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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.

DLN: 93493293012170 OMB No. 1545-0047

Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2019 , and ending 03-31-2020 D Employer identification number B Check if applicable: JOHN KNOX VILLAGE ☐ Address change 23-7365138 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 NW MURRAY ROAD ☐ Amended return ☐ Application pending (816) 251-8000 City or town, state or province, country, and ZIP or foreign postal code LEÉS SUMMÍT, MO 64081 G Gross receipts \$ 92,910,458 Name and address of principal officer: H(a) Is this a group return for DANIEL REXROTH □Yes ☑No subordinates? 400 NW MURRAY ROAD H(b) Are all subordinates LEES SUMMIT, MO 64081 ☐ Yes ☐No included? **✓** 501(c)(3) ☐ 501(c)() **(** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.JKV.ORG L Year of formation: 1974 M State of legal domicile: **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other 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" Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 8 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,356 Total number of volunteers (estimate if necessary) 6 350 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 234,451 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 494,245 332,396 Ravenue 67,728,518 69,412,221 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,875,499 1,380,326 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,142,671 2,144,263 72,240,933 73,269,206 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 41,165,400 42,300,255 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 43,085,446 41,557,945 84,250,846 83,858,200 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -12,009,913 -10,588,994 Net Assets or Fund Balances Beginning of Current Year **End of Year** 189,318,995 177,748,432 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 228,719,795 234,558,257 22 Net assets or fund balances. Subtract line 21 from line 20 . -39,400,800 -56,809,825 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
Hara

Sign	ature of officer			Date	
RICH	HARD KIM KLOCKENGA VP OF FINANCE & TI	REASURER			
Туре	e or print name and title				
	Print/Type preparer's name	Preparer's signature	Date 2020-10-19	Check if self-employed	PTIN P00970069
	Firm's name CLIFTONLARSONALLEN L	I D		Firm's FIN > 4	1-0746749

Paid **Preparer** Use Only

Firm's address ► 1 BRONZE POINTE Phone no. (618) 233-1200 BELLEVILLE, IL 62226

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

☑ Yes ☐ No

Form	990 (2019)					Page 2					
Pa	rt III Statement	of Program Servi	ce Accomplis	hments							
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III .		🗹					
1		organization's mission:		•							
<u>TO E</u>	NRICH THE LIVES OF (OLDER ADULTS THROU	IGH COMMUNITY	LIVING, "ENRICHING	LIVES, BUILDING COMMUNITY."						
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on						
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No					
	If "Yes," describe the	ese new services on Sc	hedule O.								
3	Did the organization	cease conducting, or r	nake significant	changes in how it condu	ucts, any program						
	services?										
	If "Yes," describe the	ese changes on Schedu	le O.								
4	Section 501(c)(3) an		ons are required	to report the amount of	largest program services, as mea of grants and allocations to others						
4a	(Code:) (Expenses \$	47,162,095	including grants of \$) (Revenue \$	36,018,549)					
	See Additional Data										
4b	(Code:) (Expenses \$	21,001,773	including grants of \$) (Revenue \$	23,282,686)					
	See Additional Data										
4c	(Code:) (Expenses \$	11,376,616	including grants of \$) (Revenue \$	10,110,986)					
	See Additional Data										
4d	Other program servi	ces (Describe in Sched	ule O.)								
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)					
4e	Total program serv	vice expenses ►	79,540,4	84							

Part	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A 3	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 💆	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🕏	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IN or X as applicable.	۲,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12h	l	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments	14b	Yes	
15	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
	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>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $ \cdot $	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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>	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 237		Yes	No

1b

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

01111	Chatamanta Barandina Othan IDC Filings and Tay Compliance (continued)			rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
F-		5a		No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Ба		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	r a "No" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ection A. Governing Body and Management			
1-	a Enter the number of voting members of the governing body at the end of the tax year 1a	8	Yes	No
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
2				
3		rvision 3		No No
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			No
5		5		No
6		. 6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	more		
	members of the governing body?	7a	Yes Yes	
	persons other than the governing body?			
8	the following:	ar by		
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
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	. 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code		1
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	in 12c	Yes	
13		. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exe status with respect to such arrangements?	empt		
_		16b		
<u>Se</u> 17	ection C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
18)s		
	only) available for public inspection. Indicate how you made these available. Check all that apply.	, -		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interespolicy, 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 record STEVE SEGGERMAN 400 NW MURRAY ROAD LEES SUMMIT, MO 64081 (816) 251-8000	ls:		

(17) STEVE SEGGERMAN

ASST. TREASURER AND DIR. OF FINANCE

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 $\mbox{VII}\,\,$.

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 • 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 director organization, more than \$10,000 of reportable constructions for the order in which to list the 	ompensation fro	m the								
Check this box if neither the organization no			ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ore er	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) RICK VIAR	1.00			,,					0	
VICE CHAIR	0.00	Х		X				0	0	0
(2) HELEN DARBY	1.00									
SECRETARY	1.00	Х		X				0	0	0
(3) CHRISTINE BUSHYHEAD	1.00									
DIRECTOR	2.00	Х						0	0	0
(4) CAROL EVANS DIRECTOR (TERM ENDED 5/19)	1.00	Х						0	0	0
(5) JERRY MCELHINEY DIRECTOR	1.00	Х						0	0	0
(6) CHIP MOXLEY	1.00	х						0	0	0
DIRECTOR	0.00 1.00									
(7) GEORGE PAGELS		Х		х				0	0	0
CHAIR	0.00 1.00									
(8) GARY HAWKINS	1.00	Х						0	0	0
DIRECTOR	1.00									
(9) JIM HAM	1.00	X						0	0	0
DIRECTOR	0.00									
(10) DANIEL REXROTH PRESIDENT AND CEO	40.00			x				598,208	0	35,183
(11) LAURIE JOHNSON	40.00									
VP OF HUMAN RESOURCES	0.00			X				182,824	0	28,360
(12) RICHARD K KLOCKENGA VP OF FINANCE & CORPORATE TREASURER	40.00			х				299,274	0	46,290
(13) RODNEY MCBRIDE VP OF HEALTH & COMMUNITY SERVICES	40.00			x				237,720	0	37,051
(14) MARIA TIMBERLAKE VP OF SENIOR LIVING	40.00			x				238,903	0	38,327
(15) DONNA BARRON	1.00 40.00									
ASSISTANT SECRETARY	1.00			х				63,202	0	15,449
(16) HEATH LEUCK ASSISTANT TREASURER	40.00			x				79,275	0	2,201
MOSTO I WILL I INCHOUNCE	1.00	Ì	I	l	1	1	1			

1.00 40.00

1.00

0

7,000

Form 990 (2019)	Trustoss 1	ov 5	nle	000		d Li:-	.ba	et Composer	d Employees	(cc-	tinuad\	Page 8
Part VII Section A. Officers, Directors (A) Name and title	hours per week (list any hours director/trustee) than one box, unless person co is both an officer and a director/trustee) on							(D) Reportable compensation from the organization	(E) Reportable compensati from relate organizatio	(E) Reportable compensation from related organizations		ated of other asation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099 MISC)) -	organiza rela organiz	ted
(18) ANTHONY COLUMBATTO VCC ADMINISTRATOR	40.00					х		161,55	52	0		18,696
(19) DEANN HANSON SR LIVING SALES COUNSELOR	40.00					Х		114,08	31	0		2,858
(20) TAMI HOVERSTEN	40.00					Х		131,58	32	0		17,916
ASSISTANT ADMINISTRATOR (21) MARYBETH ROBERTS						Х		138,53	36	0		14,505
DIRECTOR OF SALES & MARKETING (22) KETTI DAWSON						Х		111,04	14	0		726
ADMINISTRATOR HOSPICE	0.00							,				
1b Sub-Total				•	•	-	<u> </u>					
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)					,	` -		2,363,201		0		257,562
Total number of individuals (including but of reportable compensation from the organization)	not limited to				/e) v	vho re	ceiv	ed more than \$10	00,000			
2 Did the annualization list and formation of			Leave				. :				Yes	No
3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>	such individual	'	•	٠	•		•			3		No
4 For any individual listed on line 1a, is the organization and related organizations graindividual									the	4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> "												
Section B. Independent Contractors	,				u c,,					5		No No
Complete this table for your five highest of from the organization. Report compensations.	on for the cale								's tax year.	mper		
Name and b	(A) usiness address								(B) iption of services		Compe	nsation
HAREN CONTRACTING 8035 SWARNER DRIVE								CONSTRUCT	ION			,108,067
LENEXA, KS 66214 AEGIS THERAPIES								MEDICAL ST.	AFFING		2	2,785,315
PO BOX 8103 FORT SMITH, AR 72902 HARKRADER CONSTRUCTION								CONSTRUCT	ION		1	,981,681
1001 NW CHIPMAN RD SUITE 113 LEES SUMMIT, MO 64081												. ,
GLYNNDEVINS 11230 COLLEGE BLVD								MARKETING			1	,057,268
DVERLAND PARK, KS 66210 PRIME TIME HEALTHCARE LLC								MEDICAL ST.	AFFING			989,569
14811 SHEPARD STREET DMAHA, NE 68138	1. 1	. P. 22	1.1	•		1 .				00		
2 Total number of independent contractors (in compensation from the organization ► 43	ncluding but no	t limited	to t	hose	e list	ed abo	ove)	who received mo	re than \$100,00	UO of		O (2010)
											rorm 99	0 (2019)

orm 9	90 (Page 9
Part	VIII									
		Check if Sched	dule	O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1a	Federated campa	igns	· .	1a		l	revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	s .		1 b					
, Gr.	C	: Fundraising even	ts .		1c					
ifts, ar £		l Related organiza			1d	332,396				
s, G		Government grants			1e					
ion r Si	f	 All other contribution and similar amounts above 	ns, g s not	jifts, grants, included	1f					
ibut Sthe	g	Noncash contributio	ns in	ıcluded in						
Contr and C		lines 1a - 1f:\$			1 g					
ح ت	_	h Total. Add lines :	1a-1	f	• •	>	332,396	T T		
	2-	NET PATIENT REVENU	IE			Business Code	69,412,221	69,412,221		
<u>a</u>	Za	NET TATIENT NEVEN	JL			623000		, ,		
Program Service Revenue	b									
9. 9.										
rvic	С									
<u>ج</u>	d									
grai	e									
Ĕ	_									
		All other program				60.412.221				
		Total. Add lines 2 Investment income				69,412,221 nterest, and other				
	si	imilar amounts) .			•	•	106.73			1,021,872 196,734
		income from invest		it of tax-exe		ond proceeds • • • • • • • • • • • • • • • • • • •	·	1		190,732
		,		(i) Re		(ii) Personal				
	6a	Gross rents	6a		274,851					
		Less: rental								
		expenses Rental income	6b		0)	-			
		or (loss)	6с		274,851		374.05			
	d	Net rental income	or		ities	(ii) Other	274,85	1	186,624	88,227
	7a	7a Gross amount (i) Securities					1			
		from sales of assets other	7a	19,	742,522	60,450	0			
		than inventory Less: cost or	<u> </u>				-			
	_	other basis and sales expenses	7b	19,	632,081	. 9,17	1			
		Gain or (loss)	7c		110,441	. 51,279	9			
		Net gain or (loss)	\Box		-		161,72	o		161,720
a)		Gross income from fu (not including \$	ındra	ising events of						
eun		contributions reported See Part IV, line 18								
Rev		Less: direct expen			8a 8b		-			
Other Revenue		Net income or (los				ents	_			
	0-	Gross income from	aam	ing activities						
		See Part IV, line 19			9a					
		Less: direct expen			9b					
	C	Net income or (los	s) fr	om gaming	activiti	ies	1			
		Gross sales of inve								
		returns and allowa Less: cost of good			10a 10b					
		Net income or (los				ory ►				
		Miscellaneo	us R			Business Code				
	11:	aCAFETERIA & MEA	ALS			721310	672,45	1	47,827	624,624
	J.	DEALITY COST				623000	0 447,54	3		447,543
	O	BEAUTY SHOPS				023000	147,34			747,343
	c	UTILITY REVENUE	:			623000	0 344,36	1		344,361
	d	All other revenue	•				405,05	7		405,057
	е	Total. Add lines 1	1a-:	11d		>	1,869,41	2		
	12	Total revenue. S	ee ir	nstructions			73,269,20	6 69,412,221	234,451	3,290,138
										Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to ar		_		
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,298,190	2,058,259	239,931	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	32,934,642	30,618,709	2,315,933	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	657,802	408,524	249,278	
9 Other employee benefits	3,743,817	3,645,670	98,147	
0 Payroll taxes	2,665,804	2,460,765	205,039	
1 Fees for services (non-employees):				
a Management				
b Legal	85,807	85,807		
c Accounting	83,571	27,392	56,179	
d Lobbying	2,675		2,675	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,202		35,202	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,558,438	7,324,441	233,997	
2 Advertising and promotion	1,039,341	934,209	105,132	
Office expenses	5,931,345	5,824,228	107,117	
Information technology	1,199,675	1,178,856	20,819	
Royalties				
Occupancy	3,844,825	3,786,041	58,784	
7 Travel	374,740	374,606	134	
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings	86,022	74,487	11,535	
D Interest	5,570,836	5,429,120	141,716	
l. Payments to affiliates				
2 Depreciation, depletion, and amortization	11,049,353	10,702,997	346,356	
Insurance	1,592,704	1,523,137	69,567	
4 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.)				
a MEDICAL SUPPLIES	1,235,102	1,235,102		
b MEDICAID TAX	1,175,120	1,175,120		
c BAD DEBT EXPENSE	375,005	375,005		
d RECRUITMENT	145,622	132,420	13,202	
e All other expenses	172,562	165,589	6,973	
Total functional expenses. Add lines 1 through 24e	83,858,200	79,540,484	4,317,716	
6 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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page **11**

6,539,187

120,288,864

35,339,285

3,829,536

455,970

4,619,985

177,748,432

10,022,931

76,158,223

110.615.929

5,671,792

32,089,382

234.558.257

-56.809.825

-56,809,825

177,748,432

Form 990 (2019)

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

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	4,267,597	1	6,

1,337,328 2 2,437,643 Savings and temporary cash investments . . . 2 3 3 Pledges and grants receivable, net . . . 4.519.506 4,109,593 Accounts receivable, net 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net Assets 445.240 8 448.039 Inventories for sale or use Prepaid expenses and deferred charges . 717,994 9 780,645 10a Land, buildings, and equipment: cost or other 10a 256,120,939

135,832,075

121,237,315

41,664,502

3.526.473

3,938,626

6,564,099

189,318,995

11,796,605

68,639,883

112,735,786

5,721,963

29,825,558

228.719.795

-39,400,800

-39,400,800

189,318,995

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

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28

29

30

31

32

33

10b

basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets . 15 Other assets. See Part IV, line 11 . . . 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18 Grants payable . 19 Deferred revenue . . .

Tax-exempt bond liabilities . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Nο

Form 990 (2019)

3h

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? 3a

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.

Additional Data

Software Version:

EIN: 23-7365138

Software ID:

Name: JOHN KNOX VILLAGE

Form 990 (2019)

Form 990, Part III, Line 4a: HEALTH SERVICES - SEE SCHEDULE O

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

Form 990, Part III, Line 4c: ASSISTED LIVING FACILITY AND ALZHEIMER'S ASSISTED LIVING FACILITY - SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCES			nt - DO NOT PROCESS	As Filed Data -		DLN: 9	DLN: 93493293012170			
SCHEDULE A			- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99		Complete if the or	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019		
		f the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of th	nie Service he organiza VILLAGE	tion				Employer identific	ation number		
JOHN	KNOX V	VILLAGE					23-7365138			
	rt I		for Public Charity State				See instructions.			
1 ne c	organiz		a private foundation because	•	•		(A)(:)			
		·	onvention of churches, or as							
2			scribed in section 170(b)(`	, ,				
3		·	or a cooperative hospital serv	_			-			
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		-	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6			tate, or local government or	_						
7			ation that normally receives at the strategy of the strategy o		s support from a	governmental u	init or from the gener	al public described in		
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. So					ege or university or a		
10	✓	from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its		
d		Type III n functionally	on-functionally integrated integrated. The organization integrated. The organization	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization received Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter			· · · · · · · · · · · ·	-		<u> </u>			
g	Provi	de the follow	ing information about the su	pported organization(s).					
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
			<u> </u>							
Tota			tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9			

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

816,152

334,782,544

335,598,696

6,446,636

6,446,636

37,914

(f) Total

:	art IIII Support Schedule fo	r Organization:	s Described in	Section 509(a	a)(2)		
	(Complete only if you	checked the box	on line 10 of Pa	art I or if the org	ganization failed	d to qualify unde	er Part II. If
	the organization fails to	o qualify under t	the tests listed b	oelow, please co	mplete Part II.)	
S	ection A. Public Support	,					
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2010	(6) 2017	(u) 2018	(e) 2019	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	162,116	470,492	327,832	494,245	332,396	1,787,081
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in	64,500,061	65,334,243	66,836,572	67,728,518	69,412,221	333,811,615
	any activity that is related to the	, , ,	·	, ,	, ,	, ,	, ,
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
	<u> </u>						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	64 662 177	65,804,735	67.164.404	69 222 762	60 744 617	335,598,696
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	64,662,177	05,804,735	67,164,404	68,222,763	69,744,617	333,396,696
7a	3 received from disqualified persons	150,776	154,873	109,027	181,301	220,175	816,152
h	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the						0
	greater of \$5,000 or 1% of the						

154,873

(b) 2016

65,804,735

927,879

927,879

150,776

(a) 2015

64,662,177

1,019,392

1,019,392

amount on line 13 for the year. Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.)

9

C

11

1975.

10a

Section B. Total Support Calendar year

(or fiscal year beginning in) ▶

Gross income from interest, dividends, payments received on

securities loans, rents, royalties

and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Amounts from line 6. . .

Add lines 10a and 10b.

Net income from unrelated

line 10b, whether or not the

business activities not included in

109,027 (c) 2017 67,164,404

1,499,620

1,499,620

10,030

181,301

(d) 2018

68,222,763

1,692,913

1,692,913

18,318

220,175

(e) 2019

69,744,617

1,306,832

1,306,832

18

9,566

business is regularly carried on. Other income. Do not include gain 12 1,453,109 1,289,278 1,812,660 1,851,163 1,821,585 8,227,795 or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 67,134,678 68,021,892 70,486,714 71,785,157 72,882,600 350,311,041 11. and 12.). . 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, 14 check this box and stop here. . Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) 15 15 95.570 % Public support percentage from 2018 Schedule A, Part III, line 15. 16 94.930 % 16 Section D. Computation of Investment Income Percentage 17 1.840 %

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 🗹

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 331/3% support tests—2019. 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

2.000 %

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Content distributions (describe in Fare 42). See instructions					
7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Underdistributions	Distributable			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 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). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A. PART III, LINE 12. CAFETERIA - 2015 AMOUNT: \$ 399.972, 2016 AMOUNT: \$ 418,791, 2017 AMOUNT: \$ 668,500, 2018 A **EXPLANATION OF OTHER** MOUNT: \$ 749,877. 2019 AMOUNT: \$ 624,624. BEAUTY SHOPS - 2015 AMOUNT: \$ 482,133. 2016 AMOU NT: \$ 445,552. 2017 AMOUNT: \$ 460,084. 2018 AMOUNT: \$ 417,321. 2019 AMOUNT: \$ 447,543. MIS INCOME: CELLANEOUS - 2015 AMOUNT: \$ 571,004, 2016 AMOUNT: \$ 424,935, 2017 AMOUNT: \$ 242,762, 2018 AMOUNT: \$ 206,750. 2019 AMOUNT: \$ 249,219. TRANSPORTATION REVENUE - 2017 AMOUNT: \$ 55,715. 2018 AMOUNT: \$ 50,076, 2019 AMOUNT: \$ 45,537, ROOM RENTAL - 2017 AMOUNT: \$ 70,594, 2018 A MOUNT: \$ 86,193, 2019 AMOUNT: \$ 110,301, UTILITY REVENUE - 2017 AMOUNT: \$ 315,005, 2018 AM

OUNT: \$ 340.946, 2019 AMOUNT: \$ 344.361,

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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493293012170

Inspection

☐ No

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made?

☐ Yes If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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....... Did the filing organization file Form 1120-POL for this year?

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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

PART II-B, LINE 1:

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(;	(a)		(b)	
ctiv		Yes	No	4	moun	t
1	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:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
c	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				2,675
j	Total. Add lines 1c through 1i					2,675
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			_,
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
_	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
'ar	complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members				01(c)(6
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	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?	_				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines	1 an	d 2 (se	e
	Return Reference Explanation					

ORGANIZATIONS FOR LOBBYING EXPENSES.

THE PORTION OF DUES PAID TO VARIOUS TRADE ASSOCIATIONS WHICH ARE DESIGNATED BY THOSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493293012170

OMB No. 1545-0047

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.

Open to Public Inspection

Internal Revenue Service

(Form 990)

1

6

5

6

8

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** JOHN KNOX VILLAGE 23-7365138 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 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? ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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:

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

d Equipment .

Sche	edule D (Form 990) 2019					Page 2
Par	t III Organizations Maintaining Co	llections of Art,	Historical Tre	easures, o	r Other Similar As	sets (continued)
3	Using the organization's acquisition, accessic items (check all that apply):	n, and other record	ls, check any of t	he following t	that are a significant u	se of its collection
а	☐ Public exhibition		q 🗌	Loan or exch	ange programs	
b	☐ Scholarly research		e	Other		
С	Preservation for future generations					
4	Provide a description of the organization's co Part XIII.	llections and explai	n how they furthe	er the organi	zation's exempt purpos	se in
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					☐ Yes ☐ No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		orm 990, Part I	V, line 9, o	r reported an amou	nt on Form 990, Part
1 a	Is the organization an agent, trustee, custod					_
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XII	T and complete the	following table:		Λ.	mount
C	Beginning balance	,	-		1c	<u> </u>
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
	-				tiphiliby2	
2a	Did the organization include an amount on F					
	If "Yes," explain the arrangement in Part XII	1. Check here if the	explanation has	been provide	d in Part XIII	Ш
-6	rt V Endowment Funds. Complete if the organization ans	wered "Yes" on F	orm 990. Part I	V. line 10.		
		(a) Current year	(b) Prior year		vears back (d) Three yea	rs back (e) Four years back
1 a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1g, colum	nn (a)) held a	is:	
а	Board designated or quasi-endowment					
b	Permanent endowment >					
С	Temporarily restricted endowment ▶					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse organization by:	ssion of the organiz	ation that are he	ld and admin	istered for the	Yes No
	(i) unrelated organizations					3a(i)
L	(ii) related organizations		d an Cabadula DO			3a(ii)
ь 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the					30
	rt VI Land, Buildings, and Equipme		iowinent runus.			
	Complete if the organization ans		orm 990, Part I	V, line 11a	. See Form 990, Par	rt X, line 10.
	Description of property (a) Cost or of (investm	ther basis (b) Co	ost or other basis (ot		cumulated depreciation	(d) Book value
1 a	Land		5,187	7,891		5,187,891
	Buildings		195,863		102,846,255	93,017,066
	Leasehold improvements		15,928		7,853,963	8,074,549

36,501,876

2,639,339

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

11,370,019

2,639,339

25,131,857

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990). Part IV lie	ne 111	See Form agn I	Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book	,U 111	(c) Metho	d of valuation: -year market value
(4) =:	· · · · · · · · · · · · · · · · · · ·	value			
	Il derivatives				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (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. lir	ne 110	. 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)					
Total. (Colum	n (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, lin	e 11d	. See Form 990, Pai	t X, line 15.
(4)	(a) Description	,		, 	(b) Book value
(1)					
(2) ————					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mm (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X	Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11e	or 11f.See Form	
1. (1) Federal	(a) Description of liability income taxes				(b) Book value
(3)	income taxes				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	32,089,382
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of the footr			ion's financial state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Chec	k here if the	text of	the footnote has be	een provided in Part XIII 🗹

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c d Other (Describe in Part XIII.) 2d 2e

e Subtract line **2e** from line **1** 3 4

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Supplemental Information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Investment expenses not included on Form 990, Part VIII, line 7b . b

Donated services and use of facilities

Schedule D (Form 990) 2019

Part XI

b

C 5

1

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Add lines **4a** and **4b**

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

4a 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

> 2a 2b

> 2c

2d

4a

4b

Explanation

2b

35,201

4c

2e

3

4c

5

35.201

3

5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Page 4

73,234,005

35,201

73,269,206

83,822,999

83,822,999

35,201

83.858.200

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 23-7365138

Name: JOHN KNOX VILLAGE

Supplemental Information

- 1 · · ·
Explanation

Return Reference PART X, LINE 2: THE VILLAGE'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE VILLAGE IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE IT S TAX EXEMPT STATUS AND IT IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNREL ATED BUSINESS INCOME OR EXCISE OR OTHER TAX EXCEPT FOR THOSE THAT ARE ALREADY REPORTED ANN UALLY.

SCHEDULE F	State	ament of	Activities	Outside the Un	tod St	ates	OMB No. 1545-0047	
(Form 990) ► Con		Statement of Activities Outside the U Complete if the organization answered "Yes" to Form 990, Part 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the late				, or 16.	2019 Open to Public Inspection	
nternal Revenue Service						Emplover iden	tification number	
OHN KNOX VIĽLAGE						23-7365138		
	nformation Part IV, line		o Outside the I	United States. Comple			nswered "Yes" on	
other assistance, t to award the gran	the grantees' ts or assistan • Describe in	eligibility for to	ne grants or assi 	substantiate the amoun stance, and the selection	criteria u	sed	☐ Yes ☐ No ner assistance	
		ng Part I, line 3	table can be dupl	icated if additional space is	needed.)			
(a) Region	(b) Number of offices in the region (c) Number of employees, agents, and independent contractors in the region (by type) (such as, fundraising, program service, describe services, investments, grants to recipients located in the region) (c) Number of employees, agents, and independent contractors in the region (by type) (such as, fundraising, program service, describe service(s) in the region service(s) in the region			(f) Total expenditures for and investments in the region				
		0	0	INVESTMENTS			373,66	
CENTRAL AMERICA / CARIBBEAN - ANTIG BARBUDA, ARUBA, E	UA &						373700.	
CARIBBEAN - ANTIG	UA &						373,00	
CARIBBEAN - ANTIG	UA & BAHAMAS,						373,66	

Type of grant or assistance	uplicated if addit (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
		recipients	Cash grant	alsbui sement	assistance	assistance	(book, FMV, appraisal, other

Sched	lule F (Form 990) 2019		Page 4
Par	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

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, lin amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III A	ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE	THE INVESTMENTS ARE CARRIED AT FAIR MARKET VALUE IN THE FINANCIAL STATEMENTS OF JOHN
1 3·	KNOX VILLAGE

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49329	3012	170		
Sch	nedule J	Co	mpensati	on Information	0	MB No.	1545-0	0047		
(For	m 990)	For certain Office	•							
		► Complete if the org	anization answ	ited Employees ered "Yes" on Form 990, Part IV,	line 23.	2019				
Depar	tment of the Treasury	▶ Go to <u>www.irs.go</u>		to Form 990. instructions and the latest inform	nation.	Open i	to Pul	blic		
Intern	al Revenue Service			T		Insp	ectio	n		
	ne of the organiz N KNOX VILLAGE	ation			Employer identifica	tion nt	ımber			
Da	rt I Questi	ons Regarding Compensat	tion		23-7365138					
Fe	Questi	ons Regarding Compensat					Yes	No		
1 a				the following to or for a person listed y relevant information regarding thes						
	First-class	s or charter travel		Housing allowance or residence for p	personal use					
		companions	님	Payments for business use of person						
		nification and gross-up payments		Health or social club dues or initiation						
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b				
2				or allowing expenses incurred by all r, regarding the items checked on Lin	0 102	2				
	directors, truste	es, officers, including the CEO/E	xecutive Director	, regarding the items checked on Lin	elar					
3				d to establish the compensation of the thick any boxes for methods	ie					
				CEO/Executive Director, but explain in	n Part III.					
	✓ Compens	ation committee	✓	Written employment contract						
		ent compensation consultant	<u> </u>	Compensation survey or study						
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensat	tion committee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a					
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No		
b		r receive payment from, a supple				4b	Yes			
С			,	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	licable amounts for each item in Part	III.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5			_	the organization pay or accrue any						
	compensation c	ontingent on the revenues of:								
а	The organization	1?				5a		No		
b		anization?				5b		No		
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any						
а	The organization	1?				6a		No		
b						6 b		No		
	· ·	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed rt III		7		No		
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				N.c.		
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		No		
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	rm 990. Cat No 5	0053T Schedule	l (Forn	1 9901	2019		

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.

	s (B) I		dividual must equal the to					
(A) Name and Title		(i) Base compensation	n of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation reportable 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
1 DANIEL REXROTH PRESIDENT AND CEO	(i)	437,996	86,682	73,530	26,000	9,183	633,391	0
	(ii)	0	0	0	0	0	0	0
2 LAURIE JOHNSON VP OF HUMAN RESOURCES	(i)	158,559	23,400	865	19,177	9,183	211,184	0
	(ii)	0	0	0	0	0	0	0
3 RICHARD K KLOCKENGA VP OF FINANCE &	(i)	260,129	30,390	8,755	25,839	20,451	345,564	0
CORPORATE TREASURER	(ii)	0	0	0	0	0	0	0
4 RODNEY MCBRIDE VP OF HEALTH &	(i)	209,883	24,760	3,077	23,823	13,228	274,771	0
COMMUNITY SERVICES	(ii)	0	0	0	0	0	0	0
5 MARIA TIMBERLAKE VP OF SENIOR LIVING	(i)	211,595	24,681	2,627	23,822	14,505	277,230	0
	(ii)	0	0	0	0	0	0	0
6 ANTHONY COLUMBATTO VCC ADMINISTRATOR	(i)	149,255	12,195	102	4,191	14,505	180,248	0
	(ii)	0	0	0	0	0	0	0
7 MARYBETH ROBERTS DIRECTOR OF SALES &	(i)	108,269	29,923	344	0	14,505	153,041	0
MARKETING	(ii)	0	0	0	0	0	0	0
							 Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019	Page 3							
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 2019: 457(B) SUPPLEMENTAL SAVINGS PLAN: DANIEL REXROTH - \$19,000 RICHARD KLOCKENGA - \$19,000 RODNEY MCBRIDE - \$19,000 MARIA TIMBERLAKE - \$19,000 LAURIE JOHNSON - \$15,182 457(F) SUPPLEMENTAL SAVINGS PLAN: DANIEL REXROTH - \$98,094 RICHARD KLOCKENGA - \$61,026 MARIA TIMBERLAKE - \$48,769 RODNEY MCBRIDE - \$48,629 SUPPLEMENTAL EXECUTIVE COMPENSATION PROGRAM: DANIEL REXROTH - \$68,949 RICHARD KLOCKENGA - \$6,989 RODNEY MCBRIDE - \$1,752 MARIA TIMBERLAKE - \$1,759 THE SECTION 457(F) SUPPLEMENTAL SAVINGS PLAN AMOUNTS ARE NOT INCLUDED IN COLUMN C AS DEFERRED COMPENSATION. INDIVIDUALS ARE NOT VESTED AND DO NOT HAVE A RIGHT TO THESE MONIES UNTIL SPECIFIC PERFORMANCE INDICATORS HAVE BEEN MET. AS A RESULT, WHEN PAID OUT, THESE MONIES WILL BE INCLUDED IN REPORTABLE COMPENSATION AND REPORTED ON SCH J ACCORDINGLY.							
SCHEDULE J, PART II	JOHN KNOX VILLAGE IS A LARGE COMPLEX ORGANIZATION THAT IS COMPRISED OF 5 SEPARATE LEGAL ENTITIES, EACH OF WHICH FILES ITS OWN TAX RETURN. DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S, SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS							

DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S, SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS

RELATED ONLY TO THAT PARTICULAR ENTITY. HOWEVER, SOME OF THE INFORMATION, SUCH AS EXECUTIVE COMPENSATION, RELATES TO THE ENTIRE

ORGANIZATION.

Schedule J (Form 990) 2019

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.

	partment of the Treasury ernal Revenue Service	▶G	o to <u>www.irs.gov/</u>	► Attach to Form 99 <u>Form990</u> for instruct		latest	infor	rmation.					en to P Inspect		
	ne of the organization HN KNOX VILLAGE									Empl	oyer iden	tificatio	n numbe	r	
301	THE RIVER VILLAGE									23-7	365138				
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice		(f) Description	on of purpose	(g) [efeased) On alf of		Pool ncina
													ali oi suer	IIIIai	icing
										Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT	43-1255189	524292AN9	07-31-2014	20,57	76,185	SEE S	SUPPLEMENT	AL INFORMATIO	NC	X		Х		X
В	INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT	43-1255189	524292AS8	11-09-2016	42,64	13,706	CAPI	TAL IMPROVE	EMENTS		X		Х		Х
С	INDUSTRIAL DEV AUTHORITY - CITY OF LEE'S SUMMIT	43-1255189	524292BG3	03-15-2018	54,32	27,696	SEE S	SUPPLEMENT	AL INFORMATIO	NC	X		Х		Х
P	art II Proceeds		l	1											
					-	<u> </u>		E	3		С			D	
1	Amount of bonds retired										4,000	,000			
2	Amount of bonds legally defease	ed													
3	Total proceeds of issue					20,649	9,607 42,680,295			54,327,696					
4	Gross proceeds in reserve funds					1,946,457 2,665,318		2,665,318		,053					
5	Capitalized interest from proceed	ds													
6	Proceeds in refunding escrows .														
7	Issuance costs from proceeds .					388	3,239		789,919		1,119	,918			
8	Credit enhancement from proces	eds													
9	Working capital expenditures fro	m proceeds													
10	Capital expenditures from proce	eds				14,721	1,468		39,225,058	7,196,25					
11	Other spent proceeds					3,593	3,443		41,151,44						
12	Other unspent proceeds			ı							237	,024			
13	Year of substantial completion .				20	15		20	18	20	020				
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part o bonds (or, if issued prior to 2018	f a current refunding 3, a current refundin	g issue of tax-exemp g issue)? . . .	ot	Х				Х	Х					
15	Were the bonds issued as part o bonds (or, if issued prior to 2018					Х			X		×				
16							Х		Х						
17		rganization maintain adequate books and records to support the final allocation of							Х		Х				
P	art Ⅲ Private Business Us						'	-							
					-			E			Ç			D	
1	Was the organization a partner i				Yes	No X		Yes	No X	Yes	No X		Yes		No
	financed by tax-exempt bonds?	<u></u>	<u> </u>			^			^		^				

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

DLN: 93493293012170

OMB No. 1545-0047

2019

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

Х

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

Yes

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

C

No

Χ

Χ

0 %

0 %

0 %

Χ

Χ

Yes

Χ

No

Х

Χ

Χ

Χ

Х

C

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Χ

Yes

Yes

Χ

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

No

Explanation

R

No

Yes

Χ

Nο

Page 3

No

D

Nο

Yes

Χ

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

PERFORMED

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

DATE REBATE COMPUTATION

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

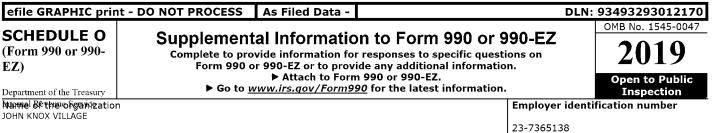
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
	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.



Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINES 4A, 4B, AND 4C:	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 COMMUNITY SIN 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 RESP ONSIBILITY 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 AS WELL AS ITS DIVERSE SERVICES, AMENITIES AND OFFERINGS, ENABLES IT TO ALLOCATE MULTIPLE RESOURCES TO OWARD ITS COMMUNITY INVOLVEMENT COMMITMENTS. IT SHARES FACILITIES; FACILITIES THE GIVING OF TIME AND TALENTS, OFFERS LEADERSHIP AND/OR MODEST FINANCIAL SUPPORT TO OTHER NOT-FOR-PR OFIT ORGANIZATIONS; SHARES ENTERTAINMENT; AND PROMOTES EDUCATION AND INTERGENERATIONAL ACT IVITIES. IN TURN, THE VILLAGE BENEFITS GREATLY BY: "ACHIEVING ITS MISSION, VISION AND VALUE SBY ENRICHING THE LIVES OF RESIDENTS, ASSOCIATES AND MEMBERS OF SURROUNDING COMMUNITY;. "STRENGTHENING ITS POSITION AS A VALUABLE COMMUNITY RESOURCE AND LEADER; - HEIGHTENING AWAR ENESS OF AND UNDERSTANDING ABOUT THE ORGANIZATION; - ENHANCING ITS MISSION, VISION AND FERENCES; - PROMOTING ITSELF AS A GOOD PLACE TO LIVE, WORK AND CONDUCT BUSINESS WITH; AND, FINALLLY, - 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 JUST A

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FORM 990, PAGE 2, PART III, LINES 4A, 4B, AND 4C:	TERN KANSAS EACH YEAR WITH ABOUT 1,000 ASSOCIATES ON STAFF, ONE OF THE LARGEST EMPLOYER S IN LEE'S SUMMIT AND THE GREATER KANSAS CITY AREA INDEPENDENT LIVING: RESIDENTS ENJOY MAI NTENANCE-FREE LIVING WHILE RESIDING IN FREESTANDING HOMES, VILLAS OR APARTMENT HOMES. ON-C AMPUS AMENITIES INCLUDE: ART STUDIO; LIBRARY; BEAUTY SALONS; MEETING AND BANQUET ROOMS; BO WLING ALLEY; CHAPEL AND PRAYER ROOM; 9-HOLE EXECUTIVE GOLF COURSE; TWO FITNESS CENTERS; CO NVENIENCE STORES; SIX RESTAURANTS AND A COFFEE SHOP; 1,500-SEAT SPECIAL EVENT SPACE; GUEST ROOMS; TWO INDOOR SWIMMING POOLS AND AN OUTDOOR POOL; WHIRLPOOL; MOVIE THEATER; MEDIA CEN TERS; AND MORE. VILLAGE HELPERS IN-HOME CARE; LICENSED BY THE STATE OF MISSOURI; VILLAGE HELPERS IN-HOME, PRIVATE-DUTY CARE, INCLUDING HOUSEHOLD ASSISTANCE, PERSONAL CARE, C OMPANION VISITS, RESPITE CARE, TRANSPORTATION AND MORE FOR THOSE WHO LIVE ON AND WITHIN 10 MILES OF THE VILLAGE CAMPUS. VILLAGE HOME HEALTH: WITH OFFICES IN BOTH LEE'S SUMMIT, MISS OURI, AND PRAIRIE VILLAGE, KANSAS, THE MEDICARE-CERTIFIED HOME HEALTH AGENCY PROVIDES INTE RMITTENT SKILLED CARE AS ORDERED BY A PHYSICIAN, INCLUDING SKILLED NURSING, PHYSICAL THERA PY, OCCUPATIONAL THERAPY, SPEECH THERAPY AND MEDICAL SOCIAL WORK. LICENSED HEALTH CARE PRO FESSIONALS PROVIDE SERVICES TO PATIENTS WHO LIVE IN 12 COUNTIES THROUGHOUT THE GREATER KAN SAS CITY AREA. VILLAGE ASSISTED LIVING: LICENSED BY THE STATE OF MISSOURI, IT OFFERS 24-HO UR NURSING CARE, REGULAR HOUSEKEEPING, THERE MEALS A DAY, PLANNED ACTIVITIES, ASSISTANCE W ITH ACTIVITIES OF DAILY LIVING AND MORE. VILLAGE ASSISTED LIVING MEMORY CARE 1, 2 AND 3: E ACH FACILITY IS LICENSED BY THE STATE OF MISSOURI AND PROVIDES A FULL RANGE OF SERVICES AND A SUPPORTIVE AND SECURE ENVIRONMENT FOR RESIDENTS WITH MEMORY-RELATE COODNIS, SEC URED ENTRANCES AND MONITORING SYSTEMS IN RESIDENT ROOMS; AND MORE. VILLAGE CARE CENTER: THE VILLAGE CARE CENTER IS A 430-BED, FREESTANDING SKILLED-NURSING FACILITY. IT PROVIDES 24-HOUR LICENSED NURSING SERVICES IN TWO LONG-TERM CARE HONDING SKI

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FORM 990, PAGE 2, PART III, LINES 4A, 4B, AND 4C:	DIFFICULTY BREATHING OR SLEEPING, FATIGUE, NAUSEA, ANXIETY, DEPRESSION OR LOSS OF APPETIT E. FOR ADDITIONAL INFORMATION ABOUT JOHN KNOX VILLAGE SERVICES AND AMENITIES, PLEASE VISIT WWW.JKV.ORG. CIVIC ENGAGEMENT CIVIC ENGAGEMENT IS AN UMBRELLA TERM USED TO DESCRIBE HOW P ARTICIPATION IN COMMUNITY ORGANIZATIONS, POLITICAL INVOLVEMENT, ACTIVISM AND ADVOCACY CAN ENHANCE THE LIVES OF INDIVIDUALS WHO GIVE THEIR TIME TO THEIR COMMUNITIES AND THEIR NEIGHB ORS. 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 E CONOMIC GROWTH AND DEVELOPMENT FOR THE COMMUNITY. VILLAGE LEADERS HAVE CONSISTENTLY SERVED ON A VARIETY OF CHAMBER COMMITTEES, OFTENTIMES IN OFFICER POSITIONS. ALSO, 33 JKV ASSOCIA TES HAVE PARTICIPATED IN LEADERSHIP LEE'S SUMMIT, A NINE-MONTH PROGRAM DESIGNED TO EDUCATE AND BUILD COMMUNITY LEADERS. MEMBERS OF THE VILLAGE STAFF ALSO HAVE VOLUNTEERED AT CHAMBE R-SPONSORED EVENTS. FOR EXAMPLE, ABOUT 30 VILLAGE ASSOCIATES VOLUNTEER DURING THE ANNUAL O KTOBERFEST IN DOWNTOWN LEE'S SUMMIT. VOLUNTEERS ALSO HAVE PARTICIPATED IN THE LEE'S SUMMIT CHAMBER CHALLENGE, AN EVENT FEATURING AN AFTERNOON OF FUN ACTIVITIES, FRIENDLY COMPETITION, NETWORKING AND TEAM BUILDING. IN ADDITION, THE VILLAGE, INCLUDING VILLAGE HOSPICE AND O THER SERVICES, HAVE ASSOCIATIONS WITH OTHER AREA CHAMBERS, SUCH AS THE KANSAS CITY CHAMBER OF COMMERCE AND THE RAYTOWN CHAMBER OF COMMERCE.

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CIVIC/COMMUNITY ORGANIZATIONS	MANY JOHN KNOX VILLAGE COMMUNITY MEMBERS VOLUNTEER FOR NOT-FOR-PROFIT ORGANIZATIONS. ALTHO UGH NOT SPONSORED OR FACILITATED BY JOHN KNOX VILLAGE, SUCH INVOLVEMENT INDIRECTLY YET POS ITIVELY REFLECTS ON THE VILLAGE. IN ADDITION, THESE ORGANIZATIONS ALSO BENEFIT FROM THE LE ADERSHIP, INTELLECTUAL CAPITAL AND OTHER CONTRIBUTIONS PROVIDED BY VILLAGE ASSOCIATES, RES IDENTS AND BOARD MEMBERS. THE FOLLOWING LIST INCLUDES EXAMPLES OF THE DIVERSITY OF ORGANIZ ATIONS IN WHICH JKV COMMUNITY MEMBERS HAVE BEEN INVOLVED: BOY SCOUTS OF AMERICA, CITIZEN'S ADVISORY COMMITTEE, FAMILY-TO-FAMILY, GIRL SCOUTS OF THE USA, HEARTLAND MEN'S CHORUS, HUM ANE SOCIETY, INDIAN ASSOCIATION OF KANSAS CITY, JUNIOR ACHIEVEMENT OF MIDDLE AMERICA INC., CHANDANA KANNADA SANGHA OF KANSAS CITY, KANSAS CITY CHAMBER OF COMMERCE, KANSAS CITY MICH MINISTRIES, KCUR PUBLIC RADIO, LEE'S SUMMIT OPTIMISTS, LEE'S SUMMIT CHARACTER COUNCIL, LEE'S SUMMIT SUSTAINABILITY COMMITTEE, LEE'S SUMMIT POTIMISTS, LEE'S SUMMIT SUNCATION, THE MAYOR'S HEA LTH EDUCATION FOUNDATION, LEE'S SUMMIT SUSTAINABILITY COMMITTEE, LEE'S SUMMIT ROTARY CLUB, LEE'S SUMMIT SYMPHONY, THE MAYOR'S HEA LTH EDUCATION OF ONTRIBUTING TO A STRONG VOTER TURNOUT, JOHN KNOX VILLAGE RESIDENT S 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 REP. KE RI INGLE, MISSOURI HOUSE DISTRICT 35, AND SEN. HILLARY SHIELDS, MISSOURI (DISTRICT 8). THE VILLAGE PROVIDES SUPPORT TO ADID IN THESE EFFORTS FROM TIME. THE VILLAGE COMMUNITY FOUNT INELLY ADVOCATE FOR OLDER ADULTS AND SERVICES FOR SENIORS ACTING AS INELLIE MONTEMERS AND THOSE POLLING PLACES AS WELL AS OTHER VOTING SITES LOCATED THROUGHOUT THE METROPOLITAN AREA. ACTIVISM AND ADVOCACY MEMBERS OF THE JOHN KNOX VILLAGE COMMUNITY FOUNT INELY ADVOCATE FOR OLDER ADULTS AND SERVICES FOR SENIORS ACTING AS INDUSTRY ADVOCATES IN B OTH STATE AND NATIONAL AREAS.

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CIVIC/COMMUNITY ORGANIZATIONS	H INCLUDES DISPATCH, TRANSPORTATION, SECURITY, EMERGENCY MEDICAL SERVICES AND EMERGENCY MA NAGEMENT SERVICES) PROVIDES SERVICE TO VILLAGE RESIDENTS, ASSOCIATES AND GUESTS TO THE CAM PUS, AS WELL AS TO MEMBERS OF SURROUDING COMMUNITIES. THE VILLAGE'S ABILITY AND WILLINGRE SS TO PROVIDE ASSISTANCE HELPS TAKE FINANCIAL AND STAFFING TENSION OFF STRESSED CITY AND S TATE PROGRAMS. DURING EMERGENCY SITUATIONS THAT OCCUR OUTSIDE THE VILLAGE CAMPUS, JOHN KNO X VILLAGE PUBLIC SAFETY CAN ALLOCATE RESOURCES AND MANPOWER TO ASSIST CITY AND STATE RESPO NSE 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 ORG ANIZATIONS 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, (MIS SOURI) STATE EMERGENCY MANAGEMENT, MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, (MIS SOURI) STATE EMERGENCY MANAGEMENT AGENCY, FEDERAL EMERGENCY MANAGEMENT AGENCY AND HOMELAND SECURITY TO NAME A FEW JKV PUBLIC SAFETY: SECURITY PATROLS AT COMMUNITY EVENTS SUCH AS LEE'S SUMMIT DOWNTOWN DAYSEDUCATION: ACTIVITIES HAVE INCLUDED PROVIDING VACANT BUILD INGS 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 A REGIONAL HOMELAND SECURITY EMERGENCY PREPAREDNESS WORKSHOP. FINALLY, PUBLIC SAFETY ALSO OVERSEES EMT-B TRAINING AT HERNDON CAREER CENTER IN RAYTOWN, MISSOURI. -TRANSPORT: EMS PROVIDES EMERGENCY AND NON-EMERGENCY PREPAREDNESS WORKSHOP. FINALLY, PUBLIC SAFETY ALSO OVERSEES EMT-B TRAINING AT HERNDON CAREER CENTER IN RAYTOWN, MISSOURI. -TRANSPORT: EMS PROVIDES EMERGENCY AND NON-EMERGENCY. WHAT'S MORE, THE VILLAGE IS

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CIVIC/COMMUNITY ORGANIZATIONS	ROSS. DURING TIMES OF WIDESPREAD ILLNESS, THE VILLAGE WILL PROVIDE A LOCATION THAT WILL EN ABLE A LARGE NUMBER OF PEOPLE TO BE IMMUNIZED. POD SITES ARE CRITICAL IN EMERGENCIES BECAU SE THEY REDUCE THE DEMAND ON PUBLIC DISPENSING SITES AND CONTRIBUTE TO AN EFFECTIVE EMERGE NCY RESPONSE. THE VILLAGE ALSO HOSTS PRESCRIPTION TAKE BACK EVENTS FOR RESIDENTS, ASSOCIAT ES AND MEMBERS OF SURROUNDING COMMUNITIES. SINCE THE INCEPTION OF THE PARTNERSHIP, THE VIL LAGE HAS COLLECTED MORE THAN 1,500 POUNDS OF EXPIRED OR NO-LONGER-NEEDED PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS. EACH EVENT IS OVERSEEN BY THE LEE'S SUMMIT POLICE DEPARTMEN T, LEE'S SUMMIT CARES AND THE NATIONAL DRUG ENFORCEMENT AGENCY. WHAT'S MORE, THE VILLAGE A LSO COLLECTS NO-LONGER-NEEDED MEDICATIONS IN A LOCKBOX PURCHASED BY LEE'S SUMMIT CARES THA T IS PERMANENTLY HOUSED IN THE VILLAGE'S RESIDENT HEALTH CLINICMEMBERSHIP: PUBLIC SAFET Y 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.

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CORPORATE AND COMMUNITY PHILANTHROPY	IN ADDITION TO PROVIDING VOLUNTEER HOURS AND DONATIONS OF GOODS AND SERVICES, JOHN KNOX VI LLAGE OFFERS MODEST FINANCIAL SUPPORT TO ORGANIZATIONS THAT HOST EVENTS OR PROVIDE SERVICE S 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 COR PORATE GIVING IN 2019 INCLUDE FINANCIAL SUPPORT OF THE LEE'S SUMMIT PARKS AND RECREATION B ASEBALL LEAGUE; THE LEE'S SUMMIT CHAMBER OF COMMERCE GOLF TOURNAMENT; LEE'S SUMMIT CHAMBER OF COMMERCE OKTOBERFEST; AND LEE'S SUMMIT SOCIAL COMMUNITY GIVING HELPS MAKE LEE'S SUMMIT AND SURROUNDING COMMUNITIES STRONGER. THE VILLAGE CONTRIBUTES TO A VARIETY OF ORGA NIZATIONS SUCH AS THE CITY UNION MISSION, LEE'S SUMMIT CARES AND LEE'S SUMMIT SOCIAL SERVI CES. (3)WORKPLACE GIVING ENABLES GENEROUS PEOPLE TO GIVE BACK. IN ADDITION TO RAISING FUND STHAT MAKE A DIFFERENCE IN THE GREATER LEE'S SUMMIT AND KANSAS CITY AREAS, MEMBERS OF THE JKV COMMUNITY HAVE OPPORTUNITIES TO CONTRIBUTE TO NATIONAL ORGANIZATIONS, SUCH AS THE CLIEVE ORDINATE OR CONTRIBUTE ON THE CONTRIBUTE ORDINATE ORGANIZATION AND OPERATION CHRISTMAS CHILD. JOHN KNOX VILLAGE HOSTS AND SPONSORS M ULTIPLE 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 CA MPUS. JOHN KNOX VILLAGE CHORAL AND INSTRUMENTAL GROUPS HAVE PERFORMED BOTH ON THE CAMPUS AND IN OTHER AREA VENUES. THE VILLAGE HAS HOSTED FREE CONCERTS, INCLUDING PERFORMANCES BY THE AMERICAN LEGION BAND: UNITED STATES AIR FORCE JAZZ BAND. SHADES OF BLUE; THE HEARTLAN D RECORDER ORCHESTRA CONCERT; AND OTHERSTHE 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 JOHN KNOX VILLAGE COMMUNITY THEATRE, WHICH IS A

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CORPORATE AND COMMUNITY PHILANTHROPY	T AGING. THE PAVILION AT JOHN KNOX VILLAGE JOHN KNOX VILLAGE DONATES ITS SPECIAL EVENT VEN UE, THE PAVILION AT JOHN KNOX VILLAGE, MULTIPLE TIMES A YEAR. MANY OF THESE EVENTS OFFER E TRETTAINMENT THAT MIGHT NOT OTHERWISE BE POSSIBLE IN LEE'S SUMMIT BECAUSE THE APPROPRIATE SPACE WASN'T AVAILABLE. IN OTHER CASES, COMMUNITY MEETINGS AND PROGRAMS ARE ENHANCED BECAU SE OF THE PAVILION'S AMENITIES AND SERVICES. DURING 2019 THE VILLAGE DONATED THE VENUE MULTIPLE TIMES AT A VAILUE OF ABOUT \$50,000 (FIGURE BASED ON CURRENT RENTAL RATES). EXAMPLES O F EVENTS THAT HAVE BEEN HELD AT THE PAVILION INCLUDE THE FOLLOWING: CITY OF LEE'S SUMMIT A NNUAL MEETING 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 BO O BALL JESUS FILM PROJECT DOWNTOWN LEE'S SUMMIT PICCADILLY GALA HOSPICE VOLUNTEER COORDINA TOR'S SYMPOSIUM CLAIM MEDICARE ENROLLMENT EVENT MID-CONTINENT LIBRARY EVENTS CONCERN CARES OF LEE'S SUMMIT HOMELAND SECURITY EMERGENCY PREPAREDNESS WORKSHOPS SURPLUS EQUIPMENT JOHN KNOX VILLAGE DONATES EQUIPMENT, SUPPLIES OR GENTLY USED ITEMS TO OTHER NOT-FOR-PROFIT ORG ANIZATIONS, SUCH AS THE SURPLUS EXCHANGE, HABITAT FOR HUMANITY AND THE LEE'S SUMMIT HOPE H OUSE. LOCAL SCHOOLS, CHILDREN'S CAMPS, CHILD CARE FACILITIES, NURSING HOMES AND CHURCHES A LSO HAVE RECEIVED SURPLUS SUPPLIES. EDUCATION JOHN KNOX VILLAGE OFFERS A VARIETY OF EDUCAT HONAL OPPORTUNITIES FOR PEOPLE OF ALL AGES AND SKILL LEVELS THAT ENHANCE THE LIVES AND CAR EERS OF VILLAGE COMMUNITY MEMBERS AS WELL AS MEMBERS OF SURROUNDING COMMUNITIES. PATHWAYS THE VILLAGE, IN PARTNERSHIP WITH METROPOLITAN COMMUNITY COLLEGES AND THE FULL EMPLOYMENT COLLING. OFFERE TUTION TO QUALIFIED ASSOCIATES SO THEY CAN EARN CNA AND/OR CMT CERTI FICATIONS WHILE THEY WORK FOR JKV FULL TIME. IN ADDITION TO THE TRADITIONAL COURSES, EACH PATHWAYS THE VILLAGE, IN PARTNERSHIP WITH METROPOLITAN COMM

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PHILANTHROPY

CORPORATE AND COMMUNITY RAINING FOR RESIDENTS OF SURROUNDING COMMUNITIES.

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LEE'S SUMMIT R-7 SCHOOL DISTRICT INVOLVEMENT	JOHN KNOX VILLAGE SUPPORTS THE LEE'S SUMMIT R-7 SCHOOL DISTRICT IN A VARIETY OF WAYS. PART NERS IN EDUCATION: JOHN KNOX VILLAGE HAS BEEN INVOLVED WITH THE LEE'S SUMMIT SCHOOL DISTRICT TS PARTNERS IN EDUCATION: JOHN KNOX VILLAGE HAS BEEN INVOLVED IN THE PROGRAM ADMINISTRATION, AND EVENT SPACE IS OFTEN DONATED TO THE SCHOOL DISTRICT FOR LARGER EVENTS. VOTING: IT IS IMPORTANT TO NOTE THAT RESIDENTS ACTIVELY SUPPORT THE LEE'S SUMMIT SCHOOLS THROUGH THEIR VOTES. INTERGENERATIONAL: VILLAGE RESIDENTS HELP ST UDENTS THROUGHOUT THE YEAR WITH THEIR COURSE WORK AND EXTRACURRICULAR ACTIVITIES. MENTORIN G PROGRAM SINCE 2001, JOHN KNOX VILLAGE HAS BEEN IN A PARTNERSHIP WITH THE UNIVERSITY OF M ISSOURI-KANSAS CITY SCHOOL OF MEDICINE SO THAT FIRST-YEAR MEDICAL STUDENTS ARE ABLE TO INTERACT WITH "WELL ELDERLY." KNOWN AS THE MENTORING PROGRAM, THE PARTNERSHIP HELPS FUTURE DO CTORS TO UNDERSTAND THE NORMAL PROCESSES OF AGING MORE FULLY, WHICH HELPS THEM TO SEE PAST NEGATIVE STEREOTYPES. THE MENTORING PROGRAM ALSO TEACHES THE STUDENTS HOW TO RELATE TO PE OPLE AS A WHOLE PERSON, NOT JUST A PATIENT. THE PROGRAM HAS HELPED TO SHAPE AN ENTIRE GENE RATION OF PHYSICIANS BY MAKING THEM MORE SENSITIVE TO ISSUES AFFECTING OLDER ADULTS AND HE LPING THEM BECOME MORE EFFECTIVE COMMUNICATORS AND BETTER LISTENERS. STUDENT INTERNSHIPS/C LASSROOM PARTNERS STUDENT INTERNSHIP PROGRAMS ARE A WIN-WIN FOR EVERYONE INVOLVED. STUDENT S CAN START USING THE SKILLS ACQUIRED AT SCHOOL WHILE GAINING VALUABLE WORK EXPERIENCE (BO TH PRACTICAL AND FOR RESUME ENHANCEMENT). THE VILLAGE BENEFITS FROM THE STUDENTS' INSIGHTS AND ENTHUSIASM AND THE ABILITY TO GAUGE THE TALENTS OF A NEW GENERATION OF WORKERS FIRST. HAND. FOR EXAMPLE, WITH ITS WELL-ESTABLISHED MUSIC THERAPY PROGRAM FOR MUSIC STUDENTS. VILLAGE HOSPICE ALSO DAVERFUL AND ENRICHING INTERNSHIP PROGRAM FOR MUSIC STUDENTS. VILLAGE HOSPICE ALSO HAS BENEFITTED FROM THE INTELLECTUAL CAPITAL OF A GROUP OF BUSINESS ST UDENTS FROM CENTRAL MISSOURI UNIVERSITY IN WARRENSBURG, MISSOURI, THE FURDENTS WERE TASKED WITH T

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LEE'S SUMMIT R-7 SCHOOL DISTRICT INVOLVEMENT	EEMPK, EDUCATIONAL INSTRUCTION MULTIPLE MEMBERS OF THE JOHN KNOX VILLAGE MANAGEMENT TEAM HA VE EITHER TAUGHT UNIVERSITY CLASSES OR LED INDUSTRY-SPECIFIC CONTINUING EDUCATION SEMINARS. FOR EXAMPLE, A MEMBER OF THE VILLAGE HOSPICE STAFF HAS TAUGHT CONTINUING EDUCATION COURS ES FOR MEMBERS OF THE CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION. ENVIRONMENT/SUST AINABILITY EFFORTS JOHN KNOX VILLAGE STRIVES TO BE A SUSTAINABLE, EARTH-FRIENDLY ORGANIZAT ION. NOTABLE "GREEN" EFFORTS INCLUDE: PROVIDING ON-CAMPUS RECYCLING OPPORTUNITIES THAT INC LUDE CARDBOARD, PAPER, GLASS, PLASTICS, BATTERIES AND INK CARTRIDGES; USING TECHNOLOGY TO CUT DOWN ON PRINTING AND PAPER USAGE; HOSTING ANNUAL SHREDDING EVENTS TO ENABLE RESIDENTS AND ASSOCIATES TO SHRED CONFIDENTIAL AND/OR SENSITIVE PERSONAL DOCUMENTS FOR FREE; REDUCIN G ENERGY USAGE BY INVESTING IN NEW EQUIPMENT AND LIGHTING. FOR EXAMPLE, VILLAGE DINING VEN UES USE INDUCTION COOKING TO REDUCE ENERGY USAGE AND INCREASE UTILITY SAVINGS. ALSO, THE VILLAGE USES LED BULBS THROUGHOUT CAMPUS AND NO LONGER USES INCANDESCENT OR FLUORESCENT REP LACEMENT BULBS; PROMOTING THE JOHN KNOX VILLAGE AUXILIARY THRIFT SHOP AS A WAY FOR MEMBERS OF THE LES' SUMMIT COMMUNITY TO RECYCLE, REUSE AND REPURPOSE ITEMS THEY NO LONGER NEED. THE THRIFT SHOP ALSO DONATES BLANKETS AND TOYS TO AREA ANIMAL SHELTERS. IN ADDITION, ITS R ECYCLE PROGRAM HAS HELPED REDUCE THE AMOUNT OF TRASH GENERATED BY ITS SHOPPS; 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; REPURPOSING CABINETS, WINDOWS, TILE, FURNITURE, OFFICE EQUIPMENT, ETC. ITEMS THAT CAN'T BE USED WITHIN THE CAMP US ARE DONATED TO THE THRIFT SHOP, HABITAT FOR HUMANITY AND OTHER ORGANIZATIONS; INCORPORA TING ELECTRIC CARS INTO THE PUBLIC SAFETY SECURITY FLEET WHEN FULLY CHARGED, THE CARS OPER ATE FOR UP TO 110 MILES AND USE ZERO GAS; JOINING KOPAL'S CLEAN CHARGE NETWORK. JKY INSTALLED THREE ELECTRIC VEHICLE CHARGING STATIONS CONSIST

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R-7 SCHOOL DISTRICT	ATTEND THE STATE AND NATIONAL CONFERENCES, MAKE PRESENTATIONS AT THE CONFERENCES, SERVE O N STATE AND NATIONAL COMMITTEES, AND HOLD POSITIONS OF LEADERSHIP. THE VILLAGE'S GENERAL A ND PROFESSIONAL LIABILITY INSURANCE COMPANY, CARING COMMUNITIES INSURANCE COMPANY (CCIC), SHOULDERS THE ADVANCED RISK MANAGEMENT AND QUALITY HEALTHCARE RESPONSIBILITIES FOR MANY OT HER NOT-FOR-PROFIT CONTINUING CARE RETIREMENT COMMUNITIES AROUND THE NATION. THE VILLAGE W AS A PIONEER IN THE ESTABLISHMENT OF THIS INNOVATIVE RISK-FINANCING PROGRAM. THE VILLAGE H AS EXPERIENCED SIGNIFICANT SAVINGS BECAUSE OF THE GROUP, WHICH ENABLES IT TO BETTER MEET C OMMUNITY INVOLVEMENT GOALS AND COMMITMENTS.

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PROFESSIONAL INVOLVEMENT	SUPPORT GROUPS: JOHN KNOX VILLAGE OFFERS A VARIETY OF SUPPORT GROUPS THAT ARE OPEN TO THE PUBLIC. DURING 2019, THE VILLAGE OFFERED AN ALZHEIMER'S AND DEMENTIA SUPPORT GROUP, LOW VI SION SUPPORT GROUP, HOPE FOR THE HOLIDAYS GRIEF WORKSHOP AND MORE. THE ORGANIZATION ALSO O FFERS SPIRITUAL SUPPORT GROUPS. BOARDS OF DIRECTORS AND ADVISORY BOARD PARTICIPATION: IN A DDITION TO PARTICIPATING IN PROFESSIONAL ASSOCIATIONS, SEVERAL VILLAGE ASSOCIATES ARE MEMB ERS OF THE BOARDS OF DIRECTORS, COMMITTEES AND/OR ADVISORY BOARDS FOR VARIOUS ORGANIZATION S, SUCH AS: LEE'S SUMMIT MEDICAL CENTER, SAINT LUKE'S EAST HOSPITAL, SAINT LUKE'S PREFERRE D PROVIDER NETWORK, LEE'S SUMMIT HEALTH EDUCATION ADVISORY BOARD, SORRYWORKS, TRUMAN HEART LAND FOUNDATION, THE DEAN'S ADVISORY BOARD FOR THE HELZBERG SCHOOL OF MANAGEMENT AT ROCKHU RST UNIVERSITY, LEE'S SUMMIT COMMUNITY FOR ALL AGES COMMITTEE, SORRYWORKS AND OTHERS, PROF ESSIONAL ASSOCIATIONS. MOST MEMBERS OF THE JKY MANAGEMENT TEAM REINVOLVED IN THE LOCAL, STA TE 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 AS SOCIATION, AMERICAN SOCIETY FOR HEALTH-CARE RISK MANAGEMENT, AMERICAN SOCIETY OF SAFETY ENGINEERS, ASSOCIATION FOR HEALTH-CARE RISK MANAGEMENT, AMERICAN SOCIETY OF SAFETY PROFESSIONAL IS, BOARD AND REALTH-CARE FOODSERVICE, ASSOCIATION FOR HEALTH-CARE FOODSERVICE, ASSOCIATION, FOR HEALTH-CARE FINANCIAL MANAGEMENT, AMERICAN COUNTY WORKFORCE BOARD, HEALTH-CARE ASSOCIATION, FULL EMPLOYMENT COUNCIL EASTERN JACKSON COUNTY WORKFORCE BOARD, HEALTH-CARE FOODSERVICE, ASSOCIATION, HEALTH-CARE FINANCIAL MANAGEMENT, SACKSON COUNTY PROFESSION ALS, DIETARY MANAGERE ASSOCIATION, FULL EMPLOYMENT COUNCIL EASTERN JACKSON COUNTY WORKFORCE BOARD, HEALTH-CARE FOR HOUSE BENEFITS SPECIALISTS, JACKSON COUNTY PROFESSION ALS DIETARY MANAGEMENT ASSOCIATION OF MUBAN RESOURCE ASSOCIATION, HEAL

990	Schedule	0,	Supplemental	Information

Return Reference	Explanation
PROFESSIONAL INVOLVEMENT	ILIARY IN VARIOUS CAPACITIES AT THREE CONVENIENCE STORES AND THE THRIFT SHOP. EACH SHOP IS CONVENIENTLY LOCATED ON THE VILLAGE CAMPUS AND OFFERS AN ASSORTMENT OF MERCHANDISE FROM K NICK-KNACKS TO CLOTHING TO FOOD STAPLES AND SNACKS FOR PURCHASE BY RESIDENTS, ASSOCIATES A ND GUESTS. ASOUT 75 PERCENT OF AN AVERAGE OF 150 DAILY THRIFT SHOP CUSTOMERS LIVE OUTSIDE THE VILLAGE CAMPUS. DURING 2019, THE ORGANIZATION PROVIDED AID TO GROUPS AND INDIVIDUALS ON THE VILLAGE CAMPUS. DURING 2019, 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 CLO THING; DONATING ABOUT 31,200 WORTH OF HOUSEHOLD ITEMS TO LOCAL FAMILIES IN NEED OF ASSISTA NCE; AND DONATING ABOUT 300 BAGS OF CLOTHING TO A LOCAL CHURCH AND CLOTHING RECYCLE PROGRA MS FOR PEOPLE WHO ARE HOMELESS OR IN NEED. THE AUXILIARY WORKED WITH A LEE'S SUMMIT R-7 SC HOOL, DONATING ABOUT 3500 WORTH OF SCHOOL SUPPLIES AND SMALL OFFICE ITEMS TO AID WITH THE EDUCATION OF DISABLED CHILDREN. THE AUXILIARY ASSISTED RESIDENTS 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 AS WELL AS OTHER VILLAGE NEEDS. JOHN KNOX VILLAGE BOARD OF DIRECTORS BECAUSE GOOD GOVERNANCE IS VITAL IN BUSINESS, ONE OF THE JOHN KNOX VILLAGE BOARD OF DIRECTORS BECAUSE GOOD GOVERNANCE IS VITAL IN BUSINESS, ONE OF THE JOHN KNOX VILLAGE BOARD OF DIRECTORS ARE VOLUNTEERS WHO OF FER BUSINESS INSIGHTS AND HELP MAKE WITH DECISIONS INVOLVING STRATEGY, DIRECTION AND MISSI ON. THE BOARD IS MADE UP OF THREE RESIDENTS AND SIX MEMBERS WHO LIVE IN SURROUNDING COMMUNI TIES. MOST BOARD MEMBERS ARE INVOLVED IN A VARIETY OF PROFESSIONAL AND CIVIC ORGANIZATION S AND ARE (OR WER PRIOR TO PROFESSIONAL AND CIVIC ORGANIZATION S AND ARE (OR WER PRIOR TO PROFESSIONAL AND CIVIC ORGANIZATION. SAND ARE (OR WERE PRIOR TO PROFESSIONAL AND CIVIC ORGANIZATION, JOHN SON COUNTY MENTAL HEAVE

Return Reference	Explanation
PROFESSIONAL INVOLVEMENT	DATION FUNDS PROJECTS FOR JOHN KNOX VILLAGE DEPARTMENTS AND PROGRAMS INCLUDING THE HOBBY H UT, CHAPLAIN'S PROGRAM, PERFORMING ARTS, VILLAGE CARE CENTER, VILLAGE HOSPICE, FITNESS CEN TER, 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 COMMUNITY MEMBERS PLAN AND HOST ANNUAL GALAS. MEMBERS SPENT HUNDREDS OF HOURS PLANNING, 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 SECURES GRANTS FROM A VARIETY OF LOCAL FOUNDATIONS TO FUND PURCHASES AND PROGRAMS THAT ENRICH LIVES AND B UILD COMMUNITY. FOR EXAMPLE, THE FOUNDATION HELPED PURCHASE EQUIPMENT FOR THE REHABILITATI ON DEPARTMENT AT THE VILLAGE CARE CENTER WITH A GRANT FROM THE GREATER LEE'S SUMMIT HEALTH CARE FOUNDATION. THE FOUNDATION ALSO WORKED WITH THE GEORGE H. NETTLETON FOUNDATION TO FUND THE CONSTRUCTION OF A NEW OUTDOOR AREA, WHICH WAS NAMED FOR A NATIONALLY KNOWN EXPERT O N AGING, IN THE COURTYARD OF THE VCC MEMORY CARE UNIT.

Return Reference	Explanation
VOLUNTEER OPPORTUNITIES	MEMBERS OF THE JOHN KNOX VILLAGE COMMUNITY ARE ALWAYS READY TO LEND A HELPING HAND, 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 SURROUNDING COMMUNITIES IN A VARIETY OF WAYS. DURING 2019, MORE THAN 350 VOLUNTEERS, INCLUDING RESIDENTS, MEMBERS OF THE SURROUNDING COMMUNITY AND HIGH SCHOOL STUDENTS, RECORDED ABOUT 33,000 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 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 THE FAMILIES OF HOSPICE PATIENTS 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 BUSINESS GOALS, AND PR

Return

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

Explanation

Return Explanation
Reference

FORM 990, PREMIERLIFE, BEING THE SOLE MEMBER OF JOHN KNOX VILLAGE, HAS THE RIGHT TO ELECT ALL MEMBERS OF THE BOARD OF DIRECTORS.

SECTION A, LINE 7A

Return Reference	Explanation
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-INTHE-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: ALL ACTIONS OF THE BOARD OF DIRECTORS OF JOHN KNOX VILLAGE TO EMPLOY OR TERMINATE THE EMPLOYMENT OF THE COOP OF THE CORPORATION ARE SUBJECT TO REVIEW AND APPROVAL BY THE SOLE MEMBER.

Return

Reference	
FORM 990,	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE
PART VI,	ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS OR CONCERNS THE ORGANIZATION'S
SECTION B,	OFFICERS AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS
LINE 11B	THAT NEED TO BE MADE ARE MADE. THE 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE OF THE PREMIERLIFE
	\mid BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990. ANY QUESTIONS OR CONCERNS THE AUDIT COMMITTEE HAVE \mid
	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.

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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 BOARDOOM WHILE THE MATTER IS DISCUSSED AND A VOTE, IF ANY, SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR ITS COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 COMPENSATION TO APPROXIMATELY THE 65TH TO 75TH PERCENTILE FOR ON-PLAN PERFORMANCE WITH TARGET INCENTIVE AWARDS AND 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. A SALARY REVIEW WAS LAST CONDUCTED BY AN INDEPENDENT ACCOUNTING FIRM IN FY2020. 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 PERCE

Return Reference	Explanation
PART VI,	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.

Return Explanation
Reference

FORM 990, PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

As Filed Data -

Related Organizations and Unrelated Partnerships

▶ 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 for instructions and the latest information.

Employer identification number

Open to Public Inspection

DLN: 93493293012170 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization JOHN KNOX VILLĀGE

(Form 990)

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 (e) Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) 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) (c) (d) (f) (e) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)PREMIERLIFE SUPPORTING ORGANIZATION 501(C)(3) MO LINE 12B, II 400 NW MURRAY ROAD N/A LEES SUMMIT, MO 64081 20-3587205 (2)THE JOHN KNOX VILLAGE FOUNDATION SUPPORTING ORGANIZATION МО 501(C)(3) LINE 7 PREMIERLIFE No 400 NW MURRAY ROAD LEES SUMMIT, MO 64081 43-1304714 (3) PREMIERLIFE REAL ESTATE HOLDING REAL ESTATE MO 501(C)(2) PREMIERLIFE No 400 NW MURRAY ROAD LEES SUMMIT, MO 64081 20-3587252 (4) JOHN KNOX VILLAGE AUXILIARY SUPPORTING ORGANIZATION МО 501(C)(3) LINE 10 PREMIERLIFE No 400 NW MURRAY ROAD LEES SUMMIT, MO 64081 43-1528124 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

										IV, line 34,	Deca	use it	
(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predoming income (reunrelate excluded tax unconstitutions)	nant Share lated, total inc ed, from der 512-		Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentage ownership
					32.7			Yes	No		Yes	No	
												\vdash	
									-		-		
Part IV Identification of Related Organ because it had one or more relate	nizations Taxable as a (ed organizations treated a	Corporation s a corporation	or Trus	t. Complete st during th	e if the or ne tax yea	ganization a	nswered "Y	es" on I	Form 9	990, Part IV	', lin∈	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(- \										
relaced organization	Fillidity activity	Le don (state o	c) gal nicile r foreign		(d) controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of tota income		(g) of end- year assets	of-Percel	ntage	(1	(i) ection 512(b 3) controlle entity?
-	REAL ESTATE	Le don (state c cou	gal nicile	JOHN I	entity	(C corp, S corp	Share of tota		of end- year	of- Percel owne	ntage rship	(1	3) controlle
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081 20-0528072		Le don (state c cou	gal nicile r foreign ntry)	6	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081		Le don (state c cou	gal nicile r foreign ntry)	JOHN I	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081		Le don (state c cou	gal nicile r foreign ntry)	JOHN I	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081		Le don (state c cou	gal nicile r foreign ntry)	JOHN I	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081		Le don (state c cou	gal nicile r foreign ntry)	JOHN I	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081		Le don (state c cou	gal nicile r foreign ntry)	JOHN I	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081		Le don (state c cou	gal nicile r foreign ntry)	JOHN I	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No
(1)THE JKV REDEVELOPMENT CORPORATION 400 NW MURRAY ROAD LEES SUMMIT, MO 64081		Le don (state c cou	gal nicile r foreign ntry)	JOHN I	entity	(C corp, S corp or trust)	Share of tota		of end- year assets	of-Percel	ntage rship	(1	3) controlle entity? /es No

Schedule R (Form 990) 2019		Pa	ge 3
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
1 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?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)		Yes	
d Loans or loan guarantees to or for related organization(s)		Yes	
e Loans or loan guarantees by related organization(s)	1 e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	\vdash	No
		+	-

i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		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 Amount involved Method of determining am	nount i	nvolve	t

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Forn	990	0) 2019

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Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Retu	ırn Reference	Explanation					