•	•	•		
								▶ □
18	Private foundation. If the organization did							- L
								▶ □
	instructions							<u> </u>

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

Cuppert Contradic for Cryanizations Decembed in Council Cou(u)(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.)

Sec	tion A. Public Support			•			
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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 disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop her			•	` '	•	
Sec	tion C. Computation of Public St						
15	Public support percentage for 2020 (line 8	• •		mn (f))		15	%
16	Public support percentage from 2019 Scho						%
Sec	tion D. Computation of Investme					<u> </u>	
17	Investment income percentage for 2020 (I	ine 10c, column (f)	, divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2019		I line 47			40	%
19a	33 1/3% support tests—2020. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/39	%, and line	_
	17 is not more than 33 1/3%, check this be		=				▶ ∟
b	33 1/3% support tests—2019. If the orga						. —
	line 18 is not more than 33 1/3%, check th	-	-			-	_
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instructi	ons	▶ ∟

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c 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?
- С Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 С 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 line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01-		
	9b		
	00		
	9с		
	10a		
A (F	10b orm 99	0 or 990-	-EZ) 2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		\longrightarrow	Yes	No
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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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			
Socti	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions!)	
2	Activities Test. Answer lines 2a and 2b below.]	Yes	No
– 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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Scriedo	me A (1 01111 990 01 990-LZ) 2020 EMERCHED CHERCIENT SCHOOLS		10 1007	raye o
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20, ´	1970 (explain in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
			(7.5) 1.100	(optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
v	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated		Il supporting organization	
'	(see instructions).	i ype ii	ii supporting organization	
	GOO HOUGHUIDI.			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	raye
Sect	ion D – Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
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	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	Т	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required– <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
	From 2016			
	From 2017			
d	From 2018			
	From 2019			
	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	m 990 or 990-EZ) 2020	EMERALD	CHARTER	SCHOOLS	46-4687417	Page 8
Part VI	Supplemental Ir III, line 12; Part IV B, lines 1 and 2; 3a, and 3b; Part V	nformation. Prov /, Section A, lines Part IV, Section C V, line 1; Part V,	ide the explar s 1, 2, 3b, 3c, C, line 1; Part Section B, line	nations required 4b, 4c, 5a, 6, 9 IV, Section D, li e 1e; Part V, Se	by Part II, line 10; Part II, line 17a or a, 9b, 9c, 11a, 11b, and 11c; Part IV, nes 2 and 3; Part IV, Section E, lines ction D, lines 5, 6, and 8; and Part V, rmation. (See instructions.)	17b; Part Section 1c, 2a, 2b,
•						
•						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

u Attach to Form 990. u Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

E	MERALD CHARTER SCHOOLS		46-4687417						
		ds or Other Similar Funds or							
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
	garage and a garage and a second	(a) Donor advised funds	(b) Funds and other accounts						
4	Total number at and of year	,,	(2) I dilas dila sulsi dessalle						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year	the coaste held in denon-advised							
5	Did the organization inform all donors and donor advisors in writing that		\Box_{\vee} \Box_{\parallel}						
	funds are the organization's property, subject to the organization's excl		Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in								
	only for charitable purposes and not for the benefit of the donor or donor		\sqcap_{v} \sqcap_{v}						
			Yes No						
Pa	Irt II Conservation Easements.	Form 000 Part IV line 7							
	Complete if the organization answered "Yes" on F								
1	Purpose(s) of conservation easements held by the organization (check								
	Preservation of land for public use (for example, recreation or educ	· H	•						
	Protection of natural habitat	Preservation of a certified hi	storic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse							
	easement on the last day of the tax year.		Held at the End of the Tax Year						
а									
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic structure incl		2c						
d	(-,,	06, and not on a							
			2d						
3	Number of conservation easements modified, transferred, released, ex-	inguished, or terminated by the organiza	tion during the						
	tax year u								
4	Number of states where property subject to conservation easement is	ocated u							
5	Does the organization have a written policy regarding the periodic mon								
	violations, and enforcement of the conservation easements it holds? \dots		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation e	asements during the year						
	u								
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations, and enforcing conservation easen	nents during the year						
	u\$								
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i							
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservation easeme								
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	describes the						
	organization's accounting for conservation easements.								
Pa	organizations Maintaining Collections of Art,		Similar Assets.						
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958, not to r	eport in its revenue statement and baland	ce sheet works						
	of art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtherance	e of public						
	service, provide in Part XIII the text of the footnote to its financial state								
b	If the organization elected, as permitted under FASB ASC 958, to repo								
	art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance o	f public service,						
	provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1		u \$						
	(ii) Assets included in Form 990, Part X		u \$						
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the						
	following amounts required to be reported under FASB ASC 958 relating								
а	Revenue included on Form 990, Part VIII, line 1		u \$						
<u>b</u>	Assets included in Form 990, Part X								

OCITIC	dule D (Form 990) 2020 Enterior	CIMMET DCI	100115		10 1007	<u>· </u>		1 (age z
Pa	art III Organizations Maintainin	g Collections of	Art, Historica	al Treasures, c	or Other Sim	ilar Assets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any of th	ne following that m	ake significant u	se of its			
а	Public exhibition	d 🗌	Loan or exchange	e program					
b	Scholarly research		_						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explain	how they further	the organization's	exempt purpose	in Part			
•	XIII.	oolicoliono ana explain	now they farther	uio organizationio	exempt purpose	, iii i dit			
5	During the year, did the organization solicit	or receive denations	of art historical tr	roacuros or other	similar				
3	assets to be sold to raise funds rather than						. Ye	<u>.</u> [No
Da	art IV Escrow and Custodial A		Dait of the organia	Zation's collection:				:S	NO
ГС	Complete if the organization		on Form 990	, Part IV, line 9	, or reported	an amount	on Form	1	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custo		-					_	1
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on	Form 990. Part X. line	21 for escrow of	or custodial accoun	t liability?		Ye	s	No
	If "Yes," explain the arrangement in Part XI							· —	1
	art V Endowment Funds.								
	Complete if the organization	n answered "Yes"	on Form 990	Part IV line 1	0				
	complete ii ale organizate	(a) Current year	(b) Prior year	(c) Two yea		hree years back	(e) Four	vears h	nack
10	Paginning of year halance	,,	(2) : yea.	(6) 1.110 year	(4)	- Joans Back	(0) . 50.	you.o.	Juon
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and								
	losses						+		
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the cu		e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment u	%	, ,						
b	Permanent endowment u %								
С	Term endowment u %								
	The percentages on lines 2a, 2b, and 2c si	nould equal 100%.							
3a	Are there endowment funds not in the post		ation that are held	l and administered	for the				
	organization by:							Yes	No
	(1) Unadated annealizations						3a(i)		
	(II) Deleted appeals there						0-(::)		
L	If "Yes" on line 3a(ii), are the related organ	izationa listad as requi	rad on Cabadula						
D				K!			. 3b		
	Describe in Part XIII the intended uses of		owment funds.						
Pa	art VI Land, Buildings, and Eq	•		5 . 5				_	
	Complete if the organization	<u>n answered "Yes"</u>	on Form 990	, Part IV, line 1			X, line 1	0.	
	Description of property	(a) Cost or other b	pasis (b) Co	ost or other basis	(c) Accumula	I	(d) Book	value	
		(investment)		(other)	depreciation	<u> </u>			
1a	Land			110,000				LO,(
b	Buildings		5	,152,972	686	758	4,46		
	Leasehold improvements			117,672		,433		18,2	
	Equipment	1		447,257		,896		L7,3	
	Other			72,214		2,667		59,5	
	I. Add lines 1a through 1e. (Column (d) mus		X, column (B). li			u	4,90		

Schedule D (F	orm 990) 2020	EMERALD	CHARTER	SCHOOL	S	46-4687417	Page
Part VII		s – Other Se					
	Complete if	the organizati	on answered	"Yes" on Fo	orm 990, Part IV, lin	<u>e 11b. See Form 990, Pa</u>	rt X, line 12.
		cription of security or calluding name of securit			(b) Book value	(c) Method of va	
(1) Financial	derivatives						
(2) Closely he	ld equity interes	ts					
				I			
/⊔\							
		Form 990, Part >					
Part VIII		s – Program		,		•	
	Complete if	the organizati	on answered	"Yes" on Fo	orm 990, Part IV, lin	e 11c. See Form 990, Pa	t X, line 13.
	(a)	Description of investme	ent		(b) Book value	(c) Method of va	luation:
						Cost or end-of-year r	narket value
<u>(1)</u>							
(2)							
(3)							
(4)							
(5) (6)							
(7)							
(8)							
(9)							
		Form 990, Part >	K, col. (B) line 13.	.) u			
Part IX	Other Asse						
	Complete if	the organizati			orm 990, Part IV, lin	e 11d. See Form 990, Pa	
	7	NET PENSI	ON ASSET	escription	LITY) - TCRS		(b) Book value 233,135
(1)		NEI PENSI DEFERRED		_	_	NT .	170,270
(2)		STABILIZA			TRIBUTIONS		98,761
(4)		NET PENSI					66,306
(5)		DEFERRED				N	44,121
(6)							
(7)							
(8)							
(9)							610 503
Part X	other Liab	Form 990, Part >	K, col. (B) line 15.	.)		u	612,593
rail A			on answered	"Yes" on F	orm 990 Part IV lin	e 11e or 11f. See Form 9	90 Part X
	line 25.	the organizati	on answered	103 0111	51111 550, 1 art 1v, iiii	c fie of fill occitoffil s	50, 1 art 7,
1.		(a) Description of liabil	ity				(b) Book value
	income taxes						
(2) DEFER	RED PENSIO	ON INFLOWS	- TCRS - 1	DE			121,504
(3) DEFER	RED PENSIO	ON INFLOWS	- TCRS - I	DE			31,555
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
	n (b) must equal	Form 990, Part X	(, col. (B) line 25.	.)		u	153,059

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Do	nρ	1
-a	ne.	-

Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
				6,290,913			
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	0,230,313			
2	Net unrealized gains (losses) on investments	2a					
a b							
C		2c					
d	- · · · · · · · · · · · · · · · · · · ·	2d					
e			2e				
3	Subtract line 2e from line 1		3	6,290,913			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I		0,100,000			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b							
С	Add lines 4a and 4b		4c				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			6,290,913			
	rt XII Reconciliation of Expenses per Audited Financial Sta						
	Complete if the organization answered "Yes" on Form 990						
1	Total amanage and leave man audited financial statements			4,972,527			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b							
С	Other losses						
d		2d					
е			2e				
3	Subtract line 2e from line 1			4,972,527			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,972,527			
Pa	rt XIII Supplemental Information.						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b, and Part VII, lines 2d and 4b, Also complete this part to pre-			е			
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional inic	ormation.				
·	ARI A - FIN 40 FOOINOIE						
т.	HE SCHOOL BELIEVES IT HAS APPROPRIATE SU	PPORT FOR A	NV TAY DOSTT	TONS TAKE			
🔠	THE DEMOCI DEBIEVED II HAD AFFROFRIATE DO	FFORT FOR A	WI IAM FODII	TOND TAKE,			
Δ.	ND AS SUCH, DOES NOT HAVE ANY UNCERTAIN	TAX POSTTIO	NS THAT ARE	MATERIAL TO			
	no no occity bods not mive that onemation						
т	HE FINANCIAL STATEMENTS.						

Schedule D (Fo	orm 990) 2020	EMERALD	CHARTER	SCHOOLS	46-4687417	Page 5
Part XIII	Supplementa	al Information	on (continued)			
•						

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Schools
U Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. u Attach to Form 990 or Form 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

EMERALD CHARTER SCHOOLS

Employer identification number 46-4687417

	EMERALD CHARTER SCHOOLS	10-100/11/		
Pa	ert I			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
	bylaws, other governing instrument, or in a resolution of its governing body?		X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochurc catalogues, and other written communications with the public dealing with student admissions, programs, and sch	es, olarships?2		х
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3 ONS	х	
	WEBSITE.			
4	Does the organization maintain the following?	40	x	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	<u>4a</u>	 ^	
J	nondiscriminatory basis?	4b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	<u>5b</u>	+	X
•	Employment of faculty or administrative staff?	5c		x
C	Employment of faculty or administrative staff?	<u>30</u>		1
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		X
f	Use of facilities?	<u>5f</u>		X
~	Athletic programs?	5g		x
y	Athletic programs?	<u>J</u>		
h	Other extracurricular activities?	5h	\perp	х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		77
b	Has the organization's right to such aid ever been revoked or suspended?	<u>6b</u>		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II			x

46-4687417 EMERALD CHARTER SCHOOLS Page 2 Schedule E (Form 990 or 990-EZ) 2020 Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions. SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION EMERALD CHARTER SCHOOLS RECEIVES FEDERAL TITLE I FUNDING, STATE FUNDING THROUGH THE TENNESSEE BASIC EDUCATION PROGRAM AND KNOX COUNTY, TENNESSEE LOCAL TAX REVENUE. SCH E - NONCOMPLIANCE WITH NONDISCRIMINATION REQUIREMENTS EXPLANATION EMERALD CHARTER SCHOOLS INCLUDES ITS RACIALLY NONDISCRIMINATORY POLICY ON MOST WRITTEN COMMUNICATIONS DEALING WITH STUDENT ADMISSIONS, PROGRAMS AND SCHOLARSHIPS. EMERALD CHARTER SCHOOLS, OPERATES A PUBLIC CHARTER SCHOOL AS PART OF THE STATE OF TENNESSEE'S PUBLIC EDUCATION PROGRAM. STUDENT ADMISSION IS BASED ON A RANDOM DRAWING FROM ALL APPLICANTS.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds
u Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

u Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization EMERALD CHARTER Part I Bond Issues	SCHOOLS									dentific 7417		numbe	er ——
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Is	sue price	(f) Description	n of purpose	(g) De	feased	(h) beha issu	alf of	(i) Po	
A EDUCATIONAL REVENUE BONDS			05/01/15	3,	600,000			Yes	No X	Yes	No X	Yes	No X
B EDUCATIONAL REVENUE BONDS			12/02/15		500,000				х		x		х
С													
D													
Part II Proceeds													
			Α			В	(D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue													
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds			201		<u> </u>	0016			_				
13 Year of substantial completion			201			2016	<u> </u>		_		$\overline{}$		
Many the boards ferred as well of a motivation of			Yes	No	Yes	No	Yes	No	_	Yes	+	No	<u> </u>
14 Were the bonds issued as part of a refunding issue of tax				x		x							
if issued prior to 2018, a current refunding issue)?				^							+		
15 Were the bonds issued as part of a refunding issue of tax				x		x							
issued prior to 2018, an advance refunding issue)? 16 Has the final allocation of proceeds been made?			х	Λ	x	A			-+		+		
17 Does the organization maintain adequate books and record					 	+	1				+		
final allocation of proceeds?			ı		1	- 1	1						

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

Schedule K (Form 990) 2020

EMERALD CHARTER SCHOOLS

Page 2

Part III Private Business Use								
		Α		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		X		x				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		9/
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		Х				
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		9/
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				
Part IV Arbitrage								
		Ą		В		Ç		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?				_				т
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		Х		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								_
3 Is the bond issue a variable rate issue?		X		X				

Schedule K (Form 990) 2020

Schedule K (For	m 990) 2020	EME	ERALD CH	IARTER	SCHOOLS	}		46-4687	417					Page 4
Part VI	Supple	mental	Information	n. Provid	e additional	information	for respon	ses to ques	417 tions on Sche	edule K. S	ee instructio	ns <i>(contin</i>	ued)	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number
EMERALD CHARTER SCHOOLS	46-4687417
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND	D APPROVAL PRIOR TO
FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	POLICY
EXPENSES ARE REVIEWED BY AN OUTSIDE PARTY.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR	TOP OFFICIAL
COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO	SURE EXPLANATION
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND ON T	HE ORGANIZATION'S
WEBSITE. GOVERNING DOCUMENTS ARE ALSO SUBJECT TO THE O	PEN RECORDS LAW OF
THE STATE OF TENNESSEE AND ARE SUBMITTED TO THE CHARTER	ING AUTHORITY, KNOX
COUNTY SCHOOLS, A FUND OF KNOX COUNTY, TENNESSEE.	
·	