

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: JOHN KNOX VILLAGE  
Doing business as:  
Number and street (or P O box if mail is not delivered to street address): 400 NW MURRAY ROAD Room/suite:  
City or town, state or province, country, and ZIP or foreign postal code: LEES SUMMIT, MO 64081

**D** Employer identification number: 23-7365138  
**E** Telephone number: (816) 251-8000  
**G** Gross receipts \$ 91,990,075

**F** Name and address of principal officer: DANIEL REXROTH, 400 NW MURRAY ROAD, LEES SUMMIT, MO 64081

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527  
**J** Website: ▶ WWW JKV ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1974 **M** State of legal domicile: MO

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: ENRICH THE LIVES OF OLDER ADULTS THROUGH COMMUNITY LIVING "ENRICHING LIVES, BUILDING COMMUNITY"

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	9
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,384
<b>6</b> Total number of volunteers (estimate if necessary)	400
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	297,215
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	327,833	494,245
<b>9</b> Program service revenue (Part VIII, line 2g)	66,836,572	67,728,518
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,376,600	1,875,499
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,130,905	2,142,671
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	71,671,910	72,240,933
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,108,584	41,165,400
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,261,975	43,085,446
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	82,370,559	84,250,846
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-10,698,649	-12,009,913
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	198,139,827	189,318,995
<b>21</b> Total liabilities (Part X, line 26)	226,783,064	228,719,795
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-28,643,237	-39,400,800

**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

**Sign Here**  
Signature of officer: \*\*\*\*\* Date: 2020-02-05  
RICHARD KIM KLOCKENGA VP OF FINANCE & TREASURER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P00970069  
Firm's name: ▶ CLIFTONLARSONALLEN LLP Firm's EIN: ▶ 41-0746749  
Firm's address: ▶ 600 WASHINGTON AVENUE SUITE 1800 Phone no: (314) 925-4300  
ST LOUIS, MO 63101

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

JOHN KNOX VILLAGE IS ORGANIZED FOR THE PURPOSE OF PROVIDING RESIDENCES, HEALTH CARE, AND RELATED SERVICES TO SENIOR CITIZENS WITHIN A COMMUNITY SETTING THE VILLAGE OFFERS VARIOUS SERVICES THROUGHOUT THE RESIDENT'S LIFE TO PROMOTE THE WELL-BEING OF THE RESIDENT AS WELL AS A SENSE OF COMMUNITY AMONG ALL RESIDENTS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 47,464,991 including grants of \$ ) (Revenue \$ 38,357,357 )  
See Additional Data

**4b** (Code ) (Expenses \$ 21,136,656 including grants of \$ ) (Revenue \$ 20,119,915 )  
See Additional Data

**4c** (Code ) (Expenses \$ 11,449,681 including grants of \$ ) (Revenue \$ 9,251,246 )  
See Additional Data

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

**4e Total program service expenses** ▶ 80,051,328

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>28a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part 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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	1,384			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>		Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>		Yes		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>		Yes		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>			No	
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>				
<p><b>6a</b> 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? . . . . .</p>	<b>6a</b>			No	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>			No	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>				
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>				
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>				
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>				
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>	<b>13a</b>				
<p><b>b</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 . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>				
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>	<b>15</b>			No	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<b>16</b>			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records

**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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHUCK ROBB CHAIR	1 00	X		X				0	0	0
(2) RICK VIAR VICE CHAIR	1 00	X		X				0	0	0
(3) HELEN DARBY SECRETARY	1 00	X		X				0	0	0
(4) CHRISTINE BUSHYHEAD DIRECTOR	1 00	X						0	0	0
(5) CAROL EVANS DIRECTOR	1 00	X						0	0	0
(6) JERRY MCELHINEY DIRECTOR	1 00	X						0	0	0
(7) CHIP MOXLEY DIRECTOR	1 00	X						0	0	0
(8) GEORGE PAGELS DIRECTOR	1 00	X						0	0	0
(9) GARY HAWKINS DIRECTOR	1 00	X						0	0	0
(10) DANIEL REXROTH PRESIDENT AND CEO	40 00			X				582,253	0	31,233
(11) LAURIE JOHNSON VP OF HUMAN RESOURCES	40 00			X				154,058	0	17,737
(12) RICHARD K KLOCKENGA VP OF FINANCE & CORPORATE TREASURER	40 00			X				286,953	0	37,590
(13) RODNEY MCBRIDE VP OF HEALTH & COMMUNITY SERVICES	40 00			X				222,446	0	28,642
(14) MARIA TIMBERLAKE VP OF SENIOR LIVING	40 00			X				232,924	0	29,144
(15) BETTY FREEMAN-BOOTS VP OF HR (TERM ENDED SEPT 2018)	40 00			X				70,734	0	0
(16) DONNA BARRON ASSISTANT SECRETARY	40 00			X				61,918	0	5,338
(17) HEATH LEUCK ASSISTANT TREASURER	40 00			X				123,184	0	8,738

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY COLUMBATTO ..... VCC ADMINISTRATOR	40 00 0 00					X		154,691	0	9,929
(19) JERI PARKER ..... SR LIVING SALES COUNSELOR	40 00 0 00					X		122,427	0	3,196
(20) TAMI HOVERSTEN ..... ASSISTANT ADMINISTRATOR	40 00 0 00					X		122,179	0	7,336
(21) MARYBETH ROBERTS ..... DIRECTOR OF SALES & MARKETING	40 00 0 00					X		116,588	0	6,860
(22) MELINDA WARD ..... HOME HEALTH ADMINISTRATOR	40 00 0 00					X		114,661	0	3,271
<b>1b Sub-Total</b> . . . . .										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>1d Total (add lines 1b and 1c)</b> . . . . .								2,365,016	0	189,014

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 18

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
AEGIS THERAPIES PO BOX 8103 FORT SMITH, AR 72902	MEDICAL STAFFING	5,348,348
GLYNNDEVINS 11230 COLLEGE BLVD OVERLAND PARK, KS 66210	MARKETING	953,887
PRIME TIME HEALTHCARE LLC 14811 SHEPARD STREET OMAHA, NE 68138	MEDICAL STAFFING	694,695
CARE HERE LLC 5141 VIRGINIA WAY STE 350 BRENTWOOD, TN 37027	EMPLOYEE WELLNESS CLINIC	620,746
CASCADE HEALTH SERVICES 1045 SWIFT AVE NORTH KANSAS CITY, MO 64116	MEDICAL STAFFING	469,429

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 26



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	494,245		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		494,245			

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT REVENUE		623000	67,728,518	67,728,518		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			67,728,518				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,218,557			1,218,557	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			201,166			201,166	
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		273,190						
		<b>b</b> Less rental expenses	0					
		<b>c</b> Rental income or (loss)	273,190					
	<b>d</b> Net rental income or (loss) . . . . .			273,190		205,626	67,564	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		19,323,184	881,734					
		<b>b</b> Less cost or other basis and sales expenses	18,855,243	893,899				
		<b>c</b> Gain or (loss)	467,941	-12,165				
	<b>d</b> Net gain or (loss) . . . . .			455,776			455,776	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code						
<b>11a</b> CAFETERIA & MEALS		721310	768,195		91,589	676,606		
<b>b</b> BEAUTY SHOPS		623000	417,321			417,321		
<b>c</b> UTILITY REVENUE		623000	340,946			340,946		
<b>d</b> All other revenue . . . . .			343,019			343,019		
<b>e Total.</b> Add lines 11a-11d . . . . .			1,869,481					
<b>12 Total revenue.</b> See Instructions . . . . .			72,240,933	67,728,518	297,215	3,720,955		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,908,228	1,709,009	199,219	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	31,804,282	29,575,148	2,229,134	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	531,377	308,732	222,645	
<b>9</b> Other employee benefits . . . . .	4,390,857	4,145,866	244,991	
<b>10</b> Payroll taxes . . . . .	2,530,656	2,402,002	128,654	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	110,429	96,471	13,958	
<b>c</b> Accounting . . . . .	73,791	19,177	54,614	
<b>d</b> Lobbying . . . . .	2,716		2,716	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees . . . . .	32,121		32,121	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,137,459	8,894,754	242,705	
<b>12</b> Advertising and promotion . . . . .	895,143	806,492	88,651	
<b>13</b> Office expenses . . . . .	5,517,604	5,448,580	69,024	
<b>14</b> Information technology . . . . .	955,280	936,846	18,434	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,850,248	3,786,765	63,483	
<b>17</b> Travel . . . . .	332,755	332,117	638	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	87,043	72,667	14,376	
<b>20</b> Interest . . . . .	5,767,094	5,624,824	142,270	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	11,183,572	10,832,955	350,617	
<b>23</b> Insurance . . . . .	1,426,755	1,363,782	62,973	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	1,824,910	1,824,910		
<b>b</b> MEDICAID TAX	1,308,007	1,308,007		
<b>c</b> BAD DEBT EXPENSE	289,250	289,250		
<b>d</b> DUES & SUBSCRIPTIONS	135,866	130,307	5,559	
<b>e</b> All other expenses	155,403	142,667	12,736	
<b>25</b> Total functional expenses. Add lines 1 through 24e	84,250,846	80,051,328	4,199,518	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,074,982	<b>1</b>	4,267,597
	<b>2</b> Savings and temporary cash investments . . . . .	11,985,143	<b>2</b>	2,437,643
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	6,193,223	<b>4</b>	4,521,158
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	473,161	<b>8</b>	445,240
	<b>9</b> Prepaid expenses and deferred charges . . . . .	726,071	<b>9</b>	717,994
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 252,222,217		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 130,984,902	125,435,420	<b>10c</b> 121,237,315
	<b>11</b> Investments—publicly traded securities . . . . .	41,763,338	<b>11</b>	41,664,502
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	725,904	<b>12</b>	3,526,473
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	3,720,412	<b>14</b>	3,938,626
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,042,173	<b>15</b>	6,562,447
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	198,139,827	<b>16</b>	189,318,995	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,082,424	<b>17</b>	11,796,605
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	61,635,636	<b>19</b>	68,639,883
	<b>20</b> Tax-exempt bond liabilities . . . . .	114,687,739	<b>20</b>	112,735,786
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	12,670,856	<b>23</b>	5,721,963
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	25,706,409	<b>25</b>	29,825,558
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	226,783,064	<b>26</b>	228,719,795
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	-28,643,237	<b>27</b>	-39,400,800
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	-28,643,237	<b>33</b>	-39,400,800
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	198,139,827	<b>34</b>	189,318,995

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	72,240,933
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	84,250,846
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-12,009,913
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-28,643,237
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,165,108
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,417,458
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-39,400,800

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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 accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7365138

**Name:** JOHN KNOX VILLAGE

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

HEALTH SERVICES - SEE SCHEDULE O

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**Form 990, Part III, Line 4b:**  
RESIDENT SERVICES - SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

RESIDENTIAL CARE FACILITY, ASSISTED LIVING FACILITY, AND ALZHEIMER'S ASSISTED LIVING FACILITY - SEE SCHEDULE O

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN KNOX VILLAGE

Employer identification number  
23-7365138

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  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  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	184,604	162,116	470,492	327,832	494,245	1,639,289
<b>2</b> 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	62,151,608	64,500,061	65,334,243	66,836,572	67,728,518	326,551,002
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	62,336,212	64,662,177	65,804,735	67,164,404	68,222,763	328,190,291
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	93,582	150,776	154,873	109,027	181,301	689,559
<b>b</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						0
<b>c</b> Add lines 7a and 7b	93,582	150,776	154,873	109,027	181,301	689,559
<b>8 Public support.</b> (Subtract line 7c from line 6)						327,500,732

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	62,336,212	64,662,177	65,804,735	67,164,404	68,222,763	328,190,291
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,754,552	1,019,392	927,879	1,499,620	1,692,913	6,894,356
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,754,552	1,019,392	927,879	1,499,620	1,692,913	6,894,356
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				10,030	18,318	28,348
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	3,466,154	1,453,109	1,289,278	1,812,660	1,851,163	9,872,364
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	67,556,918	67,134,678	68,021,892	70,486,714	71,785,157	344,985,359
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94.930 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	94.160 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	2.000 %
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	2.290 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

<b>Facts And Circumstances Test</b>

### 990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	CAFETERIA - 2014 AMOUNT \$ 2,389,782 2015 AMOUNT \$ 399,972 2016 AMOUNT \$ 418,791 2017 AMOUNT \$ 668,500 2018 AMOUNT \$ 749,877 BEAUTY SHOPS - 2014 AMOUNT \$ 480,821 2015 AM OUNT \$ 482,133 2016 AMOUNT \$ 445,552 2017 AMOUNT \$ 460,084 2018 AMOUNT \$ 417,321 M ISCELLANEOUS - 2014 AMOUNT \$ 595,551 2015 AMOUNT \$ 571,004 2016 AMOUNT \$ 424,935 201 7 AMOUNT \$ 242,762 2018 AMOUNT \$ 206,750 TRANSPORTATION REVENUE - 2017 AMOUNT \$ 55,71 5 2018 AMOUNT \$ 50,076 ROOM RENTAL - 2017 AMOUNT \$ 70,594 2018 AMOUNT \$ 86,193 UTIL ITY REVENUE - 2017 AMOUNT \$ 315,005 2018 AMOUNT \$ 340,946

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization JOHN KNOX VILLAGE	Employer identification number 23-7365138
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				





**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		2,716
<b>j</b> Total. Add lines 1c through 1i			2,716
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	THE PORTION OF DUES PAID TO VARIOUS TRADE ASSOCIATIONS WHICH ARE DESIGNATED BY THOSE ORGANIZATIONS FOR LOBBYING EXPENSES

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► 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.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
JOHN KNOX VILLAGE

**Employer identification number**  
23-7365138

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		5,187,891		5,187,891
<b>b</b> Buildings . . . . .		191,577,174	98,484,064	93,093,110
<b>c</b> Leasehold improvements		15,326,044	7,402,684	7,923,360
<b>d</b> Equipment . . . . .		36,226,598	25,098,154	11,128,444
<b>e</b> Other . . . . .		3,904,510		3,904,510
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				121,237,315

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ASSET RETIREMENT OBLIGATION	4,385,401
DEPOSITS	24,897,044
CURRENT PORTION OF UNEARNED REVENUE	543,113
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	29,825,558

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
JOHN KNOX VILLAGE

**Employer identification number**  
23-7365138

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		432,647
<b>3a</b> Sub-total	0	0			432,647
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			432,647



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	THE INVESTMENTS ARE CARRIED AT FAIR MARKET VALUE IN THE FINANCIAL STATEMENTS OF JOHN KNOX VILLAGE

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN KNOX VILLAGE

Employer identification number  
23-7365138

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
<b>a</b>	Receive a severance payment or change-of-control payment?		No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL REXROTH PRESIDENT AND CEO	(i)	415,422	96,449	70,382	25,125	6,108	613,486	0
	(ii)	0	0	0	0	0	0	0
2 LAURIE JOHNSON VP OF HUMAN RESOURCES	(i)	140,570	13,031	457	16,961	776	171,795	0
	(ii)	0	0	0	0	0	0	0
3 RICHARD K KLOCKENGA VP OF FINANCE & CORPORATE TREASURER	(i)	249,699	29,165	8,089	25,056	12,534	324,543	0
	(ii)	0	0	0	0	0	0	0
4 RODNEY MCBRIDE VP OF HEALTH & COMMUNITY SERVICES	(i)	203,089	16,803	2,554	23,306	5,336	251,088	0
	(ii)	0	0	0	0	0	0	0
5 MARIA TIMBERLAKE VP OF SENIOR LIVING	(i)	203,619	27,085	2,220	23,300	5,844	262,068	0
	(ii)	0	0	0	0	0	0	0
6 ANTHONY COLUMBATTO VCC ADMINISTRATOR	(i)	146,454	8,140	97	4,013	5,916	164,620	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	JOHN KNOX VILLAGE MADE THE FOLLOWING CONTRIBUTIONS TO NON-QUALIFIED RETIREMENT PLANS FOR THE FOLLOWING EMPLOYEES IN CALENDAR YEAR 2018: 457(B) SUPPLEMENTAL SAVINGS PLAN: DANIEL REXROTH - \$18,500; RICHARD KLOCKENGA - \$18,500; RODNEY MCBRIDE - \$18,500; MARIA TIMBERLAKE - \$18,500; LAURIE JOHNSON - \$13,428. 457(F) SUPPLEMENTAL SAVINGS PLAN: DANIEL REXROTH - \$84,306; RICHARD KLOCKENGA - \$52,446; MARIA TIMBERLAKE - \$41,893; RODNEY MCBRIDE - \$41,685. SUPPLEMENTAL EXECUTIVE COMPENSATION PROGRAM: DANIEL REXROTH - \$65,806; RICHARD KLOCKENGA - \$6,412; RODNEY MCBRIDE - \$1,300; MARIA TIMBERLAKE - \$1,399. ALSO IN FISCAL YEAR 2019 THE FOLLOWING EMPLOYEE WITHDREW THE FOLLOWING AMOUNT FROM A 457(B) PLAN ACCOUNT: BETTY FREEMAN-BOOTS - \$69,641.





Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN KNOX VILLAGE

Employer identification number

23-7365138

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT	43-1255189	524292AN9	07-31-2014	20,576,185	SEE SUPPLEMENTAL INFORMATION		X		X		X
<b>B</b> INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT	43-1255189	524292AS8	11-09-2016	42,643,706	CAPITAL IMPROVEMENTS		X		X		X
<b>C</b> INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT	43-1255189	524292BG3	03-15-2018	54,327,696	SEE SUPPLEMENTAL INFORMATION		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .						1,950,000		
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .		20,649,607		42,680,295		54,327,696		
<b>4</b>	Gross proceeds in reserve funds . . . . .		2,160,342		2,714,765		4,539,896		
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .		388,239		789,919		1,119,918		
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .		14,721,468		39,175,330		2,199,037		
<b>11</b>	Other spent proceeds . . . . .		3,379,558				41,151,446		
<b>12</b>	Other unspent proceeds . . . . .				281		5,317,399		
<b>13</b>	Year of substantial completion . . . . .		2015		2018		2020		
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X			
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X			X		X		
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			X		X		

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> 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?								
<b>4</b> 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 . . . . . ▶	0 %		0 %		0 %			
<b>5</b> 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 . . . . . ▶	0 %		0 %		0 %			
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		0 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> 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		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X			
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .	X			X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2019

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART I, LINE A, COLUMN F	THE SERIES 2014A BONDS WERE ISSUED FOR THE FOLLOWING PURPOSES (1) REFUND A BANK LOAN DATED 9/1/2013 (2) FINANCE COSTS OF EXPANSIONS, RENOVATIONS, AND IMPROVEMENTS TO THE CORPORATION'S SENIOR LIVING FACILITIES

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART I, LINE C, COLUMN F	THE SERIES 2018A BONDS WERE ISSUED FOR THE FOLLOWING PURPOSES (1) REFUND THE EXISTING SERIES 2007A REVENUE BONDS ISSUED ON MAY 24, 2007 (2) REPAY A PORTION OF AN EXISTING CONSTRUCTION LOAN (3) FINANCE COSTS OF EXPANSIONS, RENOVATIONS, AND IMPROVEMENTS TO THE CORPORATION'S SENIOR LIVING FACILITIES

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART I, LINE 3 - 2014 AND 2016 BONDS	THE TOTAL PROCEEDS OF ISSUE DIFFER FROM THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON CERTAIN PROCEEDS

Return Reference	Explanation
SCHEDULE K, PART III LINE 2	THE ORGANIZATION'S MISSION IS TO ENRICH OLDER ADULT LIVES THROUGH COMMUNITY LIVING AS PART OF THIS MISSION, THE ORGANIZATION LEASES RESIDENTIAL LIVING FACILITIES TO THESE OLDER ADULTS

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7365138  
**Name:** JOHN KNOX VILLAGE

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2019
SCHEDULE K, PART I, LINE A, COLUMN F	THE SERIES 2014A BONDS WERE ISSUED FOR THE FOLLOWING PURPOSES (1) REFUND A BANK LOAN DATED 9/1/2013 (2) FINANCE COSTS OF EXPANSIONS, RENOVATIONS, AND IMPROVEMENTS TO THE CORPORATION'S SENIOR LIVING FACILITIES
SCHEDULE K, PART I, LINE C, COLUMN F	THE SERIES 2018A BONDS WERE ISSUED FOR THE FOLLOWING PURPOSES (1) REFUND THE EXISTING SERIES 2007A REVENUE BONDS ISSUED ON MAY 24, 2007 (2) REPAY A PORTION OF AN EXISTING CONSTRUCTION LOAN (3) FINANCE COSTS OF EXPANSIONS, RENOVATIONS, AND IMPROVEMENTS TO THE CORPORATION'S SENIOR LIVING FACILITIES
SCHEDULE K, PART I, LINE 3 - 2014 AND 2016 BONDS	THE TOTAL PROCEEDS OF ISSUE DIFFER FROM THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON CERTAIN PROCEEDS
SCHEDULE K, PART III LINE 2	THE ORGANIZATION'S MISSION IS TO ENRICH OLDER ADULT LIVES THROUGH COMMUNITY LIVING AS PART OF THIS MISSION, THE ORGANIZATION LEASES RESIDENTIAL LIVING FACILITIES TO THESE OLDER ADULTS



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
JOHN KNOX VILLAGE

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

23-7365138

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINES 4A, 4B, AND 4C</p>	<p>BECAUSE SUCCESSFUL BUSINESSES THRIVE IN HEALTHY COMMUNITIES, JOHN KNOX VILLAGE CHALLENGES ITSELF TO MAKE THE MOST OF ITS COMMUNITY INVOLVEMENT EFFORTS. ALTHOUGH MONETARY DONATIONS ARE SIGNIFICANT, IT'S THE POWER OF THE PEOPLE - THEIR EXPERTISE, SKILLS, TIME AND TALENTS - THAT MAKE THE MOST IMPACT IN THE COMMUNITIES IN WHICH THE VILLAGE OPERATES. AS A LEADING PROVIDER OF CARE AND SERVICES FOR OLDER ADULTS, THE VILLAGE IS COMMITTED TO ACHIEVING ITS MISSION OF "ENRICHING LIVES, BUILDING COMMUNITY" IN LEE'S SUMMIT AND BEYOND. FOR MEMBERS OF THE VILLAGE COMMUNITY, IT MEANS WORKING TOGETHER WITH P R I D E - TAKING PERSONAL RESPONSIBILITY IN DELIVERING EXCELLENCE - TO CREATE AND/OR MAINTAIN VIBRANT RELATIONSHIPS WITH PEOPLE OF ALL WALKS OF LIFE REGARDLESS OF WHERE THEY LIVE. THE VILLAGE'S SIZE, DIVERSE SERVICES, AMENITIES AND OFFERINGS ENABLE IT TO ALLOCATE MULTIPLE RESOURCES TOWARD ITS COMMUNITY INVOLVEMENT COMMITMENTS. IT SHARES FACILITIES, FACILITATES THE GIVING TIME AND TALENTS, OFFERS LEADERSHIP AND/OR MODEST FINANCIAL SUPPORT TO OTHER NOT-FOR-PROFIT ORGANIZATIONS, SHARES ENTERTAINMENT, AND PROMOTES EDUCATION AND INTERGENERATIONAL ACTIVITIES. IN TURN, THE VILLAGE BENEFITS GREATLY BY -ACHIEVING ITS MISSION, VISION AND VALUES BY ENRICHING THE LIVES OF RESIDENTS, ASSOCIATES AND MEMBERS OF THE SURROUNDING COMMUNITY, -STRENGTHENING ITS POSITION AS A VALUABLE COMMUNITY RESOURCE AND LEADER, -HEIGHTENING AWARENESS OF AND UNDERSTANDING ABOUT THE ORGANIZATION, -ENHANCING ITS IMAGE, -BREAKING DOWN STEREOTYPES ABOUT AGING AND OLDER ADULTS, -GENERATING INTEREST IN RESIDENCY AT OR USE OF ITS SERVICES, -PROMOTING ITSELF AS A GOOD PLACE TO LIVE, WORK AND CONDUCT BUSINESS WITH, AND, FINALLY, -REINFORCING THE APPROPRIATENESS OF OUR NOT-FOR-PROFIT STATUS. THE VILLAGE'S COMMUNITY INVOLVEMENT EXTENDS BEYOND VOLUNTEERING AND/OR DONATIONS. IT ALSO CONTINUALLY WORKS TO BECOME AN EVEN MORE SUSTAINABLE, EARTH-FRIENDLY ORGANIZATION. WHAT BETTER WAY TO MAKE A POSITIVE IMPRESSION WITHIN THE COMMUNITIES IT TOUCHES THAN BY MINIMIZING ITS CARBON FOOTPRINT FOR FUTURE GENERATIONS? THIS REPORT IS MORE THAN A JUST A SHOWCASE OF THE VILLAGE'S GENEROSITY AND ITS LONG-STANDING COMMITMENT TO SURROUNDING COMMUNITIES. IT'S THE STORY OF THE VILLAGE'S EFFORTS TO MAKE AN EVEN GREATER DIFFERENCE IN THE COMMUNITIES IT SERVES. THE VILLAGE'S COMMUNITY INVOLVEMENT EFFORTS ENRICH THE LIVES OF THOUSANDS OF INDIVIDUALS - ALL OF WHO ARE POTENTIAL SUPPORTERS, CUSTOMERS, RESIDENTS OR ASSOCIATES. THE VILLAGE IS PROUD OF ALL THAT IT HAS ACCOMPLISHED TO DATE AND EXCITED ABOUT FUTURE PROSPECTS. ABOUT JOHN KNOX VILLAGE -FOUNDED IN 1970, ONE OF THE FIRST LIFE PLAN COMMUNITIES IN THE NATION -NOT-FOR-PROFIT ORGANIZATION 501(C)(3), RUN BY A NINE-MEMBER VOLUNTEER BOARD OF DIRECTORS -MISSION TO ENRICH THE LIVES OF OLDER ADULTS THROUGH COMMUNITY LIVING -LOCATED IN LEE'S SUMMIT, MISSOURI, WITH HOME HEALTH OFFICES IN PRAIRIE VILLAGE, KANSAS -SERVES ABOUT 1,200 RESIDENTS ON ITS CAMPUS AND ABOUT 5,000 COMMUNITY MEMB</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINES 4A, 4B, AND 4C</p>	<p>ERS ANNUALLY WHO LIVE IN WESTERN MISSOURI AND EASTERN KANSAS -WITH ABOUT 1,000 ASSOCIATES ON STAFF, ONE OF THE LARGEST EMPLOYERS IN LEE'S SUMMIT AND THE GREATER KANSAS CITY AREA I NDEPENDENT LIVING RESIDENTS ENJOY MAINTENANCE-FREE LIVING WHILE LIVING IN FREESTANDING HO MES, VILLAS OR APARTMENT HOMES ON-CAMPUS AMENITIES INCLUDE ART STUDIO, LIBRARY, BEAUTY S ALONS, MEETING AND BANQUET ROOMS, BOWLING ALLEY, CHAPEL AND PRAYER ROOM, 9-HOLE EXECUTIVE GOLF COURSE, TWO FITNESS CENTERS, CONVENIENCE STORES, SIX RESTAURANTS AND A COFFEE SHOP, 1 ,500-SEAT SPECIAL EVENT PAVILION, GUEST ROOMS, TWO INDOOR SWIMMING POOLS AND AN OUTDOOR PO OL, WHIRLPOOL, MOVIE THEATER, MEDIA CENTERS, AND MORE VILLAGE HELPERS LICENSED BY THE ST ATE OF MISSOURI, VILLAGE HELPERS OFFERS IN-HOME, PRIVATE-DUTY CARE, INCLUDING HOUSEHOLD AS SISTANCE, PERSONAL CARE, COMPANION VISITS, RESPITE CARE, TRANSPORTATION AND MORE VILLAGE HOME HEALTH WITH OFFICES IN BOTH LEE'S SUMMIT, MISSOURI, AND PRAIRIE VILLAGE, KANSAS, THE MEDICARE-CERTIFIED HOME HEALTH AGENCY PROVIDES INTERMITTENT SKILLED CARE AS ORDERED BY A PHYSICIAN LICENSED HEALTH CARE PROFESSIONALS PROVIDE SERVICES TO PATIENTS WHO LIVE IN 12 COUNTIES THROUGHOUT THE GREATER KANSAS CITY AREA VILLAGE ASSISTED LIVING LICENSED BY THE STATE OF MISSOURI, IT OFFERS 24-HOUR NURSING CARE, REGULAR HOUSEKEEPING, THREE MEALS A DA Y, PLANNED ACTIVITIES, ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND MORE VILLAGE ASSIST ED LIVING MEMORY CARE 1, 2 AND 3 EACH FACILITY IS LICENSED BY THE STATE OF MISSOURI AND P ROVIDES A FULL RANGE OF SERVICES AND A SUPPORTIVE AND SECURE ENVIRONMENT FOR RESIDENTS WIT H MEMORY-RELATED CONDITIONS THE FACILITIES OFFER 24-HOUR NURSING CARE AND SUPPORT STAFF, PRIVATE AND SEMI-PRIVATE ROOMS, SECURED ENTRANCES AND MONITORING SYSTEMS IN RESIDENT ROOMS , AND MORE VILLAGE CARE CENTER THE VILLAGE CARE CENTER IS A 430-BED, FREESTANDING SKILLE D-NURSING FACILITY IT PROVIDES 24-HOUR LICENSED NURSING SERVICES IN TWO LONG-TERM CARE UN ITS, AN ALZHEIMER'S UNIT, A MEDICARE-CERTIFIED REHABILITATION UNIT AND VILLAGE HOUSE, WHIC H PROVIDES SHORT-TERM, IN-PATIENT HOSPICE CARE VILLAGE HOSPICE OF JOHN KNOX VILLAGE VILL AGE HOSPICE PROVIDES COMFORT-ORIENTED SERVICES TO INDIVIDUALS WITH LIFE-LIMITING ILLNESSES , ESPECIALLY THOSE IN THE FINAL STAGES OF THEIR LIVES THE AGENCY IS LICENSED AND CERTIFIE D BY THE STATE OF MISSOURI VILLAGE PALLIATIVE CARE A NEW JOHN KNOX VILLAGE HEALTH CARE S ERVICE WILL DEBUT IN FALL 2019 FOR PATIENTS AT ANY STAGE OF A SERIOUS ILLNESS, INJURY OR H EALTH CONDITION, WHETHER IT IS CHRONIC, CURABLE OR LIFE-LIMITING THE SERVICE WILL FOCUS O N IMPROVING QUALITY OF LIFE BY CONTROLLING UNCONTROLLED SYMPTOMS SUCH AS PAIN, STRESS, INC ONTINENCE OR CONSTIPATION, DIFFICULTY BREATHING OR SLEEPING, FATIGUE, NAUSEA, ANXIETY, DEP RESSION OR LOSS OF APPETITE FOR ADDITIONAL INFORMATION ABOUT JOHN KNOX VILLAGE AND THE VA RIETY OF SERVICES AND AMENITIES IT OFFERS, PLEASE VISIT WWJKV.ORG CIVIC ENGAGEMENT CIVIC ENGAGEMENT IS AN UMBRELLA TER</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINES 4A, 4B, AND 4C	M USED TO DESCRIBE HOW PARTICIPATION IN COMMUNITY ORGANIZATIONS, POLITICAL INVOLVEMENT, ACTIVISM AND ADVOCACY CAN ENHANCE THE LIVES OF INDIVIDUALS WHO GIVE THEIR TIME TO THEIR COMMUNITIES CHAMBER OF COMMERCE/ECONOMIC DEVELOPMENT JOHN KNOX VILLAGE'S ONGOING INVOLVEMENT IN THE LEE'S SUMMIT CHAMBER OF COMMERCE AND THE LEE'S SUMMIT ECONOMIC DEVELOPMENT COUNCIL HAS INCLUDED BOTH LEADERSHIP AND FINANCIAL SUPPORT, WHICH CREATES AN OPTIMUM ENVIRONMENT FOR ECONOMIC GROWTH AND DEVELOPMENT FOR THE COMMUNITY JOHN KNOX VILLAGE LEADERS HAVE CONSISTENTLY SERVED ON VARIOUS CHAMBER COMMITTEES, OFTENTIMES IN OFFICER POSITIONS ALSO, 32 JK V ASSOCIATES HAVE PARTICIPATED IN LEADERSHIP LEE'S SUMMIT, A NINE-MONTH PROGRAM DESIGNED TO EDUCATE AND BUILD COMMUNITY LEADERS FINALLY, MEMBERS OF THE VILLAGE STAFF HAVE VOLUNTEERED AT CHAMBER-SPONSORED EVENTS FOR EXAMPLE, BETWEEN 20 AND 30 VILLAGE ASSOCIATES VOLUNTEER DURING THE ANNUAL OKTOBERFEST IN DOWNTOWN LEE'S SUMMIT VOLUNTEERS ALSO PARTICIPATE IN THE LEE'S SUMMIT CHAMBER CHALLENGE, AN EVENT FEATURING AN AFTERNOON OF FUN ACTIVITIES, FRIENDLY COMPETITION, NETWORKING AND TEAM BUILDING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CIVIC/COMMUNITY ORGANIZATIONS	<p>MANY JOHN KNOX VILLAGE COMMUNITY MEMBERS VOLUNTEER FOR NOT-FOR-PROFIT ORGANIZATIONS ALTHOUGH NOT SPONSORED OR FACILITATED BY JOHN KNOX VILLAGE, SUCH INVOLVEMENT INDIRECTLY - YET POSITIVELY - REFLECTS ON THE VILLAGE. IN ADDITION, THESE ORGANIZATIONS ALSO BENEFIT FROM THE LEADERSHIP, INTELLECTUAL CAPITAL AND OTHER CONTRIBUTIONS PROVIDED BY VILLAGE ASSOCIATES, RESIDENTS AND BOARD MEMBERS. THE FOLLOWING LIST INCLUDES EXAMPLES OF THE DIVERSITY OF ORGANIZATIONS IN WHICH JOHN KNOX COMMUNITY MEMBERS HAVE BEEN INVOLVED: BOY SCOUTS OF AMERICA, CITIZEN'S ADVISORY COMMITTEE, GIRL SCOUTS OF THE USA, HEARTLAND MEN'S CHORUS, HUMANE SOCIETY, INDIAN ASSOCIATION OF KANSAS CITY, JUNIOR ACHIEVEMENT OF MIDDLE AMERICA INC., CHANDANA KANNADA SANGHA OF KANSAS CITY, KANSAS CITY CHAMBER OF COMMERCE, LEE'S SUMMIT OPTIMISTS, LEE'S SUMMIT CHARACTER COUNCIL, LEE'S SUMMIT ECONOMIC DEVELOPMENT COUNCIL, LEE'S SUMMIT EDUCATION FOUNDATION, LEE'S SUMMIT SUSTAINABILITY COMMITTEE, LEE'S SUMMIT ROTARY CLUB, LEE'S SUMMIT SYMPHONY AND THE MAYOR'S HEALTH EDUCATION ADVISORY BOARD, AND MANY MORE. POLITICAL PARTICIPATION IN ADDITION TO CONTRIBUTING TO A STRONG VOTER TURNOUT, JOHN KNOX VILLAGE RESIDENTS ARE ACTIVE IN A VARIETY OF POLITICAL ENDEAVORS AND CAMPAIGNS. THEY FREQUENTLY INVITE AND/OR HOST ELECTED OFFICIALS AND CANDIDATES TO SPEAK AT RESIDENT GATHERINGS, SUCH AS SHELLIE MONTEMURRO, THE JACKSON COUNTY DEMOCRATIC COMMITTEEWOMAN AND CAMPAIGN MANAGER FOR REPRESENTATIVE KEVIN INGLE, MISSOURI HOUSE DISTRICT 35, AND SENATOR HILLARY SHIELDS, MISSOURI (DISTRICT 8). THE VILLAGE PROVIDES SUPPORT TO AID IN THESE EFFORTS FROM TIME TO TIME. THE VILLAGE LEASES SPACE TO THE JACKSON COUNTY BOARD OF ELECTION COMMISSIONERS FOR TWO VOTING PRECINCTS. RESIDENTS VOLUNTEER MANAGE THOSE POLLING PLACES AS WELL AS OTHER VOTING SITES LOCATED THROUGHOUT THE METROPOLITAN AREA. MEMBERS OF THE VILLAGE COMMUNITY ALSO HAVE BEEN ELECTED TO SERVE IN LOCAL GOVERNMENT, INCLUDING CRAIG FAITH, DIRECTOR OF PUBLIC SAFETY. FAITH WAS ELECTED TO THE LEE'S SUMMIT CITY COUNCIL IN SPRING 2016 (PLEASE NOTE CRAIG FAITH RESIGNED FROM HIS POSITION OF DIRECTOR OF PUBLIC SAFETY IN JULY 2019). ACTIVISM AND ADVOCACY MEMBERS OF THE JOHN KNOX VILLAGE COMMUNITY ROUTINELY ADVOCATE FOR OLDER ADULTS AND SERVICES FOR SENIORS - ACTING AS INDUSTRY ADVOCATES IN BOTH STATE AND NATIONAL ARENAS. FOR EXAMPLE, MEMBERS OF THE VILLAGE COMMUNITY JOINED INDIVIDUALS FROM OTHER MISSOURI-BASED SKILLED NURSING FACILITIES TO URGE LAWMAKERS TO INCREASE MEDICAID REIMBURSEMENT RATES RELATED TO CARE PROVIDED TO OLDER ADULTS. LED BY LEADERSHIP MISSOURI, VILLAGE LEADERS AND RESIDENTS HELPED EDUCATE LAWMAKERS ABOUT HOW REIMBURSEMENT RATES AFFECT MISSOURI'S OLDEST CITIZENS. IN ADDITION TO MAKING PHONE CALLS AND SENDING CORRESPONDENCE VIA EMAIL AND REGULAR MAIL, A CONTINGENT OF RESIDENTS AND ASSOCIATES TRAVELED TO JEFFERSON CITY, MISSOURI, TO MEET WITH LEGISLATORS AND ADVOCATE FOR ADDITIONAL FUNDING. VILLAGE RESIDENTS FORMED THE SENIORS FOR JUSTICE GROUP. FORMERLY THE DEMOCRATIC CLUB, THE</p>

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CIVIC/COMMUNITY ORGANIZATIONS	<p>GROUP HAS EVOLVED TO INCLUDE RESIDENTS OF ALL POLITICAL AFFILIATIONS WHO WANT TO DISCUSS CURRENT EVENTS AND, WHEN APPROPRIATE, TAKE ACTION PUBLIC SAFETY EMERGENCY MANAGEMENT JOHN KNOX VILLAGE'S PUBLIC SAFETY (WHICH INCLUDES DISPATCH, TRANSPORTATION, SECURITY, EMERGENCY MEDICAL SERVICES AND EMERGENCY MANAGEMENT SERVICES) PROVIDES SERVICE TO VILLAGE RESIDENTS, ASSOCIATES AND GUESTS TO THE CAMPUS, AS WELL AS TO MEMBERS OF THE SURROUNDING COMMUNITY THE VILLAGE'S ABILITY AND WILLINGNESS TO PROVIDE ASSISTANCE HELPS TAKE FINANCIAL AND STAFFING TENSION OFF STRESSED CITY AND STATE PROGRAMS DURING EMERGENCY SITUATIONS THAT OCCUR OUTSIDE THE VILLAGE CAMPUS, JOHN KNOX VILLAGE PUBLIC SAFETY CAN ALLOCATE RESOURCES AND MANPOWER TO ASSIST CITY AND STATE RESPONSE EFFORTS WITHOUT ADVERSELY AFFECTING THE SAFETY OR WELLBEING OF THOSE ON THE VILLAGE CAMPUS A SERIES OF PARTNERSHIPS WITH LOCAL, STATE, REGIONAL AND NATIONAL PUBLIC SERVICE ORGANIZATIONS HAS ENABLED JKV PUBLIC SAFETY TO PROVIDE SECURITY ASSISTANCE, EMERGENCY SERVICE ADMINISTRATION AND MORE PUBLIC SAFETY'S PARTNERSHIPS INCLUDE LEE'S SUMMIT EMERGENCY SERVICES, LOCAL HOSPITALS, LOCAL HEALTH CARE FACILITIES, JACKSON COUNTY EMERGENCY MANAGEMENT, JACKSON COUNTY HEALTH DEPARTMENT, MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, (MISSOURI) STATE EMERGENCY MANAGEMENT AGENCY, FEDERAL EMERGENCY MANAGEMENT AGENCY AND HOMELAND JKV PUBLIC SAFETY PROVIDES MANY SERVICES IN LEE'S SUMMIT AND SURROUNDING COMMUNITIES EXAMPLES INCLUDE -SAFETY SECURITY PATROLS AT COMMUNITY EVENTS SUCH AS LEE'S SUMMIT DOWNTOWN DAYS -EDUCATION ACTIVITIES HAVE INCLUDED PROVIDING VACANT BUILDINGS TO THE LEE'S SUMMIT POLICE DEPARTMENT AND OTHER EMERGENCY SERVICES ENTITIES TO TRAIN PERSONNEL AND K-9 UNITS THE VILLAGE ALSO HAS PROVIDED SPACE FOR EDUCATIONAL EVENTS, SUCH AS THE PAVILION TO HOST A REGIONAL HOMELAND SECURITY EMERGENCY PREPAREDNESS WORKSHOP FINALLY, PUBLIC SAFETY ALSO TEACHES THE EMT-B COURSE TO STUDENTS AT HERNDON CAREER CENTER IN RAYTOWN, MISSOURI -TRANSPORT EMS PROVIDES BOTH EMERGENCY AND NON-EMERGENCY PATIENT TRANSPORTATION BETWEEN HOSPITALS AND OTHER CARE FACILITIES -MUTUAL AID PUBLIC SAFETY HAS MUTUAL AID AGREEMENTS WITH THE CITIES OF LEE'S SUMMIT, MISSOURI, AND RAYTOWN, MISSOURI THROUGH THE AGREEMENT, JKV PUBLIC SAFETY CAN RESPOND IF A NEED ARISES DURING AN EMERGENCY WHAT'S MORE, THE VILLAGE IS A MEMBER OF A KANSAS CITY METROPOLITAN-WIDE EMERGENCY PREPAREDNESS GROUP -EMERGENCY PREPAREDNESS ACTIVITIES ACTIVITIES INCLUDE DEVELOPING PLANS AND ANALYSIS, AND FOSTERING RELATIONSHIPS WITH CITY, STATE AND NATIONAL ORGANIZATIONS, SUCH AS THE FIRE DEPARTMENT, THE JACKSON COUNTY HEALTH DEPARTMENT, THE AMERICAN RED CROSS AND OTHER AGENCIES IT ALSO PROVIDES OPPORTUNITIES FOR CONTINUING EDUCATION AND TRAINING BY CONDUCTING EXERCISES, SUCH AS FIRE DRILLS TO TEST OUR RESPONSE TIME AND PLANNING BEING PREPARED ENABLES THE VILLAGE TO BETTER RESPOND TO AND ASSIST WITH EMERGENCIES BOTH ON CAMPUS AND WITHIN THE COMMUNITY FOR</p>

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CIVIC/COMMUNITY ORGANIZATIONS	EXAMPLE, THE VILLAGE PARTICIPATED IN A METROPOLITAN-WIDE TABLETOP DISASTER DRILL THAT WAS ORGANIZED BY THE MID-AMERICA REGIONAL COUNCIL (MARC) -PARTNERSHIP THE VILLAGE HAS A CLOSED POINTS OF DISPENSING (POD) ARRANGEMENT WITH THE AMERICAN RED CROSS DURING TIMES OF WIDESPREAD ILLNESS, SUCH A PANDEMIC FLU EVENT, THE VILLAGE WILL PROVIDE A LOCATION THAT WILL ENABLE A LARGE NUMBER OF PEOPLE TO BE IMMUNIZED IN A SHORT PERIOD OF TIME POD SITES ARE CRITICAL IN EMERGENCIES BECAUSE THEY REDUCE THE DEMAND ON PUBLIC DISPENSING SITES AND CONTRIBUTE TO AN EFFECTIVE EMERGENCY RESPONSE "PUSH DISPENSING" MEANS THAT MEDICATIONS ARE PUSHED OUT TO BUSINESSES AND THEIR EMPLOYEES AND FAMILY MEMBERS THAT THEY ROUTINELY SERVE IN THE WORK PLACE OR AT HOME THE VILLAGE ALSO HOSTS PRESCRIPTION TAKE BACK EVENTS FOR RESIDENTS AND MEMBERS OF THE SURROUNDING COMMUNITY IN FIVE OR SO YEARS, THE VILLAGE HAS COLLECTED MORE THAN 1,411 POUNDS OF EXPIRED OR NO-LONGER-NEEDED PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATION EACH EVENT IS OVERSEEN BY THE LEE'S SUMMIT POLICE DEPARTMENT, LEE'S SUMMIT CARES AND THE NATIONAL DRUG ENFORCEMENT AGENCY IN 2018, THE VILLAGE WAS THE TOP COLLECTION LOCATION WHAT'S MORE, IN LESS THAN THREE YEARS, THE VILLAGE HAS COLLECTED MORE THAN 165 POUNDS OF MEDICATION IN A LOCKBOX PURCHASED BY LEE'S SUMMIT CARES AND PERMANENTLY HOUSED IN THE VILLAGE'S RESIDENT HEALTH CLINIC -MEMBERSHIP PUBLIC SAFETY STAFF PARTICIPATE IN A VARIETY OF INDUSTRY ASSOCIATIONS, SUCH AS THE MISSOURI AMBULANCE ASSOCIATION, MISSOURI EMERGENCY MEDICAL SERVICES ASSOCIATION, MID AMERICA REGIONAL COUNCIL EMERGENCY RESPONSE, AMERICAN AMBULANCE ASSOCIATION AND OTHERS FINALLY, STAFF ALSO IS ACTIVE IN POLITICAL GROUPS

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CORPORATE AND COMMUNITY PHILANTHROPY	<p>IN ADDITION TO PROVIDING VOLUNTEER HOURS AND DONATIONS, JOHN KNOX VILLAGE OFFERS MODEST FINANCIAL SUPPORT TO ORGANIZATIONS THAT HOST EVENTS OR PROVIDE SERVICES THAT HAVE MEASURABLE SOCIAL IMPACT WITHIN THE COMMUNITY AND/OR ENCOURAGE OLDER ADULTS JOHN KNOX VILLAGE HAS THREE CATEGORIES OF GIVING 1) CORPORATE GIVING HELPS BUILD AWARENESS OF THE VILLAGE AND INTEGRATES THE ORGANIZATION INTO THE LOCAL COMMUNITY EXAMPLES OF CORPORATE GIVING IN FY2019 INCLUDE FINANCIAL SUPPORT OF THE LEE'S SUMMIT PARKS AND RECREATION BASEBALL LEAGUE, THE LEE'S SUMMIT CHAMBER OF COMMERCE GOLF TOURNAMENT, LEE'S SUMMIT CHAMBER OF COMMERCE OKTOBERFEST, LEE'S SUMMIT SYMPHONY, PROJECT CONNECT WITH THE HEALTH CARE COLLABORATIVE OF LAFAYETTE COUNTY, SENIOR CELEBRATION WITH THE RAYTOWN CHAMBER, AND OTHERS 2) COMMUNITY GIVING HELPS MAKE LEE'S SUMMIT AND SURROUNDING COMMUNITIES STRONGER THE VILLAGE CONTRIBUTES TO A VARIETY OF ORGANIZATIONS SUCH AS LEE'S SUMMIT CARES AND LEE'S SUMMIT SOCIAL SERVICES JOHN KNOX VILLAGE HOBBY HUT VOLUNTEERS WERE RECOGNIZED AT THE MAYOR'S CHARACTER BREAKFAST WITH A "REFLECTIONS OF CHARACTER 'GENEROSITY' AWARD" THE DEDICATED VOLUNTEERS MAKE ONE-OF-A-KIND, HANDCRAFTED WOODEN TOYS AND GAMES FOR CHILDREN WHO LIVE IN LEE'S SUMMIT, SPENDING THOUSANDS OF HOURS EACH YEAR DESIGNING, CUTTING, GLUING, SANDING AND PAINTING IN 2018 ALONE, THE GROUP DONATED ABOUT 500 TOYS TO LEE'S SUMMIT SOCIAL SERVICES HOBBY HUT VOLUNTEERS ALSO BUILD AND REPAIR FURNITURE AND OTHER TASK ASSOCIATED WITH WOODWORKING 3) WORKPLACE GIVING ENABLES GENEROUS PEOPLE TO GIVE BACK IN ADDITION TO RAISING FUNDS THAT MAKE A DIFFERENCE IN THE GREATER LEE'S SUMMIT AND KANSAS CITY AREA, MEMBERS OF THE JKV COMMUNITY HAVE OPPORTUNITIES TO CONTRIBUTE TO NATIONAL ORGANIZATIONS, SUCH AS THE ALZHEIMER'S ASSOCIATION AND OPERATION CHRISTMAS CHILD JOHN KNOX VILLAGE HOSTS AND SPONSORS A NUMBER OF SPECIAL EVENTS THAT ARE OPEN TO ALL MEMBERS OF THE COMMUNITY THESE ACTIVITIES ARE A WAY TO SHARE RESOURCES AND ALLOW PEOPLE TO HAVE A POSITIVE EXPERIENCE ON THE VILLAGE CAMPUS -JOHN KNOX VILLAGE CHORAL AND INSTRUMENTAL GROUPS HAVE PERFORMED BOTH ON THE CAMPUS AND IN OTHER AREAS VENUES THE MUSIC GROUPS ARE MADE UP OF INDIVIDUALS WITH DIFFERENT MUSIC INCLINATIONS - FROM THOSE PROFESSIONAL MUSICIANS TO HOBBYISTS TO INDIVIDUALS WHO SIMPLY LOVE TO SING THE VILLAGE HOSTS A WIDE ARRAY OF GROUPS, INCLUDING TWO RECORDER GROUPS AND A HAND BELLS CHOIRS, CHORAL GROUPS, A GOSPEL GROUP, AND A TAP DANCING TROUPE -THE VILLAGE HAS HOSTED FREE CONCERTS, INCLUDING PERFORMANCES BY THE AMERICAN LEGION BAND, UNITED STATES AIR FORCE JAZZ BAND SHADES OF BLUE, THE HEARTLAND RECORDER ORCHESTRA CONCERT, LIBERTY COMMUNITY CHORUS AND MEN'S CHORAL SPECTACULAR AND OTHERS -THE VILLAGE HAS PARTNERED WITH MID-CONTINENT PUBLIC LIBRARY TO HOST MULTIPLE INTERGENERATIONAL ACTIVITIES, INCLUDING A LIVE PERFORMANCE BY GERALD DICKENS, GREAT-GREAT-GRANDSON OF CHARLES DICKENS, THE COMMUNITY-WIDE COMMON READ AND OTHER EDUCATIONAL PRESENTATIONS</p>



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CORPORATE AND COMMUNITY PHILANTHROPY	<p>-THE JOHN KNOX VILLAGE COMMUNITY THEATRE, WHICH IS A GROUP OF VILLAGE RESIDENTS, PRODUCES FREE SHOWS DONATION OF JOHN KNOX VILLAGE FACILITIES AND EQUIPMENT CLASSROOMS/MEETING SPACES/TOURS BECAUSE OF ITS CENTRAL LOCATION AND THE AVAILABILITY OF MEETING ROOM SPACE, SEVERAL ORGANIZATIONS OFFER CLASSES/SEMINARS/MEETINGS ON THE VILLAGE CAMPUS CLASSROOM/MEETING SPACE WAS DONATED TO THE MISSOURI LEAGUE OF NURSING, ESSENTIAL TREMORS SUPPORT GROUP, LEE'S SUMMIT CHAMBER OF COMMERCE, NATIONAL ASSOCIATION OF HEALTH CARE ASSISTANTS, TOASTMASTER'S INTERNATIONAL, AND OTHERS DURING FY19, THE VALUE OF THE DONATED CLASSROOM/MEETING SPACE WAS ABOUT \$16,000 RESIDENTS OFTEN ARE INVOLVED IN CIVIC/CHURCH/RETIREE GROUPS NOT AFFILIATED WITH THE VILLAGE AND AT TIMES HAVE INVITED THESE GROUPS TO HOLD MEETINGS ON THE VILLAGE CAMPUS THE VILLAGE ALSO REGULARLY HOSTS TOURS OF THE CAMPUS FOR AREA SCHOOLS, CHURCHES, SCOUT TROOPS, BUSINESS GROUPS, ETC THE AFOREMENTIONED EFFORTS HELP POSITION JOHN KNOX VILLAGE AS A GOOD COMMUNITY RESOURCE AND ENABLE THE ORGANIZATION TO BREAK DOWN STEREOTYPES ABOUT AGING THE PAVILION AT JOHN KNOX VILLAGE JOHN KNOX VILLAGE DONATES ITS SPECIAL EVENT VENUE, THE PAVILION AT JOHN KNOX VILLAGE, MULTIPLE TIMES A YEAR MANY OF THESE EVENTS OFFER ENTERTAINMENT THAT MIGHT NOT OTHERWISE BE POSSIBLE IN LEE'S SUMMIT IN OTHER CASES, IMPORTANT COMMUNITY MEETINGS AND PROGRAMS ARE ENHANCED BECAUSE OF THE AMENITIES AND SERVICES PROVIDED AT THE VENUE DURING FY19 THE VILLAGE DONATED THE VENUE MULTIPLE TIMES AT A VALUE OF ABOUT \$50,000 (FIGURE BASED ON CURRENT RENTAL RATES) EXAMPLES OF EVENTS THAT HAVE BEEN HELD AT THE PAVILION INCLUDE THE FOLLOWING -LEE'S SUMMIT R-7 SCHOOL DISTRICT'S PARTNERS IN EDUCATION BANQUET AND STUDENT SHOWCASE -LEE'S SUMMIT MAYOR'S OUTREACH BREAKFAST FOR COMMUNITY OF CHARACTER -LEE'S SUMMIT CHAMBER OF COMMERCE ANNUAL BANQUET -LEE'S SUMMIT MARTIN LUTHER KING TRIBUTE -SAINT LUKE'S BOO BALL -JESUS FILM PROJECT -DOWNTOWN LEE'S SUMMIT PIC CADILLY GALA -HOSPICE VOLUNTEER COORDINATOR'S SYMPOSIUM -CLAIM MEDICARE ENROLLMENT EVENT - PARTNERSHIPS WITH THE MID-CONTINENT LIBRARY -CONCERN CARES OF LEE'S SUMMIT -HOMELAND SECURITY EMERGENCY PREPAREDNESS WORKSHOP SURPLUS EQUIPMENT JOHN KNOX VILLAGE DONATES EQUIPMENT, SUPPLIES OR GENTLY USED ITEMS TO OTHER NOT-FOR-PROFIT ORGANIZATIONS, SUCH AS THE SURPLUS EXCHANGE, HABITAT FOR HUMANITY AND THE LEE'S SUMMIT HOPE HOUSE LOCAL SCHOOLS, CHILDREN'S CAMPS AND CHILD CARE FACILITIES AS WELL AS NURSING HOMES AND CHURCHES ALSO HAVE RECEIVED SURPLUS SUPPLIES EDUCATION JOHN KNOX VILLAGE OFFERS A VARIETY OF EDUCATIONAL OPPORTUNITIES FOR PEOPLE OF ALL AGES AND SKILL LEVELS THAT ENHANCE THE LIVES AND CAREERS OF VILLAGE COMMUNITY MEMBERS AS WELL AS MEMBERS OF THE OUTSIDE COMMUNITY PATHWAYS THE VILLAGE, IN PARTNERSHIP WITH METROPOLITAN COMMUNITY COLLEGES AND THE FEDERAL EMPLOYMENT COUNCIL, OFFERED FREE TUITION TO QUALIFIED ASSOCIATES SO THEY CAN EARN CNA, CMT, LPN AND RN CERTIFICATIONS WHILE THEY WORK FOR THE VILLAGE</p>

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CORPORATE AND COMMUNITY PHILANTHROPY	FULL TIME IN ADDITION TO THE TRADITIONAL COURSES, EACH PATHWAY INCLUDES CLASSES FOCUSED ON CARING FOR OLDER ADULTS AND SERVICE EXCELLENCE SINCE ITS LAUNCH, MORE THAN 90 ASSOCIATES HAVE GRADUATED FROM THE CNA COURSE AND HAVE TRANSITIONED TO WORKING FULL TIME AT THE VIL LAGE CARE CENTER AND VILLAGE ASSISTED LIVING IN 2016, THE VILLAGE INTRODUCED A TRANSITION AL TEMPORARY POSITION CALLED THE HEALTH SERVICES ASSISTANT (HSA), WHICH ALLOWS AN ASSOCIAT E INTERESTED IN PURSUING A CNA CERTIFICATION TO WORK PART TIME FOR 90 DAYS IN A LONG-TERM CARE SETTING BEFORE ENTERING THE CNA CLASS THIS TRANSITIONAL MODEL HAS BEEN SUCCESSFUL IN RETAINING ASSOCIATES DURING AND AFTER THE CERTIFICATION PERIOD EMERGENCY TRAINING INSTIT UTE THE JOHN KNOX VILLAGE EMERGENCY TRAINING INSTITUTE IS OFFERED THROUGH THE JOHN KNOX VI LLAGE EMERGENCY MEDICAL SERVICES DEPARTMENT IT HAS BEEN PROVIDING CONTINUING EDUCATION UN ITS OF CREDIT (CEUS) FOR PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS SINCE JUNE 2006 JOH N KNOX EMS TRAINING INSTITUTE ALSO PROVIDES MUCH NEEDED INITIAL EMERGENCY MEDICAL TECHNICI AN TRAINING FOR THE KANSAS CITY METRO COMMUNITY AND HAS HIRED MULTIPLE GRADUATES OF THE PR OGRAM TO STAFF THE JOHN KNOX VILLAGE AMBULANCES

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<p>LEE'S SUMMIT R-7 SCHOOL DISTRICT INVOLVEMENT</p>	<p>JOHN KNOX VILLAGE SUPPORTS THE LEE'S SUMMIT R-7 SCHOOL DISTRICT IN A VARIETY OF WAYS 1) PARTNERS IN EDUCATION JOHN KNOX VILLAGE HAS BEEN INVOLVED WITH THE LEE'S SUMMIT SCHOOL DISTRICT'S PARTNERS IN EDUCATION (PIE) PROGRAM FOR MORE THAN 23 YEARS VILLAGE ASSOCIATES HAVE BEEN INVOLVED IN THE PROGRAM ADMINISTRATION, AND EVENT SPACE IS OFTEN DONATED TO THE SCHOOL DISTRICT FOR LARGER EVENTS 2) VOTING IT IS IMPORTANT TO NOTE THAT RESIDENTS ACTIVELY SUPPORT THE LEE'S SUMMIT SCHOOLS THROUGH THEIR VOTES MENTORING PROGRAM SINCE 2001, JOHN KNOX VILLAGE HAS BEEN IN A PARTNERSHIP WITH THE UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE SO THAT FIRST-YEAR MEDICAL STUDENTS ARE ABLE TO INTERACT WITH "WELL ELDERLY " KNOWN AS THE MENTORING PROGRAM, FUTURE DOCTORS MORE FULLY UNDERSTAND THE NORMAL PROCESSES OF AGING AND ARE ABLE TO ELIMINATE NEGATIVE STEREOTYPES THE MENTORING PROGRAM ALSO TEACHES THE STUDENTS HOW TO RELATE TO PEOPLE AS A WHOLE PERSON, NOT JUST A PATIENT THE PROGRAM HAS HELPED TO SHAPE AN ENTIRE GENERATION OF PHYSICIANS BY MAKING THEM MORE SENSITIVE TO ISSUES AFFECTING OLDER ADULTS AND HELPING THEM BECOME LISTENERS AND MORE EFFECTIVE COMMUNICATORS STUDENT INTERNSHIPS/CLASSROOM PARTNERS STUDENT INTERNSHIP PROGRAMS ARE A WIN-WIN FOR EVERYONE INVOLVED STUDENTS CAN START USING THE SKILLS ACQUIRED AT SCHOOL WHILE GAINING VALUABLE WORK EXPERIENCE (BOTH PRACTICAL AND FOR RESUME ENHANCEMENT) THE VILLAGE BENEFITS FROM THE STUDENTS' INSIGHTS AND ENTHUSIASM AND IS ABLE TO GAUGE THE TALENTS OF A NEW GENERATION OF WORKERS FIRST-HAND FOR EXAMPLE, WITH ITS WELL-ESTABLISHED MUSIC THERAPY PROGRAM FOR ITS PATIENTS, VILLAGE HOSPICE HAS DEVELOPED A POWERFUL AND ENRICHING INTERNSHIP PROGRAM FOR MUSIC STUDENTS VILLAGE HOSPICE ALSO HAS BENEFITED FROM THE INTELLECTUAL CAPITAL OF A GROUP OF BUSINESS STUDENTS FROM CENTRAL MISSOURI UNIVERSITY IN WARRENSBURG, MISSOURI THE STUDENTS WERE TASKED WITH STARTING THEIR OWN BUSINESS WORKING TOGETHER, THE GROUP HAD TO APPLY CONCEPTS FROM OTHER BUSINESS COURSES AND GAINING REAL WORLD EXPERIENCES THEY RAISED \$5,146 THAT WAS DONATED TO VILLAGE HOSPICE REPRESENTATIVES OF JOHN KNOX VILLAGE DINING SERVICES ALSO HELP STUDENTS FROM AREA SCHOOLS DEVELOP SKILLS FOR THE CULINARY AND HOSPITALITY INDUSTRIES IN ADDITION TO WORKING WITH THE HERNDON CENTER IN RAYTOWN, MISSOURI, STAFF ARE ACTIVE ON THE KANSAS STATE UNIVERSITY DIETETICS ADVISORY BOARD AND PROVIDE LAB FACILITIES FOR DISTANCE LEARNERS JOHN KNOX VILLAGE TEAMED UP WITH THE UNIVERSITY OF MISSOURI COLLEGE OF EDUCATION PRE-EMPLOYMENT TRANSITION SERVICES TO HOST A GROUP OF HIGH SCHOOL STUDENTS SEEKING CAREER GUIDANCE STUDENTS AND FACULTY FROM LONE JACK HIGH SCHOOL MET WITH VILLAGE STAFF LEARN MORE ABOUT DIFFERENT CAREER OPPORTUNITIES AFTER A BRIEF ORIENTATION, STUDENTS SHADOWED STAFF FROM DINING SERVICES, MAINTENANCE, COMMUNICATIONS/MARKETING, OPERATIONS AND VILLAGE HOSPICE FINALLY, JOHN KNOX VILLAGE ASSISTS WITH THE EDUCATION OF STUDENTS WORKING TO EARN THEIR EMT AT THE</p>

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<p>LEE'S SUMMIT R-7 SCHOOL DISTRICT INVOLVEMENT</p>	<p>E HERNDON CAREER CENTER IN RAYTOWN, MISSOURI THE EMERGENCY MEDICAL TECHNICIAN PROGRAM PREPARES THE EMT STUDENT TO PROVIDE PRE-HOSPITAL ASSESSMENT AND CARE FOR PATIENTS OF ALL AGES WITH A VARIETY OF MEDICAL CONDITIONS AND TRAUMATIC INJURIES AREAS OF STUDY INCLUDE AN INTRODUCTION TO EMERGENCY MEDICAL SERVICES SYSTEMS, ROLES AND RESPONSIBILITIES OF EMTS, ANATOMY AND PHYSIOLOGY, MEDICAL EMERGENCIES, TRAUMA, SPECIAL CONSIDERATIONS FOR WORKING IN THE PREHOSPITAL SETTING AND PROVIDING PATIENT TRANSPORTATION HERNDON CAREER CENTER IS OPERATED BY THE CONSOLIDATED SCHOOL DISTRICT NO 2 (RAYTOWN), IN COOPERATION WITH FIVE OTHER AREA SCHOOL DISTRICTS EDUCATIONAL INSTRUCTION MULTIPLE MEMBERS OF THE JOHN KNOX VILLAGE MANAGEMENT TEAM HAVE EITHER TAUGHT UNIVERSITY CLASSES OR LED INDUSTRY-SPECIFIC CONTINUING EDUCATION SEMINARS FOR EXAMPLE, A MEMBER OF THE VILLAGE HOSPICE STAFF HAS TAUGHT CONTINUING EDUCATION COURSES FOR MEMBERS OF THE CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION ENVIRONMENT/SUSTAINABILITY EFFORTS JOHN KNOX VILLAGE IS WORKING TO BECOME A MORE SUSTAINABLE, EARTH-FRIENDLY ORGANIZATION NOTABLE "GREEN" EFFORTS INCLUDE -PROVIDING ON-CAMPUS RECYCLING FOR CARDBOARD, PAPER, GLASS, PLASTICS, BATTERIES AND INK CARTRIDGES IS AVAILABLE, -USING TECHNOLOGY TO CUT DOWN ON PRINTING AND PAPER USAGE, -HOSTING ANNUAL SHREDDING EVENTS THE VILLAGE'S DOCUMENT SHREDDING VENDOR COLLECTS AND SHREDS CONFIDENTIAL AND/OR SENSITIVE PERSONAL DOCUMENTS FOR FREE, -INVESTING IN NEW EQUIPMENT AND LIGHTING TO REDUCE ENERGY USE FOR EXAMPLE INDUCTION COOKING TO REDUCE ENERGY USAGE AND INCREASE UTILITY SAVINGS THE VILLAGE NO LONGER USES INCANDESCENT AND FLUORESCENT LIGHT REPLACEMENT BULBS, RELYING INSTEAD ON LED BULBS, -PROMOTING THE JOHN KNOX VILLAGE AUXILIARY THRIFT SHOP AS A WAY FOR MEMBERS OF THE LEE'S SUMMIT COMMUNITY TO RECYCLE, REUSE AND REPURPOSE ITEMS THEY NO LONGER NEED THE THRIFT SHOP ALSO DONATES BLANKETS AND TOYS TO GREAT PLAINS ASPCA AS WELL AS TO THE WOLF PACK ANIMAL SHELTERS IN ADDITION, ITS RECYCLE PROGRAM HAS HELPED REDUCE THE AMOUNT OF TRASH - THE AUXILIARY RECYCLES CLOSE TO 85 PERCENT OF ITS "TRASH" - ONLY THROWING AWAY A ROUND FOUR BARRELS OF TRASH A WEEK VERSUS FOUR TO FIVE BARRELS A DAY, -REDUCING THE NUMBER OF MILES DRIVEN BY THE TRANSPORTATION VEHICLE FLEET AND BUSINESS VEHICLES, -HOSTING FIVE ARRAYS OF SOLAR PANELS LOCATED ON ROOFS THROUGHOUT THE VILLAGE, WHICH GENERATED 139,000 KW HR OF ENERGY IN 2018, -REPURPOSING CABINETS, WINDOWS, TILE, FURNITURE, OFFICE EQUIPMENT, ETC ITEMS THAT CAN'T BE USED WITHIN THE CAMPUS ARE DONATED TO THE THRIFT SHOP, HABITAT FOR HUMANITY AND OTHER ORGANIZATIONS, -INCORPORATING THREE FULLY ELECTRIC CARS INTO THE PUBLIC SAFETY SECURITY FLEET WHEN FULLY CHARGED, THE CARS OPERATE FOR UP TO 110 MILES AND USE ZERO GAS TO RUN, -JOINING KCP&amp;L'S CLEAN CHARGE NETWORK JOHN KNOX VILLAGE JOINED A GROWING GROUP OF ORGANIZATIONS ACROSS THE METROPOLITAN AREA, INSTALLING THREE ELECTRIC VEHICLE CHARGING STATIONS CONSISTING OF</p>

**990 Schedule O, Supplement Information**

Return Reference	Explanation
<p>LEE'S SUMMIT R-7 SCHOOL DISTRICT INVOLVEMENT</p>	<p>NINE STALLS THE PUBLIC-USE STATIONS ARE LOCATED IN PARKING LOTS AT THE PAVILION AND THE MEADOWS A THIRD STATION IS LOCATED NEAR THE PUBLIC SAFETY HEADQUARTERS, -DEVELOPING A LEAF AND YARD WASTE COMPOSTING PROGRAM IN ADDITION TO THE COST SAVINGS, IT'S A GREAT WAY TO REDUCE THE USE OF CHEMICALS AROUND CAMPUS AND KEEPS WASTE OUT OF LANDFILLS, -MAKING CHANGES IN THE RESTAURANTS -MOST RESTAURANTS HAVE SHIFTED FROM STYROFOAM CONTAINERS TO REUSABLE PLASTIC CONTAINERS OR PAPER BOXES FOR CARRY-OUT ORDERS -THE VENUES ARE WORKING TO DECREASE THE USE OF PLASTIC STRAWS SERVERS ARE TRAINED TO NO LONGER SET A STRAW DOWN BUT TO ASK IF THE GUEST WOULD LIKE ONE, A CHANGE THAT HAS CUT STRAW USAGE DOWN BY ABOUT A THIRD SERVERS ALSO ENCOURAGE GUESTS WHO ASK ABOUT PLASTIC STRAW USAGE TO PURCHASE A METAL STRAW THAT THEY CAN BRING TO THE RESTAURANTS TO DATE, A HANDFUL OF RESIDENTS HAVE DONE THIS -THE RESTAURANTS ALSO HAVE SEVERAL "BACK-OF-THE-HOUSE" PROGRAMS IN PLACE TO HELP WITH SUSTAINABILITY SEVERAL RESTAURANTS USE PIECES OF SPECIALIZED EQUIPMENT THAT ARE CONSIDERED "GREEN AND ENVIRONMENTALLY FRIENDLY SINCE THEY NEED LESS ELECTRICITY TO RUN IN YEARS PAST, FOOD AND PLATE SCRAPS WERE SAVED AND GIVEN TO A FARMER TO FEED HOGS DINING SERVICES LEADERS WOULD LIKE TO REVIVE THIS PROGRAM AND CURRENTLY ARE SEEKING A FARMER IN NEED OF FOOD AND PLATE SCRAPS FOR THEIR OPERATION FINALLY, FRYER OIL IS RECYCLED AND CONVERTED INTO AN ALTERNATIVE FUEL -AND, LOOKING FOR NEW AND INVENTIVE WAYS TO BE EVEN MORE ENVIRONMENTALLY FRIENDLY INDUSTRY/PROFESSIONAL INVOLVEMENT MEMBERSHIP AND INVOLVEMENT IN INDUSTRY AND PROFESSIONAL ORGANIZATIONS AID IN BUILDING THE KNOWLEDGE AND SKILLS OF JOHN KNOX VILLAGE ASSOCIATES , INTRODUCING NEW IDEAS TO THE ORGANIZATION AND ENABLING VILLAGE ASSOCIATES TO SHARE EXPERTISE INDUSTRY INVOLVEMENT JOHN KNOX VILLAGE IS ACTIVE IN LEADERSHIP MISSOURI AND LEADERSHIP, WHICH ENABLES VILLAGE LEADERSHIP TO REMAIN INFORMED OF INDUSTRY TRENDS AND INNOVATIONS MANAGEMENT ATTEND THE STATE AND NATIONAL CONFERENCES, MAKE PRESENTATIONS AT THE CONFERENCES, SERVE ON STATE AND NATIONAL COMMITTEES, AND HOLD POSITIONS OF LEADERSHIP THE VILLAGE'S GENERAL AND PROFESSIONAL LIABILITY INSURANCE COMPANY, CARING COMMUNITIES INSURANCE COMPANY (CCIC), SHOULDERS THE ADVANCED RISK MANAGEMENT AND QUALITY HEALTHCARE RESPONSIBILITIES FOR MANY OTHER NOT-FOR-PROFIT CONTINUING CARE RETIREMENT COMMUNITIES AROUND THE NATION THE VILLAGE WAS A PIONEER IN THE ESTABLISHMENT OF THIS INNOVATIVE RISK-FINANCING PROGRAM THE VILLAGE HAS EXPERIENCED SIGNIFICANT SAVINGS BECAUSE OF THE GROUP, WHICH ENABLES IT TO BETTER MEET COMMUNITY INVOLVEMENT GOALS AND COMMITMENTS</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PROFESSIONAL INVOLVEMENT	<p>-SUPPORT GROUPS JOHN KNOX VILLAGE OFFERS A VARIETY OF SUPPORT GROUPS THAT ARE OPEN TO THE PUBLIC DURING FY19, THE VILLAGE OFFERED AN ALZHEIMER'S AND DEMENTIA SUPPORT GROUP, LOW VISION SUPPORT GROUP, HOPE FOR THE HOLIDAYS GRIEF WORKSHOP AND MORE THE ORGANIZATION ALSO OFFERS SPIRITUAL SUPPORT GROUPS -BOARDS OF DIRECTORS AND ADVISORY BOARD PARTICIPATION IN ADDITION TO PARTICIPATING IN PROFESSIONAL ASSOCIATIONS, SEVERAL VILLAGE ASSOCIATES ARE MEMBERS OF THE BOARDS OF DIRECTORS, COMMITTEES AND/OR ADVISORY BOARDS FOR VARIOUS ORGANIZATIONS, SUCH AS LEE'S SUMMIT MEDICAL CENTER, SAINT LUKE'S EAST HOSPITAL, SAINT LUKE'S PREFERRED PROVIDER NETWORK, LEE'S SUMMIT HEALTH EDUCATION ADVISORY BOARD, SORRYWORKS, TRUMAN HEARLAND FOUNDATION, THE DEAN'S ADVISORY BOARD FOR THE HELZBERG SCHOOL OF MANAGEMENT AT ROCKHURST UNIVERSITY, LEE'S SUMMIT COMMUNITY FOR ALL AGES COMMITTEE AND OTHERS -PROFESSIONAL ASSOCIATIONS MOST MEMBERS OF THE JKV MANAGEMENT TEAM ARE INVOLVED IN THE LOCAL CHAPTERS OF PROFESSIONAL ASSOCIATIONS, AND A NUMBER HOLD LEADERSHIP ROLES AT THE LOCAL, STATE AND/OR NATIONAL LEVEL FROM TIME TO TIME, ASSOCIATION MEETINGS ARE HELD ON THE VILLAGE CAMPUS OR FEATURE A JOHN KNOX VILLAGE ASSOCIATE AS A SPEAKER VILLAGE ASSOCIATES ARE MEMBERS OR SERVE ON THE BOARDS OF A VARIETY OF INDUSTRY ASSOCIATIONS, SUCH AS AMERICAN CHEF ASSOCIATION, AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, AMERICAN SOCIETY FOR HEALTHCARE RISK MANAGEMENT, AMERICAN SOCIETY OF SAFETY ENGINEERS, ASSOCIATION FOR HEALTHCARE FOODSERVICE, ASSOCIATION FOR HEALTHCARE RESOURCE &amp; MATERIALS MANAGEMENT, ASSOCIATION OF FUNDRAISING PROFESSIONALS, BOARD OF CERTIFIED SAFETY PROFESSIONALS, DIETARY MANAGERS ASSOCIATION, FULL EMPLOYMENT COUNCIL/ EASTERN JACKSON COUNTY WORKFORCE BOARD, HEALTH CARE COMPLIANCE ASSOCIATION, HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION, INTERNATIONAL SOCIETY OF CERTIFIED EMPLOYEE BENEFITS SPECIALISTS, JACKSON COUNTY PROFESSIONALS IN AGING, KANSAS ASSISTED LIVING ASSOCIATION, KANSAS CITY COMPENSATION AND BENEFITS ASSOCIATION, KANSAS STATE ADVISORY BOARD FOR HOSPITALITY MANAGEMENT, MISSOURI ALLIANCE FOR HOME CARE, MISSOURI ASSOCIATION OF HOSPITAL AUXILIARIES, MISSOURI ASSOCIATION OF MEDICAL STAFF SERVICES, MISSOURI ASSOCIATION NATURAL GAS OPERATORS, MISSOURI ASSOCIATION OF NURSING HOME ADMINISTRATORS, MISSOURI HOSPICE AND PALLIATIVE CARE ASSOCIATION, MISSOURI LEAGUE FOR NURSING MISSOURI RESTAURANT ASSOCIATION, NATIONAL ASSOCIATION OF HOME CARE &amp; HOSPICE, NATIONAL HOSPICE AND PALLIATIVE CARE ASSOCIATION, PROFESSIONALS IN AGING NETWORK, SOCIETY FOR HUMAN RESOURCES MANAGEMENT OF GREATER KANSAS CITY, UNIVERSITY OF MISSOURI HUMAN RESOURCE ADVISORY BOARD, AND DOZENS MORE JOHN KNOX VILLAGE AUXILIARY THE AUXILIARY PROMOTES VOLUNTEERISM AND CONTRIBUTES FUNDS IN SUPPORT OF RESIDENTS OF JOHN KNOX VILLAGE AND THE SURROUNDING COMMUNITY ABOUT 125 VOLUNTEERS ASSIST THE JOHN KNOX VILLAGE AUXILIARY IN VARIOUS CAPACITIES AT THREE CONVENIENCE STORES AND T</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PROFESSIONAL INVOLVEMENT	<p>THE THRIFT SHOP EACH SHOP IS CONVENIENTLY LOCATED ON THE VILLAGE CAMPUS AND OFFERS AN ASSORTMENT OF MERCHANDISE FROM KNICK-KNACKS TO CLOTHING TO FOOD STAPLES THE FOUR SHOPS OPERATED BY THE AUXILIARY, WHICH HAS BEEN NAMED A VOLUNTEER PROGRAM OF THE YEAR BY LEADINGS MISSOURI, SERVE RESIDENTS, ASSOCIATES AND GUESTS ABOUT 75 PERCENT OF AN AVERAGE OF 150 DAILY THRIFT SHOP CUSTOMERS LIVE OUTSIDE THE VILLAGE THE AUXILIARY PROMOTES VOLUNTEERISM AND CONTRIBUTES FUNDS IN SUPPORT OF VILLAGE RESIDENTS AND BEYOND -DURING FY19, THE ORGANIZATION PROVIDED AID TO GROUPS AND INDIVIDUALS ON THE VILLAGE CAMPUS AND IN THE LEE'S SUMMIT COMMUNITY BY -DONATING MORE THAN \$1,000 IN CLOTHING TO VILLAGE RESIDENTS IN NEED, -DONATING ABOUT \$1,200 TO LOCAL FAMILIES IN NEED OF ASSISTANCE BECAUSE OF LOSS OR OTHER DISASTERS, AND -DONATING ABOUT 130 BAGS OF CLOTHING TO A LOCAL CHURCH FOR THE HOMELESS AND NEEDY -THE AUXILIARY WORKED WITH A LEE'S SUMMIT R-7 SCHOOL, DONATING ABOUT \$1,000 WORTH OF SCHOOL SUPPLIES AND SMALL OFFICE ITEMS TO AID WITH THE EDUCATION OF DISABLED CHILDREN -THE AUXILIARY ASSISTED RESIDENTS AND ASSOCIATES WHO FACED CHALLENGES, USING ABOUT \$1,500 TO SUPPLEMENT ITEMS DONATED TO THE JKV FOOD PANTRY -THE ORGANIZATION ALSO HAS HELD FUNDRAISERS FOR LOCAL ANIMAL SHELTERS AND SOCIAL SERVICES AGENCIES JOHN KNOX VILLAGE BOARD OF DIRECTORS BECAUSE GOOD GOVERNANCE IS VITAL IN BUSINESS, ONE OF THE MOST VALUABLE ASSETS THE BUSINESS COMMUNITY CAN OFFER IS INTELLECTUAL CAPITAL MEMBERS OF THE JOHN KNOX VILLAGE BOARD OF DIRECTORS ARE VOLUNTEERS WHO OFFER INSIGHT AND HELP MAKE DECISIONS ABOUT STRATEGY, DIRECTION AND MISSION THE BOARD IS MADE UP OF THREE RESIDENTS AND SIX MEMBERS WHO LIVE IN THE SURROUNDING COMMUNITY MOST BOARD MEMBERS ARE INVOLVED IN A NUMBER OF PROFESSIONAL AND CIVIC ORGANIZATIONS AND ARE (OR WERE - PRIOR TO RETIREMENT) PROMINENT IN THEIR PROFESSIONS THE BOARD MEMBERS' INVOLVEMENT CONNECTIONS HELP SPREAD THE WORD ABOUT THE VILLAGE EXAMPLES OF BOARD MEMBERS' COMMUNITY INVOLVEMENT HAVE INCLUDED THE FOLLOWING ARTISTS HELPING THE HOMELESS, COMMUNITY SERVICES LEAGUE, EMERITUS MEMBER OF THE AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, ETHICS COMMITTEE AT SAINT LUKE'S EAST HOSPITAL, FELLOW IN THE AMERICAN COLLEGE OF PHYSICIANS, FREEDOM TO SPEAK TOASTMASTERS CLUB, INTERNATIONAL MUNICIPAL ATTORNEYS ASSOCIATION, JOHNSON COUNTY MENTAL HEALTH ASSOCIATION, MARLBOROUGH NEIGHBORHOOD COALITION, MIDWEST INNOCENCE PROJECT, MISSOURI MUNICIPAL ATTORNEYS ASSOCIATION, NEIGHBORHOOD HOUSING SERVICES, ROTARY INTERNATIONAL, SARAH LEWIS BOONE CHAPTER OF THE NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION, UNITED WAY, AND MANY MORE JOHN KNOX VILLAGE FOUNDATION THE JOHN KNOX VILLAGE FOUNDATION WAS ESTABLISHED IN AUGUST 1983 TO ENABLE RESIDENTS AND FRIENDS OF THE VILLAGE TO MAKE TAX-DEDUCTIBLE CONTRIBUTIONS TO PROJECTS THEY FEEL ARE BENEFICIAL TO THE ELDERLY -THE FOUNDATION HAS PURCHASED STATE-OF-THE-ART AMBULANCES FOR THE VILLAGE'S TRANSPORTATION FLEET, CONTRIBUTED FU</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PROFESSIONAL INVOLVEMENT	NDS TO HELP BEAUTIFY THE VILLAGE CAMPUS AND PROVIDED ASSISTANCE FOR OTHER PROJECTS THAT AFFECT MEMBERS OF THE JOHN KNOX VILLAGE COMMUNITY AND THE SURROUNDING COMMUNITY THE FOUNDATION ALSO HAS PURCHASED ITEMS TO ASSIST VOLUNTEERS OF THE AARP TAX AIDE OFFICE -THE FOUNDATION FUNDS PROJECTS FOR JOHN KNOX VILLAGE DEPARTMENTS AND PROGRAMS INCLUDING THE HOBBY HUT , CHAPLAIN'S PROGRAM, PERFORMING ARTS, VILLAGE CARE CENTER, VILLAGE HOSPICE, FITNESS CENTER, JKV FOOD PANTRY, RESIDENT FINANCIAL ASSISTANCE AND OTHERS -THE FOUNDATION ESTABLISHED THE LEGACY BRICK PROGRAM TO RAISE FUNDS FOR FITNESS INITIATIVES THROUGHOUT THE CONTINUUM THE ORGANIZATION HAS A LONG HISTORY OF FUNDING HEALTH AND WELLNESS PROGRAMS, INCLUDING THE SQUIRE ANDERSON FITNESS CENTER AT THE VILLAGER INN AND THE FITNESS CENTER AT THE MEADOWS -THE FOUNDATION STAFF AND A COMMITTEE OF RESIDENTS, ASSOCIATES AND MEMBERS OF THE SURROUNDING COMMUNITY WORK TO PLAN AND HOST ANNUAL GALAS COMMITTEE MEMBERS SPENT HUNDREDS OF HOURS PLANNING THE FESTIVITIES, PROCURING DONATIONS, AND SELLING TICKETS THEIR EFFORTS HAVE PAID OFF THROUGH THE YEARS, THOUSANDS OF GUESTS HAVE HELPED TO RAISE HUNDREDS OF THOUSANDS OF DOLLARS -FINALLY, THE FOUNDATION IN CONJUNCTION WITH A GRANT FROM THE GREATER LEE'S SUMMIT HEALTH CARE FOUNDATION PURCHASED A LITEGAIT MACHINE FOR THE THERAPY DEPARTMENT AT THE VILLAGE CARE CENTER THE FOUNDATION ALSO WORKED WITH THE GEORGE H NETTLETON FOUNDATION TO FUND THE CONSTRUCTION OF A NEW OUTDOOR AREA FOR THE VILLAGE CARE CENTER MEMORY CARE NEIGHBORHOOD



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
VOLUNTEER OPPORTUNITIES	<p>MEMBERS OF THE JOHN KNOX VILLAGE COMMUNITY ARE ALWAYS READY TO LEND A HELPING HAND, AND THEIR WILLINGNESS TO HELP INSPIRES A BROADER MISSION, AND THE VILLAGE SUPPORTS THEIR EFFORTS WHEREVER POSSIBLE VILLAGE VOLUNTEER PROGRAM THE JOHN KNOX VILLAGE VOLUNTEER PROGRAM OVERSEES SERVICES THAT BENEFIT VILLAGE RESIDENTS, THE CORPORATION AND THE OUTSIDE COMMUNITY IN A VARIETY OF WAYS DURING FY19, MORE THAN 400 VOLUNTEERS, INCLUDING RESIDENTS, MEMBERS OF THE SURROUNDING COMMUNITY AND HIGH SCHOOL STUDENTS, RECORDED 33,038 55 HOURS OF SERVICE AND SUPPORT TO THE ORGANIZATION IN MORE THAN 30 AREAS AROUND THE VILLAGE (THIS NUMBER INCLUDES VILLAGE HOSPICE PLEASE SEE THE FOLLOWING FOR ADDITIONAL INFORMATION ) VILLAGE HOSPICE VOLUNTEER PROGRAM VILLAGE HOSPICE OF JOHN KNOX VILLAGE ALSO HAS A GROUP OF DEDICATED VOLUNTEERS WHO PLAY AN IMPORTANT ROLE IN ASSURING QUALITY OF LIFE FOR HOSPICE PATIENTS ALONG WITH A WARM AND CARING ATTITUDE, EACH VOLUNTEER BRINGS A UNIQUE SET OF LIFE EXPERIENCES AND SKILLS THEY HELP IN THREE DISTINCTIVE AREAS DIRECT PATIENT CARE, INDIRECT PATIENT CARE, AND ADMINISTRATIVE SUPPORT VOLUNTEERS OFFER COMPANIONSHIP, ARRANGE FLOWERS OR HELP WITH OFFICE WORK THEY ARE INSTRUMENTAL IN PROVIDING RESPITE TO HOSPICE FAMILIES AS WELL AS FULFILL THE 11TH HOUR ROLE BY SITTING WITH PATIENTS IN THEIR FINAL MOMENTS THERE ARE PET VOLUNTEERS, VOLUNTEERS WHO HELP IN THE BEREAVEMENT DEPARTMENT, VOLUNTEERS FOR THE MUSIC AND MEMORY PROGRAM, A VOLUNTEER WHO MAKES MEMORY BEARS AND VOLUNTEERS WHO MAKE LAP ROBES VOLUNTEERS WHO ARE VETERANS ALSO ARE PAIRED WITH CLIENTS WHO ARE VETERANS AS PART OF THE VETERAN-TO-VETERAN PROGRAM CONCLUSION ENRICHING LIVES AND BUILDING COMMUNITY - BOTH WITHIN AND OUTSIDE THE JOHN KNOX VILLAGE COMMUNITY - IS INTRINSIC TO THE SUCCESS OF JOHN KNOX VILLAGE COMMUNITY INVOLVEMENT ACTIVITIES OFFER REWARDING EXPERIENCES FOR VILLAGE RESIDENTS AND ASSOCIATES, TOUCH THE LIVES OF PEOPLE OF ALL AGES, ENHANCE THE VILLAGE'S IMAGE, FURTHER ORGANIZATIONAL BUSINESS GOALS, AND PROMOTE THE VILLAGE AS A GREAT PLACE TO LIVE AND WORK MOREOVER, A STRONG COMMUNITY IS ESSENTIAL TO A STRONG JOHN KNOX VILLAGE AND HELPS DEFINE THE VILLAGE AS A LEADING PROVIDER OF SENIOR SERVICES</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	PREMIERLIFE, A MISSOURI NONPROFIT CORPORATION, IS THE SOLE MEMBER OF JOHN KNOX VILLAGE PREMIERLIFE IS DESIGNATED AS THE SOLE MEMBER SO LONG AS PREMIERLIFE SHALL CONTINUE TO QUALIFY AS A TAX EXEMPT, NONPROFIT ENTITY RECOGNIZED UNDER SECTION 501 (C)(3) OF THE IRC PREMIERLIFE HAS THE RIGHT TO ELECT THE MEMBERS OF JOHN KNOX VILLAGE'S GOVERNING BODY PREMIERLIFE HAS THE RESERVED POWER TO APPROVE SIGNIFICANT DECISIONS OF JOHN KNOX VILLAGE'S GOVERNING BODY PREMIERLIFE IS NOT ENTITLED TO RECEIVE A SHARE OF JOHN KNOX VILLAGE'S PROFITS, EXCESS DUES OR A SHARE OF JOHN KNOX VILLAGE'S NET ASSETS UPON DISSOLUTION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	PREMIERLIFE, BEING THE SOLE MEMBER OF JOHN KNOX VILLAGE, HAS THE RIGHT TO ELECT ALL MEMBERS OF THE BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE CORPORATE BYLAWS OF JOHN KNOX VILLAGE IDENTIFY CERTAIN RIGHTS AND POWERS WHICH ARE RESERVED TO PREMIERLIFE, THE SOLE MEMBER IN EACH INSTANCE, THE RIGHTS AND POWERS RESERVED TO THE SOLE MEMBER MAY BE SUMMARIZED AS FOLLOWS 1 ELECTION OF DIRECTORS THE SOLE MEMBER ELECTS ALL DIRECTORS OF JOHN KNOX VILLAGE BASED UPON NOMINATIONS SUBMITTED BY JOHN KNOX VILLAGE'S BOARD OF DIRECTORS TERMS OF OFFICE ARE STAGGERED ON JOHN KNOX VILLAGE'S BOARD SUCH THAT APPROXIMATELY 1/3 OF THE DIRECTORS' TERMS EXPIRE EACH YEAR 2 ARTICLES OF INCORPORATION AND BYLAWS JOHN KNOX VILLAGE'S ARTICLES OF INCORPORATION AND BYLAWS MAY NOT BE AMENDED, RESTATED, ALTERED OR REPEALED BY THE CORPORATION UNLESS AND UNTIL SUCH ACTION IS RATIFIED AND APPROVED BY THE SOLE MEMBER 3 ANNUAL BUDGETS/FINANCIAL POLICIES/INVESTMENT JOHN KNOX VILLAGE'S ANNUAL OPERATING AND CAPITAL BUDGETS PREPARED AND RECOMMENDED BY THE CORPORATE BOARD ARE SUBJECT TO REVIEW AND APPROVAL OF THE SOLE MEMBER CORPORATE FINANCIAL POLICIES AND INVESTMENT STRATEGIES RECOMMENDED BY JOHN KNOX VILLAGE'S BOARD ALSO ARE SUBJECT TO PRIOR REVIEW AND APPROVAL OF THE SOLE MEMBER 4 SALE OF ASSETS/MERGER, CONSOLIDATION/DISSOLUTION ANY SALE, LEASE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE ASSETS OF JOHN KNOX VILLAGE, AND ANY MERGER, CONSOLIDATION, REORGANIZATION OR OTHER NOT-IN-THE- ORDINARY-COURSE TRANSACTION IS SUBJECT TO THE PRIOR REVIEW, RATIFICATION AND APPROVAL OF THE SOLE MEMBER JOHN KNOX VILLAGE SHALL NOT BE DISSOLVED OR LIQUIDATED NOR ANY PLAN OF DISSOLUTION ADOPTED BY THE CORPORATION'S BOARD OF DIRECTORS WITHOUT THE RATIFICATION AND APPROVAL OF THE SOLE MEMBER, 5 LONG-TERM DEBT/LEASES ALL LONG-TERM DEBT OBLIGATIONS AND LONG-TERM LEASE OBLIGATIONS IN EXCESS OF ONE YEAR ARE SUBJECT TO PRIOR REVIEW/APPROVAL OF THE SOLE MEMBER 6 CHIEF EXECUTIVE OFFICER ACTIONS OF THE BOARD OF DIRECTORS OF JOHN KNOX VILLAGE TO EMPLOY OR TERMINATE THE EMPLOYMENT OF THE CEO OF THE CORPORATION ARE SUBJECT TO REVIEW AND APPROVAL BY THE SOLE MEMBER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL ANY QUESTIONS OR CONCERNS THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE OF THE PREMIERLIFE BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990 ANY QUESTIONS OR CONCERNS THE AUDIT COMMITTEE HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE 990, EXCLUSIVE OF PART VII AND SCHEDULE J, IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990 ANY QUESTIONS OR CONCERNS THE VOTING MEMBERS OF THE BOARD HAVE ARE ADDRESSED AND ANY CORRECTION OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE FINAL 990 IS THEN FILED WITH THE IRS, AND SUBSEQUENTLY POSTED ON THE WEBSITE WWW GUIDESTAR ORG BY THE COMPANY GUIDESTAR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>AT THE TIME OF HIRE (OR ELECTION IN THE CASE OF CORPORATE DIRECTORS AND TRUSTEES) AND ANNUALLY THEREAFTER, THE CEO OR HIS/HER DESIGNEE SHALL PROVIDE TO THE BOARD AND TO ALL EXECUTIVE OFFICERS, ADMINISTRATIVE STAFF, ASSOCIATES AND VOLUNTEERS A COPY OF THE CONFLICT OF INTEREST POLICY AND THE APPLICABLE CONFLICT OF INTEREST DISCLOSURE FORM AND QUESTIONNAIRE, WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WITH RESPECT TO WHICH IT IS BELIEVED A CONFLICT MAY ARISE SUCH ANNUAL MONITORING AND REVIEW PROCEDURES SHALL BE PART OF THE CORPORATE COMPLIANCE PLAN AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE AUDIT COMMITTEE CONCERNING ANY INTEREST SO DISCLOSED EACH MEMBER OF THE BOARD OF DIRECTORS AND ALL MANAGEMENT ASSOCIATES SHALL DISCLOSE FULLY AND FRANKLY ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS OR DUALITY OF INTEREST OR RESPONSIBILITY, WHETHER INDIVIDUAL, PERSONAL OR BUSINESS, WHICH MAY EXIST OR APPEAR AS TO PREMIERLIFE OR ANY SYSTEM ENTITY OR ANY MATTER OR BUSINESS WHICH MAY COME BEFORE THE BOARD (INCLUDING ITS COMMITTEES) THREE OF NINE BOARD OF DIRECTORS ARE RESIDENTS AND APPROVE THE VILLAGE'S ANNUAL BUDGET, WHICH INCLUDES APPROVAL OF THE INCREASES IN RESIDENTS' MONTHLY SERVICE FEES SINCE THOSE RESIDENT DIRECTORS ONLY REPRESENT ONE THIRD OF THE VOTING BOARD OF DIRECTORS, THIS PARTICIPATORY ACTION BY THE RESIDENT DIRECTORS IS BELIEVED TO BE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ALSO, MISSOURI LAW REQUIRES CERTAIN SYSTEM ENTITIES TO HAVE AT LEAST ONE MEMBER OF ITS BOARD OF DIRECTORS WHO IS A RESIDENT THE DISCLOSING INDIVIDUAL SHALL NEITHER VOTE NOR ENDEAVOR TO INFLUENCE CORPORATE ACTION IN ANY SUCH MATTER UPON REQUEST OF THE SUBJECT BOARD, THE AFFECTED INDIVIDUAL SHALL LEAVE THE BOARDROOM WHILE THE MATTER IS DISCUSSED AND A VOTE, IF ANY, SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR ITS COMMITTEE</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>JOHN KNOX VILLAGE USES THE FOLLOWING 1 PEER GROUP THE PEER GROUP WILL INCLUDE CONTINUING-CARE COMMUNITIES, NURSING HOMES AND CLOSELY RELATED ORGANIZATIONS, NATIONALLY 2 BASE SALARIES WILL BE POSITIONED SO THAT MIDPOINTS TARGET THE 60TH PERCENTILE EXECUTIVE SALARIES WILL BE ADMINISTERED WITHIN RANGES BUILT AROUND THE 60TH PERCENTILE AND BASED ON PERFORMANCE, EXPERIENCE AND OTHER RELEVANT FACTORS 3 INCENTIVES WILL BE POSITIONED TO PROVIDE TOTAL CASH COMPENSATION AT THE 60TH PERCENTILE OF THE PEER GROUP FOR ON-PLAN PERFORMANCE ACHIEVING MAXIMUM INCENTIVES MAY RAISE TOTAL COMPENSATION TO APPROXIMATELY THE 65TH TO 75TH PERCENTILE 4 BENEFITS WILL BE POSITIONED AT MARKET COMPETITIVE LEVELS, APPROXIMATING THE 60TH TO 75TH PERCENTILE OF THE PEER GROUP 5 TOTAL COMPENSATION WILL BE POSITIONED AT APPROXIMATELY THE 60TH PERCENTILE FOR ON-PLAN PERFORMANCE WITH TARGET INCENTIVE AWARDS AND APPROXIMATELY THE 65TH TO 75TH PERCENTILE FOR OUTSTANDING PERFORMANCE WITH MAXIMUM INCENTIVE AWARDS JOHN KNOX VILLAGE EXECUTIVE COMMITTEE WILL DETERMINE THE TOTAL COMPENSATION PACKAGE FOR THE CEO THE CEO SHALL MAKE RECOMMENDATIONS FOR THE SALARIES AND INCENTIVE PAYMENTS FOR OTHER EXECUTIVES THESE AMOUNTS WILL BE PROVIDED ANNUALLY TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL THE EXECUTIVE COMMITTEE WILL REPORT THE AGGREGATE INCREASES AND PERCENTAGE COMPARISON TO THE PHILOSOPHY TO THE BOARD OF DIRECTORS FOR APPROVAL THE LAST REVIEW WAS CONDUCTED BY RODEGHERO CONSULTING IN FISCAL YEAR 2018 A WRITTEN OPINION FROM THE CONSULTANT WAS RECEIVED STATING THAT THE EXECUTIVE COMPENSATION PACKAGES ARE REASONABLE AND DO NOT CONSTITUTE EXCESS BENEFIT TRANSACTIONS THE LETTER ALSO OUTLINES THE STEPS THE COMMITTEE TOOK TOWARD ESTABLISHING A REBUTTABLE PRESUMPTION THAT TOTAL PAY LEVELS ARE REASONABLE THE CONSULTANT REVIEWED THE MINUTES TO ENSURE THE STEPS TAKEN SATISFIED THE IRS REQUIREMENTS THE LETTER IS ON FILE AT THE FACILITY JOHN KNOX VILLAGE'S PHILOSOPHY REGARDING EXECUTIVE COMPENSATION IS TO PAY AT APPROXIMATELY THE 60TH PERCENTILE OF THE MARKET, AND IT IS OUR PRACTICE TO ENSURE THE SALARIES ARE CONSISTENT WITH THE VILLAGE'S GOAL</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS (BYLAWS) ARE AVAILABLE FOR PUBLIC INSPECTION IN THE ADMINSTRATIVE CENTER BUILDING, THE CONFLICT OF INTEREST POLICY IS AVAILABLE FOR PUBLIC INSPECTION IN THE ADMINISTRATIVE CENTER BUILDING, A COPY OF THE MOST RECENTLY FILED IRS FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ADMINISTRATIVE CENTER BUILDING, SECOND FLOOR AUDITED FINANCIALS ARE ALSO AVAILABLE AT THE MARKETING OFFICE



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	CONTRACTED SKILLED NURSING PROGRAM SERVICE EXPENSES 1,978,606 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,978,606 CONTRACTED REHABILITATION SERVICES PROGRAM SERVICE EXPENSES 2,942,168 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,942,168 CONTRACTED PHYSICAL THERAPY PROGRAM SERVICE EXPENSES 2,043,236 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,043,236 OTHER CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 1,930,744 MANAGEMENT AND GENERAL EXPENSES 242,705 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,173,449

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	TRANSFER OF EQUITY 2,417,458

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESSES DURING THE YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN KNOX VILLAGE

**Employer identification number**

23-7365138

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> PREMIERLIFE 400 NW MURRAY ROAD  LEES SUMMIT, MO 64081 20-3587205	SUPPORTING ORGANIZATION	MO	501(C)(3)	LINE 12B, II	N/A		No
<b>(2)</b> THE JOHN KNOX VILLAGE FOUNDATION 400 NW MURRAY ROAD  LEES SUMMIT, MO 64081 43-1304714	SUPPORTING ORGANIZATION	MO	501(C)(3)	LINE 7	PREMIERLIFE		No
<b>(3)</b> PREMIERLIFE REAL ESTATE HOLDING 400 NW MURRAY ROAD  LEES SUMMIT, MO 64081 20-3587252	REAL ESTATE	MO	501(C)(2)		PREMIERLIFE		No
<b>(4)</b> JOHN KNOX VILLAGE AUXILIARY 400 NW MURRAY ROAD  LEES SUMMIT, MO 64081 43-1528124	SUPPORTING ORGANIZATION	MO	501(C)(3)	LINE 10	PREMIERLIFE		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081 20-0528072	REAL ESTATE	MO	JOHN KNOX VILLAGE	C		1,000	100 000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>