		EXTENDED TO FEI	גוזסם	DV 18	2020	10	100		
Form 990-T		Exempt Organization Bu					urn	1	OMB No 1545-0687
Form 990-1		and proxy tax und				ax neu	um		0040
	For ca	lendar year 2018 or other tax year beginning APR 1				R 31, 2	2019	ļ	2018
D		Go to www.irs.gov/Form990T for i						L	
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it ma					c)(3).	Ор 50	en to Public Inspection for I(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name	changed	l and see instru	ictions.)				r identification number ses' trust, see
address changed							in	struction	•
B Exempt under section	Print								-7365138_
X 501(c (13)	or Type	Number, street, and room or suite no. If a P.O. bo	ox, see II	estructions.					business activity code ructions)
408(e) 220(e)	',,,,,	400 NW MURRAY ROAD							
408A530(a)		City or town, state or province, country, and ZIP		n postal code			E 2	20	0.0
529(a) C Book value of all assets	L	LEE'S SUMMIT, MO 6408		_			10.3	20	1
C Book value of all assets at end of year	95	F Group exemption number (See instructions.) G Check organization type ► X 501(c) con	noration	50-	l(c) trust	T 14	01(a) trus		Other trust
H Enter the number of the	ornaniza	tion's unrelated trades or businesses.	2	·	<u>` </u>	the only (or firs			001 2300
		TERING AND FACILITIES F	ENT	ĀLS		complete Parts	•		an one.
		ce at the end of the previous sentence, complete P				-			•
business, then complete				,					
		oration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlle	d group?		ightharpoons	Yes	X No
	-	lifying number of the parent corporation.		-					
J The books are in care of	> 5	STEVE SEGGERMAN			Teleph	one number 🕨) (81	6)	251-8000
Part I Unrelated	Trac	de or Business Income		(A) Inco	me	(B) Expe	enses	\perp	(C) Net
1a Gross receipts or sale	S	91,589.						١,	
b Less returns and allow	vances	c Balance ▶	10	91,	<u>,589.</u>			ի-	
2 Cost of goods sold (S			2	- 01	<u> </u>			-\ -	01 500
3 Gross profit. Subtract			3	91,	,589.			+	91,589.
4a Capital gain net incom			4a					+	
		art II, line 17) (attach Form 4797)	4b					+	
c Capital loss deduction			4c 5					+	
, ,		ship or an S corporation (attach statement)	6	205	626.				205,626.
6 Rent income (Schedu7 Unrelated debt-finance		ne (Schedule E)	7	203,	, 020 •			+	203,0201
		nd rents from a controlled organization (Schedule F)	— —					+	
		on 501(c)(7), (9), or (17) organization (Schedule G						+	
10 Exploited exempt activ			10					\top	
11 Advertising income (S	•	,	11		_				
12 Other income (See ins		•	12			- 1		\perp	
13 Total. Combine lines	3 throu	gh 12	13	297,	215.			$oldsymbol{ol}}}}}}}}}}}}}}$	297,215.
Part II Deductio	ns No	ot Taken Elsewhere (See instructions f	or limita	ations on ded	uctions)				
(Except for o	ontribu	utions, deductions must be directly connecte	ed with	the unrelated	busines	s income)			
· ·	cers, di	rectors, and trustees (Schedule K)			\neg		14	\rightarrow	220 065
15 Salaries and wages				11 2020 30EN,	fur		15	-	228,865.
16 Repairs and mainten	ance		ECE		180-SM		16	_	
17 Bad debts	d. de V (e.			2030	/ŵ/		17	$\overline{}$	
18 Interest (attach sche	aule) (si	ee instructions)	0	11 100	القال	\	18	-	
19 Taxes and licenses20 Charitable contribution	ane (Car	e instructions for limitation rules)	EFF)	TT .	١	20	_	
21 Depreciation (attach	•	seas		SENI	مسترس			+	
		n Schedule A and elsewhere on return	0	300	22a		22	_	
23 Depletion		A Substitution of the subs	$\ddot{}$				23	\rightarrow	
24 Contributions to defe	erred co	mnensation plans					24		
25 Employee benefit pro		,,					25	;	40,453.
26 Excess exempt expe	-	chedule I)					26	;	
27 Excess readership co	-	•					27	<u>'</u>	
28 Other deductions (at				SEE	STAT	EMENT 1	- ~	_	43,557.
29 Total deductions. A	dd lines	14 through 28					29/22		312,875.
		ncome before net operating loss deduction. Subtra					30		-15,660.
		oss arısıng ın tax years beginning on or after Janu	ary 1, 20	018 (see instru	ctions)		3,		15-552
		ncome. Subtract line 31 from line 30		·· -·			<u>I</u> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		-15,660.
823701 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions.	^				J (Form 990-T (2018)

Part I	II Total Unrelated Business Taxable Income			······································		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see ins	structions)		33	18,	318
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	ns) STI	MT 2	35	18,	318
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	of				
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		2	QD37	1,	000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			Π		
	enter the smaller of zero or line 36			88		_ 0
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39		0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on lin					
	Tax rate schedule or Schedule D (Form 1041)			40		
41	Proxy tax. See instructions					
42	Alternative minimum tax (trusts only)				<u> </u>	
43	Tax on Noncompliant Facility Income. See Instructions			1 40 1		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies					0
Part \	Tax and Payments					
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	a		J		
b	Other credits (see instructions)	ь]		
C	General business credit. Attach Form 3800	c	-	7]		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	d		1		
	Total credits. Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46		0
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (at	tach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)			48	-	0
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49		0
50 a	Payments: A 2017 overpayment credited to 2018	a				
ь	2018 estimated tax payments 50b	b		7		
	Tax deposited with Form 8868 500					
	Foreign organizations: Tax paid or withheld at source (see instructions)	1		7		
е	Backup withholding (see instructions)	9		1		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	f		1		
	Other credits, adjustments, and payments: Form 2439			1		
_	Form 4136 Other Total ▶ 50 g	3 Í				
51	Total payments. Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54		
55	Enter the amount of line 54 you want; Credited to 2019 estimated tax	Refu		55		
Part V	I Statements Regarding Certain Activities and Other Information (s	see instructi	ons)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or oth	ner authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreig	n country				
	here >					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	ror to, a forei	gn trust?			X
	If "Yes," see instructions for other forms the organization may have to file.		_			Ĩ
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the	best of my kno	wledge and	belief, It is true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has VP OF FINA	ANCE &		lay the IRC of	iscuss this return	n with
Here	TREASURER			-	1993) woled nwork	
	Signature of officer 0 Date / Title		ın	structions)?	X Yes	No
	Print/Type preparer's name Preparer's signature O Date	Ci	neck	f PTIN		
Paid	(120 SE	lf- employed			
Prepa	TEFF PARKER WIFE 15	140		P0	097006	9
Use O	nly Firm's name ► CLIFTONLARSONALILEN LLP		ırm's EIN 🕨	41	-07467	19
USE U	600 WASHINGTON AVENUE, SUITE 1800					
	Firm's address ► ST. LOUIS, MO 63101	J F	hone no. 3	<u> 14-9</u>	25-4300	0
823711 01-				1	orm 990-T	(2018

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation	N/A				
1 Inventory at beginning of year	1		6 Inventory at er	nd of year			6	
2 Purchases	2		7 Cost of goods	sold. Subt	tract lir	ne 6		
3 Cost of labor	3		from line 5. En	ter here an	nd in Pa	art I,		
4 a Additional section 263A costs			line 2				7	
(attach schedule)	4a		8 Do the rules of	section 26	63A (w	ith respect to		Yes No
b Other costs (attach schedule)	4b		property produ	iced or acq	quired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	_	the organization	in?				
Schedule C - Rent Income	(From Real	Property an	d Personal Pro	perty Le	ease	d With Real Pro	pert	y)
(see instructions)								
1. Description of property								
(1) FACILITY BUILDIN	GS, PAV	ILION ANI	ROOMS					
(2)		·						
(3)		-		_		<u>.</u>		
(4)								
		ed or accrued				3(a) Deductions directly	connec	ted with the income in
` ' rent for personal property is more than i ` ' of rent			and personal property (if the personal property exceeds at is based on profit or inco	50% orıf	•			attach schedule)
(1)		· · · · · · · · · · · · · · ·	20	05,62	6.			<u> </u>
(2)								<u>-</u>
(3)					Ì			
(4)								
Total	0.	Total	20	05,62	6.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	20	05,62	6.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del		Income (see		•				-
			2. Gross income fr			3. Deductions directly conto debt-finance		
1. Description of debt-fit	nanced property		or allocable to del financed propert		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)						·	1	
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divide by column 5	bed		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						ter here and on page 1, art I, line 7, column (A)		inter here and on page 1, Part I, line 7, column (B)
Totals						0		0.
Total dividends-received deductions in	cluded in columi	ı 8		_			$\cdot \Box$	0.
								Form 990-T (2018)

Schedule F - Interest,	T				Controlled O						
Name of controlled organiza	tion	ıdentıf	nployer Ication Inber		related income a instructions)		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)								<u> </u>			
(2)						,	-				
(3)					•						
(4)		-		 							
Nonexempt Controlled Organ	zations		-								
7. Taxable Income	8. Net un	related incor		9. Total	of specified pay made	ments	10. Part of column the controllingross	mn 9 tha ing organ income	iization's		eductions directly connected h income in column 10
(1)				 							·
(2)											•
(3)				†···		Î					
(4)	<u> </u>		-								
	<u> </u>		-	.			Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•			0.		0.
Schedule G - Investme		ne of a	Section	1 501(c)(7), (9), or	(17) Or	ganization	1			
(see inst	ription of incon	ne			2. Amount of	ıncome	3. Deduction directly connectation (attach schedule)	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)							(attaon sono	,			(60. 6 \$10.66. 1)
(2)					· · · · · · · · · · · · · · · · · · ·						
(3)											
(4)					Catas base and	1					Enter here and on page 1
					Enter here and Part I, line 9, co						Part I, line 9, column (B)
Totals				>		0.	جي .				0.
Schedule I - Exploited (see instru	-	Activity	/ Incom	e, Othe	r Than Ac	vertisi	ng Income	•			
Description of exploited activity	2. Gr unrelated b income trade or b	ousiness from	directly of with proof unit	penses connected oduction related as income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	-		•								
(2)							·				
(3)	1										
(4)											
	Enter here page 1, line 10, c	Part I, ol (A)	page '	ere and on 1, Part I, , col (B)			- 10-13			•	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi	na Incon	0.	netruction	0.	<u> </u>						0.
Part I Income From					solidated	Rasis					
Farti income i rom	renodica	ais riep	ortea o		isonaatea	Dasis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c	ain, comput	5. Circulat e income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					╗.						
(3)	-		İ		7						1
(4)			<u> </u>								1
× /			-+		 -		†			-	
Totals (carry to Part II, line (5))	•		0.	0).						0 . Form 990-T (2018

Part II	Income From Per	iodicals Reported	l on a Separate	Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 or	a line-hydine hasis)			

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>					
(2)							
(3)							
(4)					· ·		
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T		OTHER	DEDUCTI	ONS	STATEMENT	1
DESCRIPTIO	N				AMOUNT	
PROFESSION SUPPLIES & UTILITIES COMPUTER E TELEPHONE BANK CHARG REPAIRS OTHER EXPE	8:	19. 29. 58.				
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28			43,5	57.
FORM 990-T	NET	OPERATING	LOSS D	EDUCTION	STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	JSLY	LOSS REMAINING	AVAILABLE THIS YEAR	
03/31/14 03/31/15 03/31/16 03/31/17	9,217. 49,261. 13,865. 0.		0,217. 7,241. 0. 0.	0. 42,020. 13,865. 0.	42,020 13,865	
NOL CARRYO	VER AVAILABLE THIS	YEAR		55,885.	55,885	<u> </u>

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning APR 1, 2018, and ending MAR 31, 2019

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

1

ENTITY

501(c)(3) Organizations Only

Name	of the organization JOHN KNOX VILLAGE			Employer identification number 23-7365138			
	Jurelated business activity code (see instructions) ► 72232 Describe the unrelated trade or business ► CATERING	0					
,Pai	TI Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net	
1 a b	Gross receipts or sales Less returns and allowances □ c Balance ►	1c	91,589.				
2 3	Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c	3	91,589.			91,589.	
4a b	Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts	4a 4b 4c		-			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	1				
6 7	Rent income (Schedule C) Unrelated debt-financed income (Schedule E)	6 7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			$ \bot $		
10 11	Exploited exempt activity income (Schedule I) Advertising income (Schedule J)	10 11					
12 13	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	12 13	91,589.	· · · · · · · · · · · · · · · · · · ·	<u></u>	91,589.	
Par	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken between the connected with the connected w				ept fo	or contributions,	
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				14 15	39,883.	

16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 20 Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) 21 22b 22a 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion Contributions to deferred compensation plans 24 24 7,944. 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) 25,444. SEE STATEMENT 3 28 28 Other deductions (attach schedule) 73,271. 29 29 Total deductions. Add lines 14 through 28 18,318. 30 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 instructions) 18,318. Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)							Page 3	
JOHN KNOX						23-736	5138	
Schedule A - Cost of Good	Is Sold. Enter	method of inve	ntory v	aluation ► N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases	2			Cost of goods sold. Su	ıbtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No	
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to	[]J	
5 Total. Add lines 1 through 4b	5			the organization?			X	
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		red or accrued				3(a)Deductions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	columns 2(a) ar	nd 2(b) (attach schedule)	
(1)		<u></u>						
(2)								
(3)	•							
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. 0.	
Schedule E - Unrelated Del	bt-Financed	l income (see	ınstru	ctions)				
1				Gross income from		Deductions directly con to debt-finance	ed property	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			 				-	
(2)			1					
(3)	•							
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted be of or allocable to		6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			L	%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				▶		0	. 0.	

0.

Total dividends-received deductions included in column 8

FORM 990-T (M)	FORM 990-T (M) OTHER DEDUCTIONS					
DESCRIPTION		AMOUNT				
PROFESSIONAL FEES AND CO SUPPLIES AND EQUIPMENT	NTRACT SERVICES	27 . 25 , 417 .				
TOTAL TO SCHEDULE M, PAR	T II, LINE 28	25,444.				

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning APR 1, 2018, and ending MAR 31,

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ENTITY 2 OMB No 1545-0687

501(c)(3) Organizations Only

Name	JOHN KNOX VILLAGE		23-7365138			
	Inrelated business activity code (see instructions) 53200					
	Describe the unrelated trade or business FACILITIE	SR	ENTALS			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a b 2	Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7) 205,626. c Balance ▶	1c	205,626.		_	
3	Gross profit Subtract line 2 from line 1c	3	205,626.	•		205,626.
4 a	Capital gain net income (attach Schedule D)	4a			\neg	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		· 	\neg	· <u>-</u>
c	Capital loss deduction for trusts	4c	· · · · · · · · · · · · · · · · · · ·		\neg	
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		<u> </u>	\perp	
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	205,626.			205,626.
Pa	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unit of the connected with the	ons f unrela	or limitations on ded ited business incom	luctions.) (Exce e.)	∍pt fo	r contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages			L	15	188,982.
16	Repairs and maintenance			L	16	814.
17	Bad debts			L	17	
	A decided to the object of the Advance of the object of th				40	

18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 24 Contributions to deferred compensation plans 32,509. 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 17,299. SEE STATEMENT 4 28 Other deductions (attach schedule) 239,604. 29 Total deductions. Add lines 14 through 28 29 -33,978. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 instructions) -33,978.Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)						211111	Page
JOHN KNO	VILLAG	E			23-7365	5138	i ago
Schedule A - Cost of Good			tory valuation N/A	1			
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold S	ubtract l	line 6		
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Leas	ed With Real Prop	perty)	
(see instructions)							
Description of property		-					
(1)							
(2)							
(3)							
(4)					_		
		ed or accrued			3(a)Deductions directly of	connected with the	income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			columns 2(a) and	l 2(b) (attach schedu	ile)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	· , · · · ·	eter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)				
Description of debt-financed property			2. Gross income from	Deductions directly connected with or allocable to debt-financed property			
			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)	.,,			<u> </u>	·		
(2)						1	
(3)		, ,			-	1	
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		allocable to inced property	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8 . Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				

Enter here and on page 1,

Part I, line 7, column (A)

0.

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (B)

Form 990-T (2018)

0.

0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	4
DESCRIPTION		AMOUNT	
PROFESSIONAL FEES AND COSUPPLIES AND EQUIPMENT UTILITIES COMPUTER EXPENSES TELEPHONE EXPENSES BANK CHARGES OTHER EXPENSES	2,091. 6,302. 1,429. 3,258. 2,868. 918. 433.		
TOTAL TO SCHEDULE M, PAI	RT II, LINE 28	17,29	9.