## (Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u> I	ror un	e 2019 calendar year, or tax year beginning 001 1, 2019 and	enaing U	UN 30, 2020	<u>,                                      </u>						
В	Check if applicab	C Name of organization		D Employer identi	fication number						
	Addre										
	Name	e Doing business as		37-0673	513						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
	Final return	2 E SOUTH STREET		309-341-7213							
	termir ated										
	Amen return	GALESBURG, IL 01401-4999		H(a) Is this a group							
	Application	F Name and address of principal officer: IERESA LI AMOLI		for subordinates? Yes X No							
	pendi	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No						
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) €	or 527	If "No," attach a list. (see instructions)							
		te: ► WWW . KNOX . EDU		H(c) Group exempt	·						
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1837	<b>M</b> State of legal domicile; <b>IL</b>						
Pa	art I	Summary									
d)	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{{\bf TO}}}{}}$			ARTS						
Activities & Governance		EDUCATION TO STUDENTS FROM DIVERSE BACKGR	OUNDS.	•							
rna	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net a							
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	<del></del>						
<u>ن</u> ح	4	Number of independent voting members of the governing body (Part VI, line 1b)									
es &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)									
Ϋ́	6	Total number of volunteers (estimate if necessary)									
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12									
_	b	Net unrelated business taxable income from Form 990-T, line 39		71	6,222.						
				Prior Year	Current Year						
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		16,438,482	<del></del>						
eun	9	Program service revenue (Part VIII, line 2g)		70,650,257							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,464,102	9,697,757.						
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		899,301							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		94,452,142							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		39,021,610							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0								
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,075,086							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0 -	0.						
ж	. b	Total fundraising expenses (Part IX, column (D), line 25)   3,251,05	53.								
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,921,216							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		90,017,912							
	19	Revenue less expenses. Subtract line 18 from line 12		4,434,230	<del>                                     </del>						
Net Assets or	3			ginning of Current Year							
sets	20	Total assets (Part X, line 16)	2	51,720,323							
T. A	21	Total liabilities (Part X, line 26)		54,417,660							
	22	Net assets or fund balances. Subtract line 21 from line 20	1	97,302,663	. 199,778,376.						
	art II	Signature Block									
		alties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is						
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.							
		Signature of officer		Doto							
Sig		l'		Date							
Her	e	PAUL EISENMENGER, VP FINANCE AND ADMIN Type or print name and title	SERVI	LCES							
			П	Date Check	PTIN						
<b>.</b>		Print/Type preparer's name  Preparer's signature		if							
Paid		JILL M. BOYLE, CPA JILL M. BOYLE, C	3/26/21 "self-emp								
	parer	Firm's name SIKICH LLP		Firm's EIN ▶	36-3168081						
use	Only	Firm's address 3201 W. WHITE OAKS DR., STE. 102	ı	D. 0	17 702 2262						
_		SPRINGFIELD, IL 62704		Phone no. 4	17-793-3363						
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

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Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KNOX COLLEGE IS DEDICATED TO PROVIDING A LIBERAL ARTS EDUCATION TO
	STUDENTS FROM DIVERSE BACKGROUNDS. OUR MISSION IS CARRIED OUT THROUGH:
	OUR CURRICULUM, THE CHARACTER OF OUR LEARNING ENVIRONMENT, OUR
	RESIDENTIAL CAMPUS CULTURE, AND OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 77,579,642 • including grants of \$ 38,956,673 • ) (Revenue \$ 66,092,626 • )
4a	
	HIGHER EDUCATION: OUR MISSION IS CARRIED OUT THROUGH OUR CURRICULUM,
	THE CHARACTER OF OUR LEARNING ENVIRONMENT, OUR RESIDENTIAL CAMPUS
	CULTURE, AND OUR COMMUNITY. KNOX COLLEGE HAS A TRADITION OF FREE
	INQUIRY, INDEPENDENT THOUGHT, AND DIVERSE PERSPECTIVES. OUR STUDENTS
	CHOOSE THEIR OWN PATH TOWARDS A DEGREE, GUIDED BY SCHOLAR TEACHERS WHO
	ENCOURAGE THEM TO EXPLORE IDEAS AND PLACES, STRETCH THEIR INTELLECT AND
	THEIR TALENTS, BLEND THOUGHT WITH ACTION, AND FUSE IMAGINATION WITH
	INITIATIVE. FOUNDED IN 1837 BY SOCIAL REFORMERS STRONGLY OPPOSED TO
	SLAVERY, KNOX WAS ONE OF THE FIRST COLLEGES IN THE UNITED STATES OPEN
	TO BOTH WOMEN AND PEOPLE OF COLOR. IT WAS ON OUR CAMPUS THAT ABRAHAM
	LINCOLN CHOSE TO DENOUNCE SLAVERY ON MORAL TERMS FOR THE FIRST TIME,
	DURING THE 1858 LINCOLN-DOUGLAS DEBATE. WITH A CAMPUS POPULATION THAT
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 77,579,642.

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## Form 990 (2019) KNOX COLLEGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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		X
4	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
0	, ,	8	Х	
_	Schedule D, Part III	<b>-</b> °	22	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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 valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>.                                   </u>		<u></u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
17		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	''-		<del>  ^</del> `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>  ^</del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
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		X

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Pai	rt IV Checklist of Required Schedules (continued)			
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, ,	23	Х	
240	Schedule J		- 25	
<b>24</b> a	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	١		- v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	, , ,			<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del></del>		
32				Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	х	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Scriedule O contains a response or note to any line in this Part V		V	<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	255	Щ_
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Form 990 (2019) KNOX COLLEGE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 1549									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X							
	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)?	4a	X							
b	If "Yes," enter the name of the foreign country ► <u>UNITED KINGDOM</u>									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X						
	, , , , , , , , , , , , , , , , , , , ,									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x						
	any contributions that were not tax deductible as charitable contributions?									
b	<b>b</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).  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	Х							
a b		7b	X							
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75								
·	to file Form 8282?	7с		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	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?									
9	9 Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L						
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									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
D	Gross income from other sources (Do not net amounts due or paid to other sources against									
120	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								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza								
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								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a										
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 4	2							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4	1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х					
6	Did the organization have members or stockholders?	6		Х					
7a									
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(c)	3)s only	availa	ıble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	PAUL W. EISENMENGER - 309-341-7212								
	2 E SOUTH STREET, GALESBURG, IL 61401-4999								

KNOX COLLEGE 37-0673513 Page 7 Form 990 (2019)

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

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

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

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

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

See instructions for the order in which to list the persons above.

Week	(A)  Name and title	(B) Average	(do	not cl	(C Posi	c) ition	than o	one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Trestory		1	offic								
Trestory and experience   S55.00   X		hours for related organizations below	ndividual trustee or direct	nstitutional trustee	fficer	ey employee.	lighest compensated mployee	ormer	organization		from the organization and related organizations
Q1	(1) DR. TERESA L. AMOTT		=	=	0	×	Ι - ω	4			
AURIL EISEMENGER	PRESIDENT AND EX OFFICIO TRUSTEE		Х		Х				319,432.	0.	22,367.
3   BEVERLY HOLMES	(2) PAUL EISENMENGER	40.00									
VP FOR ADVANCEMENT	VP OF FINANCE AND ADMIN				Х				191,310.	0.	21,638.
ANNE EHRLICH	(3) BEVERLY HOLMES	40.00									
VP FOR STUDENT DEVELOPMENT	VP FOR ADVANCEMENT				Х				156,932.	0.	15,317.
S	(4) ANNE EHRLICH	40.00									
VP FOR ENROLLMENT	VP FOR STUDENT DEVELOPMENT				Х				144,644.	0.	22,481.
Column   C	(5) PAUL STEENIS	40.00									
RECORD AND DEAN OF THE COLLEGE	VP FOR ENROLLMENT				Х				144,555.	0.	19,662.
ASSOCIATE VP OF MAJOR GIFTS	(6) MICHAEL SCHNEIDER(FROM 6/17/19)	40.00									
ASSOCIATE VP OF MAJOR GIFTS  (8) STEVEN HALL  VP AND CHIEF INFORMATION OFFICER  (9) DANIELLA IRLE  DIRECTOR OF ATHLETICS  (10) BOBBY JO MAURER (UNTIL 2/28/20)  RETIRED CONTROLLER/ASST. TREASURER  (11) VICKY S JONES  BUDGET COORD./EXEC ASST. VP FINANCE  (12) PEGGY WARE  EXEC. ASST. TO FRESIDENT/SECRETARY  (13) JOHN M. KAWAUCHI (FROM 10/28/19  VP FOR COMMUNICATIONS  (14) SARA A KING (FROM 2/17/2020)  CONTROLLER AND ASST. TREASURER  (15) MS. VALERIE J. BELVINS  PAST PRES. ALUM. COUN. & EX OFF. TR  (16) MR. JOSEPH C. BASTIAN  TR. CHAIR OF COMMITTEE ON TRUSTEES  (17) MR. TONY ETZ  X 137, 853.  0. 8,48  111,085.  0. 111,085.  0. 111,085.  0. 114,98  103,835.  0. 13,67  104,000  X 103,835.  0. 13,67  104,000  X 103,835.  0. 13,67  105,828  107,853.  108,128  109,828  100,828  100,828  100,828  100,828  100,828  100,828  100,848  101,085.  100,835.  10	PROVOST AND DEAN OF THE COLLEGE				Х				148,135.	0.	9,108.
(8) STEVEN HALL  VP AND CHIEF INFORMATION OFFICER  (9) DANIELLA IRLE  DIRECTOR OF ATHLETICS  (10) BOBBY JO MAURER (UNTIL 2/28/20)  RETIRED CONTROLLER/ASST. TREASURER  (11) VICKY S JONES  BUDGET COORD./EXEC ASST. VP FINANCE  (12) PEGGY WARE  EXEC. ASST. TO PRESIDENT/SECRETARY  (13) JOHN M. KAWAUCHI (FROM 10/28/19)  VP FOR COMMUNICATIONS  VP FOR COMMUNICATIONS  (14) SARA A KING (FROM 2/17/2020)  CONTROLLER AND ASST. TREASURER  (15) MS. VALERIE J. BELVINS  PAST PRES. ALUM. COUN. & EX OFF. TR  (16) MR. JOSEPH C. BASTIAN  TR. CHAIR OF COMMITTEE ON TRUSTEES  (17) MR. TONY ETZ  X 103,238.  0. 14,98  103,835.  0. 13,67  X 103,835.  0. 13,67  X 58,901.  0. 25,210.  0. 17,13  0. 0.  17,13  0. 0.  17,13  18,144  19,154  103,238.  0. 14,98  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 14,98  103,835.  0. 14,98  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 14,98  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 13,67  103,835.  0. 14,98  103,835.  0. 14,98  103,835.  0. 14,98  103,835.  0. 14,98  103,835.  0. 13,67  103,835.  103,835.  103,835.  103,835.  103,835.  103,835.  103,835.  103,835.  103,835.  103,835.  103,835	(7) MARK J WILSON	40.00									
VP AND CHIEF INFORMATION OFFICER	ASSOCIATE VP OF MAJOR GIFTS						X		137,853.	0.	8,482.
OPERATOR OF ATHLETICS	(8) STEVEN HALL	40.00								_	
DIRECTOR OF ATHLETICS  (10) BOBBY JO MAURER (UNTIL 2/28/20)	VP AND CHIEF INFORMATION OFFICER				X				111,085.	0.	21,442.
RETIRED CONTROLLER/ASST. TREASURER	(9) DANIELLA IRLE	40.00								_	
RETIRED CONTROLLER/ASST. TREASURER  (11) VICKY S JONES  BUDGET COORD./EXEC ASST. VP FINANCE  (12) PEGGY WARE  EXEC. ASST. TO PRESIDENT/SECRETARY  (13) JOHN M. KAWAUCHI (FROM 10/28/19)  VP FOR COMMUNICATIONS  (14) SARA A KING (FROM 2/17/2020)  CONTROLLER AND ASST. TREASURER  (15) MS. VALERIE J. BELVINS  PAST PRES. ALUM. COUN. & EX OFF. TR  (16) MR. JOSEPH C. BASTIAN  TR. CHAIR OF COMMITTEE ON TRUSTEES  (17) MR. TONY ETZ  X 103,835.  0. 13,67  40.00  X 58,901.  0. 75  40.00  X 25,210.  0. 17,13  0. 0.  17,13  0. 0.  0. 0.							X		103,238.	0.	14,987.
Mathematical Courd		40.00									
BUDGET COORD./EXEC ASST. VP FINANCE					X				103,835.	0.	13,677.
A		40.00									
EXEC. ASST. TO PRESIDENT/SECRETARY  (13) JOHN M. KAWAUCHI (FROM 10/28/19 40.00		1000			X				68,289.	0.	4,257.
(13) JOHN M. KAWAUCHI (FROM 10/28/19 40.00		40.00							F0 001	•	750
VP FOR COMMUNICATIONS         X         25,210.         0.         17,13           (14) SARA A KING (FROM 2/17/2020)         40.00         X         0.         0.           CONTROLLER AND ASST. TREASURER         X         0.         0.           (15) MS. VALERIE J. BELVINS         2.00         X         0.         0.           PAST PRES. ALUM. COUN. & EX OFF. TR         X         0.         0.           (16) MR. JOSEPH C. BASTIAN         2.00         X         0.         0.           TR. CHAIR OF COMMITTEE ON TRUSTEES         X         0.         0.           (17) MR. TONY ETZ         2.00         0.         0.		40.00			X		_		58,901.	0.	758.
(14) SARA A KING (FROM 2/17/2020) 40.00		40.00			7.7				25 210		10 106
CONTROLLER AND ASST. TREASURER  (15) MS. VALERIE J. BELVINS  PAST PRES. ALUM. COUN. & EX OFF. TR  (16) MR. JOSEPH C. BASTIAN  TR. CHAIR OF COMMITTEE ON TRUSTEES  (17) MR. TONY ETZ  X  0.  0.  0.  0.  0.  0.		40.00			X		_		25,210.	0.	1/,136.
(15) MS. VALERIE J. BELVINS       2.00         PAST PRES. ALUM. COUN. & EX OFF. TR       X         (16) MR. JOSEPH C. BASTIAN       2.00         TR. CHAIR OF COMMITTEE ON TRUSTEES       X         (17) MR. TONY ETZ       2.00		40.00			37					_	0
PAST PRES. ALUM. COUN. & EX OFF. TR		2 00			Λ				0.	0.	0.
(16) MR. JOSEPH C. BASTIAN  TR. CHAIR OF COMMITTEE ON TRUSTEES  (17) MR. TONY ETZ  2.00  X  0.		4.00	v								_
TR. CHAIR OF COMMITTEE ON TRUSTEES X 0. 0. (17) MR. TONY ETZ 2.00		2 00	Δ				$\vdash$	-	"	U •	0.
(17) MR. TONY ETZ 2.00		4.00	v								^
		2 00	Λ				$\vdash$		· ·	U •	0.
IN. CHAIR OF CHAIN OF HITE & ATTRIBUTED $ A   A   A   A   A $		4.00	y						_	n	0.
			Λ	l			<u> </u>		1 0.	0.	Form <b>990</b> (2019)

37-0673513 KNOY COLLEGE

stees Kev Emn													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E) (F)													
(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	am	timate ount o							
(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	oensat om the anizati I relate	e ion ed		
2.00													
	Х						0.	0.			0.		
2.00	X						0.	0.			0.		
2.00													
	Х						0.	0.			0.		
2.00	х						0.	0.			0.		
2.00							-	-					
	Х						0.	0.			0.		
2.00													
	Х						0.	0.			0.		
2.00							_						
	X						0.	0.			0.		
2.00	7.7							0			^		
1 00	Χ.						0.	0.			0.		
1.00	х						0.	0.			0.		
						<b>—</b>		0.	191	L,31			
						<b>•</b>	0.	0.		, -	0.		
						<b>•</b>	1,713,419.	0.	191	L,31			
						o re		000 of reportable					
											10		
										Yes	No		
	,	,		,	,	•		,	3		Х		
	(B) Average hours per week (list any hours for related organizations below line)  2.00  2.00  2.00  2.00  2.00  1.00  II, Section A	(B) Average hours per week (list any hours for related organizations below line)  2.00  X  A  A  A  A  A  A  A  A  A  A  A  A	(B) Average hours per week (list any hours for related organizations below line)  2.00  X  2.	(B) Average hours per week (list any hours for related organizations below line)  2.00  X  2.	(B) Average hours per week (list any hours for related organizations below line)  2.00  X  2.	(B) Average hours per week (list any hours for related organizations below line)  2.00  X  2.	(B) Average hours per week (list any hours for related organizations below line)  2.00  X  2.	(B) Average hours per week (list any hours for related organizations below line) 2.00	(B) Average hours per week (list any hours for related organizations below line)  2.00  X  2.00  A  A  A  A  A  A  A  A  A  A  A  A	B	C		

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

**Section B. Independent Contractors** 

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
P.J. HOERR INC.	CONTRACTOR/CONSTRUCT	
107 NORTH COMMERCE PLACE, PEORIA, IL 61060	ION	5,300,877.
BON APPETIT		
2400 YORKMONT ROAD, CHARLOTTE, NC 28217	DINING MANAGEMENT	2,474,230.
LAMAIR-MURDOCK-CONDON COMPANY, SUITE 200,		
4200 UNIVERSITY AVENUE, WEST DES MOINES,	INSURANCE	803,645.
AMP ELECTRICAL SERVICES	CONTRACTOR/ELECTRICA	
3075 GRAND AVENUE, GALESBURG, IL 61401	L	688,862.
IES, 33 WEST MONROE STREET SUITE 2300,		
CHICAGO, IL 60603-5405	STUDENT PROGRAMS	277,550.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 24		
COO DIDE LITE COCKETON I CONTENTINIMENT CON	~	000

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes." complete Schedule J for such person

Form 990 KNOX COLLEGE 37-0673513

Form 990 KNOX COI	LEGE								37-067	3513
Part VII   Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	=				loyee		the	organizations	compensation
	(list any	or directo				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		yee	m pen				organizations
	below	Individual trustee	Institutional trustee	<u></u>	Key employee	Highest compensated employee	-e			organizatione
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) GWEN LEXOW	1.00									
ALUMNI TRUSTEE		Х						0.	0.	0.
(28) MS. AMY OLSEN	1.00									
ALUMNI TRUSTEE		Х						0.	0.	0.
(29) DR. BARBARA A. BAIRD	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(30) DR. DOUGLAS L. BAYER	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(31) MR. NYERERE K. BILLUPS, SR.	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(32) MS. SUSAN A. BLEW	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(33) MR. MICHAEL CHUBRICH	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(34) MS. CAROL BOVARD CRAIG	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(35) DR. DEBORAH S. DEGRAFF	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(36) MR. DONALD F. HARMON	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(37) MS. ELZELIEN HARTOG	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(38) MR. KEITH Y. LEE	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(39) MS. HELEN LIN	1.00	1								
GENERAL TRUSTEE		Х						0.	0.	0.
(40) MR. ROBERT C. LONG	1.00	1								
GENERAL TRUSTEE		Х						0.	0.	0.
(41) MR. DAVID MITCHELL	1.00									
GENERAL TRUSTEE		Х						0.	0.	0.
(42) MR. LAURENCE J. MSALL	1.00									
GENERAL TRUSTEE	1	Х						0.	0.	0.
(43) DR. DEREK F. PAPP	1.00	<u></u>							_	_
GENERAL TRUSTEE	1	Х						0.	0.	0.
(44) MS. SUSAN C. PLOMIN	1.00	ļ							_	
GENERAL TRUSTEE	1	Х						0.	0.	0.
(45) MR. JAMES R. POTTER	1.00								_	_
GENERAL TRUSTEE		Х					<u> </u>	0.	0.	0.
(46) MS. JULIE RADEMAKER	1.00								_	_
GENERAL TRUSTEE		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 KNOX COLLEGE 37-0673513

Form 990 KNOX COI	LEGE								37-067	3513
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd F	ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)	(D)	(E)	(F)						
Name and title	Average				C) ition	ı		Reportable	Reportable	Estimated
	hours	(cl	neck	all ·	that	арр	ly)	compensation	compensation	amount of
	per week					ي و		from the	from related organizations	other compensation
	(list any	tor				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed err		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	related	stee o	ustee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	comp				organizations
	below	lividu	titutic	Officer	y emp	hest	Former			
	line)	빌	SE .	₩	ş.	'≝	요			
(47) MR. DAVID A. SCHULZ GENERAL TRUSTEE	1.00	х						0.	0.	0.
(48) MS. JANICE V. SHARRY, ESQ.	1.00	Λ						· ·	0.	0.
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
(49) MR. DAN J. SPAULDING	1.00	Λ				$\vdash$		0.	0.	0.
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
(50) MS. JULIANA TIOANDA	1.00							0.	0.	0.
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
(51) MR. ADAM VITALE	1.00							•	•	•
GENERAL TRUSTEE	1100	х						0.	0.	0.
(52) DR. GERALD F. VOVIS	1.00								•	•
GENERAL TRUSTEE		Х						0.	0.	0.
(53) MR. SCOTT L WESTERMAN	1.00								-	-
GENERAL TRUSTEE		Х						0.	0.	0.
(54) MRS. NANCY B. CARLIN	1.00									
TRUSTEE		Х						0.	0.	0.
(55) MR. EUGENE A PROCKNOW	1.00									
TRUSTEE		Х						0.	0.	0.
						_				
		-								
		-								
		1								
		L	L	L		L	L			
Total to Part VII, Section A, line 1c										

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## Form 990 (2019) KNOX COLLEGE Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
SΩ	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ନ୍ଦ୍ର ପ୍ର		Fundraising events 1c					
ffs, r A		d Related organizations 1d					
nila		Government grants (contributions)  1e	1,911,325.				
Sir		All other contributions, gifts, grants, and	, , ,				
uti Je		similar amounts not included above <b>1f</b>	11,856,131.				
e ţ		Noncash contributions included in lines 1a-1f	1,795,305.				
on Pud		Total. Add lines 1a-1f		13,767,456.			
<u> </u>		1 Total Add lines 12 11	Business Code				
	2 :	TUITION AND FEES	611310	57,642,140.	57,642,140.		
Vice		AUXILIARY ENTERPRISES - PROGRAM	611710	7,576,189.	7,576,189.		
Ser		AUXILIARY ENTERPRISES - CATERING	722320	96,055.	7 7 7 7 7 7 7 7	96,055.	
z N	ì			, , , , , ,		,	
gra Re							
Program Service Revenue		All other program service revenue					
_		Total. Add lines 2a-2f		65,314,384.			
	3	Investment income (including dividends, inter		,,			
	3	other similar amounts)		3,941,440.		-7,797.	3,949,237.
	4	Income from investment of tax-exempt bond		-,,,,,,,,		.,	.,,
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6 -		(.,, : :::::::::::::::::::::::::::::::::				
		a Gross rents 6a 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory <b>7a</b> 14,512,612					
		Less: cost or other basis					
<u>o</u>	•	and sales expenses <b>7b</b> 8,756,295					
her Revenue		Gain or (loss) 7c 5,756,317					
Seve		d Net gain or (loss)	·	5,756,317.			5,756,317.
e F		a Gross income from fundraising events (not		, , , -			
ğ	•	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses					
		Net income or (loss) from fundraising events	<b>•</b>				
		a Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns					
		and allowances10	а				
		Less: cost of goods sold					
		Net income or (loss) from sales of inventory	<u> </u>				
			Business Code				
snc	11 :	MISCELLANEOUS REVENUE	900099	874,297.	874,297.		
nec				•			
Miscellaneous Revenue							
<u> S</u>	(	All other revenue					
2	(	Total. Add lines 11a-11d		874,297.			
	12	Total revenue. See instructions		89,653,894.	66,092,626.	88,258.	9,705,554.

932009 01-20-20

### Form 990 (2019) KNOX COLLEGE Part IX Statement of Functional Expenses

0	0 - 1' - 504(-)(0) 1 504(-)(1)								
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6h  (A)  (B)  (C)  (D)								
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	38,956,673.	38,956,673.						
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	1,817,481.	1,471,904.	190,087.	155,490.				
6	Compensation not included above to disqualified	,	, ,	,	<u>,                                      </u>				
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	20,872,766.	16,903,998.	2,183,049.	1,785,719.				
8	Pension plan accruals and contributions (include		.,,	,,	, , . – • .				
•	section 401(k) and 403(b) employer contributions)	767,738.	621,760.	80,296.	65,682.				
9	Other employee benefits	4,186,097.	3,390,148.	437,817.	358,132.				
10	Payroll taxes	1,526,634.	1,236,358.	159,668.	130,608.				
11	Fees for services (nonemployees):		2,230,3301	200,0001	200,000				
	Management	164,575.		164,575.					
	Legal	107,919.	15,127.	92,792.					
	Accounting	10775131	13/12/1	3271321					
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
9	column (A) amount, list line 11g expenses on Sch 0.)	2,317,560.	1,271,598.	766,947.	279,015.				
12	Advertising and promotion	135,354.		18,630.	27370131				
13	Office expenses	4,709,162.	4,504,370.	31,622.	173,170.				
14	Information technology	195,045.	195,045.	31,0221	1/3/1/01				
15	Royalties	13370131	133,0131						
16		1,527,073.	704,998.	822,075.					
17	Occupancy Travel	1,457,303.	1,264,321.	68,269.	124,713.				
18	Payments of travel or entertainment expenses	1,437,303.	1,201,321.	00,203.	124,713.				
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	1,578,246.	1,255,652.	322,594.					
20 21	Payments to affiliates	_,J,U,U,U,U	_,,	222,37±0					
22	Depreciation, depletion, and amortization	4,174,243.	3,272,563.	723,156.	178,524.				
23	Insurance	508,423.	199,540.	308,883.					
23 24	Other expenses, Itemize expenses not covered	300, 423		200,000.					
24	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A)								
а	amount, list line 24e expenses on Schedule 0.)  AUXILIARY ENTERPRISES -	2,198,863.	2,198,863.						
a b		2,250,005	2,250,005						
c d									
	All other expenses								
е 25	Total functional expenses. Add lines 1 through 24e	87,201,155.	77,579,642.	6,370,460.	3,251,053.				
<u>25</u> 26	Joint costs. Complete this line only if the organization	J., 201, 133.	7.,515,042.	0,0,0,400	J, 231, 033.				
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
	11 TOHOWING SOF 90-2 (ASC 938-720)		<u> </u>		000				

990 (2019) KNOX COLLEGE 37-0673513 Page 11

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any li	ne in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,373,458.	1	6,853,565
	2	Savings and temporary cash investments		2,001,736.	2	1,191,528
	3	Pledges and grants receivable, net	1,528,903.	3	1,736,018	
	4	Accounts receivable, net		1,353,248.	4	2,071,691
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial cor	tributor, or 35%			
		controlled entity or family member of any of these persons	s		5	
	6	Loans and other receivables from other disqualified perso				
		under section 4958(f)(1)), and persons described in sectio	n 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		126,873.	8	222,424
À	9	B		878,405.	9	796,880
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	149,400,652.			
	b		83,217,108.	63,959,734.	10c	66,183,544
	11	Investments - publicly traded securities		160,871,855.	11	161,056,919
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	18,626,111.	15	17,716,364	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		251,720,323.	16	257,828,933
	17	Accounts payable and accrued expenses	8,347,653.	17	4,370,452	
	18	Grants payable			18	
	19	Deferred revenue		303,084.	19	1,007,521
	20	Tax-exempt bond liabilities		32,633,908.	20	38,399,261
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or former officer	, director,			
≝		trustee, key employee, creator or founder, substantial cor	tributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	S		22	
	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C	Complete Part X			
		of Schedule D		13,133,015.		
	26	Total liabilities. Add lines 17 through 25		54,417,660.	26	58,050,557
"		Organizations that follow FASB ASC 958, check here	► X			
ces		and complete lines 27, 28, 32, and 33.		40 400 560		20 500 400
ılan	27			42,432,769.		38,500,482
Ba	28	Net assets with donor restrictions		154,869,894.	28	161,277,894
Ĕ		Organizations that do not follow FASB ASC 958, check	here 🕨 🔙			
Ē		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		400 000 000	31	100 550 055
Š	32	Total net assets or fund balances		197,302,663.	32	199,778,376
	33	Total liabilities and net assets/fund balances		251,720,323.	33	257,828,933

37-0673513 Page **12** KNOX COLLEGE Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>89</u>	,65	3,8	<u>94.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	87	,20	1,1	<u>55.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		, 45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	197	<u>,30</u>	2,6	63.
5	Net unrealized gains (losses) on investments	5	2	,34	6,0	10.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2	, 32	3,0	36.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	199	,77	8,3	76.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				1
	separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				1
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				l
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit	t			l
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	l
				Form	990 (	(2019)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization KNOX COLLEGE 37-0673513 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

**Total** 

### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	<b>here.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s <b>&gt;</b>
						dule A (Form 990	

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support		1	Г	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504( )(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				<b>P</b>
	Public support percentage for 2019 (I			oolumn (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 13, column (i))		18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						s.not
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 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.
- 2 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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.
- 5a 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 amendment to the organizing document).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Ju		
3b		
3с		
4a		
4b		
4c		
F-0		
5a		
<b></b>		
5b		_
5c		
6		
7		
8		
9a		
34		
9b		
35		
9с		
36		
10a		
401-		
10b		

Pai	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	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		
Sec	ction B. Type I Supporting Organizations	I		
			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 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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		<b>V</b>	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard.  Stion 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 instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	lly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

ı uı	ιv	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
		s from 2018			
		s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(Form 990 of 990-EZ) 2019 1000X COLLEGE 57 0075313 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.)
-	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KNOX COLLEGE

**Employer identification number** 37-0673513

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (	or Accounts. Complete if the
	Organization answered Tes Off Offi 990,1 art 14, line	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	ed funds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes N
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Ye	es" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not or	n a historic structur	re
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conse	ervation easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	on easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above		` '	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statemer	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tus	A CALLERON OF OTH	as Cimilar Assats
Pal	T III Organizations Maintaining Collections of		easures, or Our	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	, ,		
	of art, historical treasures, or other similar assets held for publ	•		•
	service, provide in Part XIII the text of the footnote to its finance			
b	, .	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS	-		<b>.</b>
	, , , , , , , , , , , , , , , , , , , ,			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	τοr ⊦orm 990.		Schedule D (Form 990) 20

Pai	rt III Organizations Maintaining (	Collections of Ar	t, Historical Tre	asures, or Oth	er Similar As	ssets (continued)	
3							
	collection items (check all that apply):			· ·	· ·		
а	<b>V</b>	d	I X Loan or exc	hange program			
b	77	e		age program			
c	TT	•					
4	Provide a description of the organization's of	collections and explain	how they further th	e organization's ev	emnt nurnose ir	Dart YIII	
5	During the year, did the organization solicit					ii ait XIII.	
3	to be sold to raise funds rather than to be m					Yes X No	
Par	rt IV Escrow and Custodial Arrar						
	reported an amount on Form 990, Pa		ete ii tile organizatio	iranswered res c	711 Omi 990, i a	1117, 11116 9, 01	
12	Is the organization an agent, trustee, custoo	· · · · · · · · · · · · · · · · · · ·	iany for contributions	or other assets no	t included		
ıu	on Form 990, Part X?					Yes No	
h	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table:			165 140	
b	in res, explain the arrangement in rait An	i and complete the loi	lowing table.			Amount	
_	Paginning balance				10	Amount	
	Beginning balance						
	Additions during the year						
e	Distributions during the year						
7	Ending balance				1f		
	Did the organization include an amount on I		·			Yes No	
	If "Yes," explain the arrangement in Part XII  IT V Endowment Funds. Complete						
ı aı	Endowment i dilds: Complete	1		· · · · · · · · · · · · · · · · · · ·		had (Afamanan had	
		(a) Current year	(b) Prior year	(c) Two years back			
	Beginning of year balance	170,174,020.	160,083,659.	143,246,261			
b		2,969,481.	4,707,188.	4,898,986			
С	Net investment earnings, gains, and losses	12,347,467.	14,888,234.				
d	Grants or scholarships	13,096,690.	10,915,192.	7,546,000	7,747,	6,647,903.	
е	Other expenditures for facilities						
	and programs		-1,410,131.	321,955	. 227,	629. 172,186.	
f	Administrative expenses						
g	End of year balance	171,631,200.	170,174,020.	160,083,659	. 143,246,	261. 123,722,376.	
2	Provide the estimated percentage of the cu		e (line 1g, column (a)	) held as:			
а	Board designated or quasi-endowment	11.48	_%				
b		%					
С	Term endowment ▶ 23.85	_%					
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.					
За	Are there endowment funds not in the poss	ession of the organiza	ition that are held ar	nd administered for	the organization	1	
	by:					Yes No	
	(i) Unrelated organizations					3a(i) X	
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	ed on Schedule R?			3b	
4	Describe in Part XIII the intended uses of th		wment funds.				
Pai	rt VI Land, Buildings, and Equipr						
	Complete if the organization answer						
	Description of property	(a) Cost or o		' '	Accumulated	(d) Book value	
		basis (investr	,	` '	lepreciation		
1a	Land			7,554.		12,317,554.	
	Buildings		107,97	6,914. 61	<u>,430,513</u>	. 46,546,401.	
С	Leasehold improvements						
d	Equipment				<u>,786,595</u>		
	Other			5,047.		3,535,047.	
Total	al. Add lines 1a through 1e. (Column (d) must	egual Form 990. Part	X. column (B), line 1	Oc.)		66,183,544.	

Schedule D (Form 990) 2019

1.	(a) Description of liability						
(1)	Federal income taxes						
(2)	STUDENT DEPOSITS	524,050.					
(3)	ANNUITY PAYABLE	834,068.					
(4)	POSTRETIREMENT BENEFIT OBLIGATION	3,368,889.					
(5)	FEDERAL EQUITY IN LOAN PROGRAMS	2,073,083.					
(6)	INTEREST RATE SWAPS LIABILITY	7,180,609.					
(7)	CAPITAL LEASE OBLIGATION PAYABLE	292,624.					
(8)							
(9)							
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,273,323.					

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

Schedule D (Form 990) 2019

	: XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn.	ruge -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	53,043,231.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments	2a 2,346,010.	_	
	Donated services and use of facilities	2b	4	
С	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d		2e	2,346,010. 50,697,221.
	Subtract line 2e from line 1		3	50,697,221.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 20 056 672	-	
	Other (Describe in Part XIII.)		-	20 056 672
	Add lines 4a and 4b		4c	38,956,673. 89,653,894.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Fynansas nar F	5 Retur	
rai		iits with Expenses per r	10 LUI	···
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			48,244,482.
			1	40,244,402.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	00		
	Donated services and use of facilities	2a	1	
	Prior year adjustments Other losses	2b 2c	1	
_	Other losses Other (Describe in Part XIII.)		1	
	Add lines 2a through 2d	•	2e	0.
	Subtract line 2e from line 1		3	48,244,482.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			10,211,1021
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	20 056 672	1	
	Add lines <b>4a</b> and <b>4b</b>	•	4c	38,956,673.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	87,201,155.
Par	XIII Supplemental Information.			
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional information.		
PAR	T III, LINE 1A:			
THE	COLLEGE HAS COLLECTIONS OF VALUABLE ARTWO	RK, PAPERS, AND	OTH	ER
MEM	ORABILIA THAT WERE DONATED TO THE COLLEGE.	THESE ITEMS ARE	ON	DISPLAY
			_	
AND	ARE USED BY EDUCATORS, RESEARCHERS, HISTOR	RIANS, AND OTHER	S.	THESE
~				
CON	TRIBUTED COLLECTIONS ARE NOT REFLECTED ON '	THE FINANCIAL ST	ATE	MENTS.
				_
HOW	EVER, ALL PROCEEDS FROM ANY SALES OF COLLEC	CTIONS, OR ITEMS	TN	A
<b>20</b> T	TECHTON MICH DE HARD HO LOCHIDE ORWED THE	DOD GOLL DODLO		3.0.00
COL	LECTION, MUST BE USED TO ACQUIRE OTHER ITE	MS FOR COLLECTIO	NS.	AS OF
TITAT	E 20 2020 AND 2010 MILEDE MEDE NO INCREME	DDOGEEDG EDOM E	17773	
OUN	E 30, 2020 AND 2019, THERE WERE NO UNSPENT	PROCEEDS FROM T	HE	SALE OF
COT	I ECUTONIC			
СОП	LECTIONS.			
PAP	T III, LINE 4:			
1 VI/	I III, DIND 4.			
THE	COLLEGE HAS COLLECTIONS OF VALUABLE ARTWO	RK. PAPERS. AND	ОТН	ER

932054 10-02-19

Schedule D (Form 990) 2019

Part XIII | Supplemental Information (continued)

MEMORABILIA THAT WERE DONATED TO THE COLLEGE. THESE ITEMS ARE ON DISPLAY

AND ARE USED BY EDUCATORS, RESEARCHERS, HISTORIANS, AND OTHERS.

PART V, LINE 4:

THE COLLEGE'S ENDOWMENT CONSISTS OF SEVERAL INDIVIDUAL FUNDS ESTABLISHED

FOR A VARIETY OF PURPOSES: SCHOLARSHIPS, PROFESSORSHIPS, LIBRARY,

LECTURESHIPS, RESEARCH, PRIZES, AND DONOR SPECIFIED EDUCATIONAL

ACTIVITIES. INCLUDED IN THESE FUNDS ARE BOTH DONOR-RESTRICTED ENDOWMENT

FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS

ENDOWMENTS.

PART X, LINE 2:

THE COLLEGE IS A NOT-FOR-PROFIT ENTITY AS DESCRIBED IN SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES

ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC AND SIMILAR

PROVISIONS OF THE STATE TAX CODE. THE COLLEGE IS NOT CLASSIFIED AS A

PRIVATE FOUNDATION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

STUDENT AID AND SCHOLARSHIPS 38,956,673.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

STUDENT AID AND SCHOLARSHIPS 38,956,673.

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization KNOX COLLEGE STATE TO A STATE OF THE STATE OF

Га	iu			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	X	
	If you need more space, use Part II  KNOX COLLEGE'S NONDISCRIMINATION POLICY IS CLEARLY STATED IN			
	THE COLLEGE CATALOG, WEBSITE, ADMISSIONS MATERIALS,			
	APPLICATIONS, AND OTHER PUBLICATIONS.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b		4b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
-	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			37
	Students' rights or privileges?	<u>5a</u>		_X_
	Admissions policies?	5b		_X_
	Employment of faculty or administrative staff?	5c		<u>X</u>
	Scholarships or other financial assistance?	5d		<u>X</u>
	Educational policies?	5e		<u> </u>
	Use of facilities?	5f		<u>X</u>
	Athletic programs?	5g		<u>X</u>
h	Other extracurricular activities?	5h		<u>X</u>
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
60	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6b	-2	Х
b	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	30		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
7		7	Х	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Λ	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2019

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.  Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
FOR THE FISCAL YEAR, KNOX COLLEGE RECEIVED AWARDS FROM THE FOLLOWING
FEDERAL PROGRAMS: FEDERAL WORK STUDY, FEDERAL DIRECT LOAN PROGRAM, FEDERAL
SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM, FEDERAL PELL GRANT,
FEDERAL PERKINS LOANS PROGRAM, STUDENT SUPPORT SERVICES PROGRAM, MCNAIR
POST - BACCALAUREATE ACHIEVEMENT; CHAPTER 33 POST 911 GI BILL, NATIONAL
SCIENCE FOUNDATION AND NATIONAL ENDOWMENT FOR THE ARTS.

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

**Employer identification number** 

KNOX COLLEGE					37-067351	3
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV						
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and otl	ner assistance outsi	de the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				SPAIN BARC	ELONA KNOX,	
				IN COOPERAT	ION WITH THE	
EUROPE (INCLUDING				UNIVERSITY	OF BARCELONA,	
ICELAND & GREENLAND)	1	1	PROGRAM SERVICES		EMIC STUDY IN	153,749.
	_	_				
3 a Subtotal	1	1				153,749.
<b>b</b> Total from continuation						, ,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	1	1				153,749.
una obj						. , . = - •

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

Schedule F (Form 990) 2019

932071 10-12-19

SEE PART V FOR COLUMN (E) DESCRIPTIONS

KNOX COLLEGE

Part II	Grants and Othe	er Assistance to Org	anizations or Entities (	Outside the United States.	Complete if the o	rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any			
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Na	me of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
				recognized as charities by the tion 501(c)(3) equivalency lette		recognized as tax-ex	empt	1	1			

Page 2

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2019	KNOX COLLEGE			3'	7-0673513		Page
Part III Grants and Other Assista	nce to Individuals Outsid	e the United Sta	ites. Complete i	f the organization answered "Yes" of	on Form 990, Part	IV, line 16.	
Part III can be duplicated i	f additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 KNOX COLLEGE
Part IV Foreign Forms

raii	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	X 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	X 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	X 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	X 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	X 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)

Schedule F (Form 990) 2019

Yes X No

# Page **5** Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 3, COLUMN (E): REGION: EUROPE (INCLUDING ICELAND & GREENLAND) (E) SPECIFIC TYPES OF SERVICES IN REGION: SPAIN BARCELONA KNOX, IN COOPERATION WITH THE UNIVERSITY OF BARCELONA, OFFERS ACADEMIC STUDY IN LANGUAGE, THE HUMANITIES AND THE SOCIAL SCIENCES. STUDENTS PURSUE A COMBINATION OF COURSES, ALL TAUGHT IN SPANISH BY PROFESSORS FROM THE UNIVERSITY OF BARCELONA. SOME OF THE COURSES ARE FITTED TO THE PARTICULAR NEEDS OF PROGRAM STUDENTS, OTHER COURSES ARE FROM THE REGULAR UNIVERSITY CURRICULUM OFFERED TO SPANISH STUDENTS. ALL STUDENTS LIVE IN THE HOMES OF SPANISH FAMILIES IN BARCELONA. THE PROGRAM HAS A TWO-WEEK TRIP THROUGHOUT SOUTHERN SPAIN DURING WINTER BREAK AS WELL AS OTHER SHORTER EDUCATIONAL FIELD TRIPS.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of th	ne organization							Employer identification number
	KNOX COLL							37-0673513
Part I	General Information on Grants a							
1 Does	s the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
crite	ria used to award the grants or assis	stance?						X Yes No
	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "\	es" on Form 990, Parl	: IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0.14.1)		
1 (a) N	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ente	er total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				<b>&gt;</b>
	er total number of other organizations	-	•					
LHA For	Paperwork Reduction Act Notice,	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) KNOX COLLEGE					37-0673513	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assi	istance
INDIVIDUAL GIFT AID (GRANTS AND/OR SCHOLARSHIPS TO STUDENTS)	1278	38,956,673.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
FINANCIAL AID AND SATISFACTORY ACA	DEMIC PRO	GRESS STAN	DARDS: TO	REMAIN AT		
KNOX, ALL DEGREE-SEEKING STUDENTS	ARE EXPEC	TED TO MAK	KE SATISFAC	TORY		
ACADEMIC PROGRESS. SATISFACTORY PRO	OGRESS IS	DEFINED E	BOTH IN TER	MS OF THE		
ACCUMULATION OF CREDITS TOWARDS A	DEGREE, A	ND THE MAI	NTENANCE O	F A GRADE		
POINT AVERAGE CONSISTENT WITH GRAD	UATION RE	QUIREMENTS	. THE FINA	NCIAL AID		
OFFICE FOLLOWS THE DECISION OF THE	ACADEMIC	STANDING	COMMITTEE	IN		
DETERMINING WHETHER A STUDENT IS M	EETING TH	E COLLEGE'	S SATISFAC	TORY		
ACADEMIC PROGRESS STANDARDS.	_					

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

KNOX COLLEGE

Employer identification number 37-0673513

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Decided the control of the control of the dear France 200 Dectable A. France			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:  Receive a severance payment or change-of-control payment?	40		Х
a h	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The steamy of lines at 5, list the persons and provide the applicable amounts for each term in a time.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. TERESA L. AMOTT	(i)	319,432.	0.	0.	16,800.	5,567.	341,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL EISENMENGER	(i)	191,310.	0.	0.	0.	21,638.	212,948.	0.
VP OF FINANCE AND ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BEVERLY HOLMES	(i)	156,932.	0.	0.	9,750.	5,567.	172,249.	0.
VP FOR ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNE EHRLICH	(i)	144,644.	0.	0.	8,262.	14,219.	167,125.	0.
VP FOR STUDENT DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL STEENIS	(i)	144,555.	0.	0.	8,597.	11,065.	164,217.	0.
VP FOR ENROLLMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL SCHNEIDER(FROM 6/17/19)	(i)	148,135.	0.	0.	8,873.	235.	157,243.	0.
PROVOST AND DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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.

PART I, LINE 1A:

OCCASIONALLY THE PRESIDENT'S HUSBAND WILL ACCOMPANY THE PRESIDENT ON

COLLEGE FUNDRAISING EVENTS. THE COLLEGE PROVIDES FUNDING FOR HIS TRAVEL

COSTS. THESE TRAVEL COSTS ARE NOT CONSIDERED COMPENSATION AS HE IS

PARTICIPATING IN FUNDRAISING FOR THE COLLEGE. REIMBURSEMENTS FOR TRAVEL

COST MUST FOLLOW THE COLLEGE'S PURCHASING AND ACCOUNTS PAYABLE POLICIES.

THESE POLICIES INCLUDE REQUIREMENTS FOR DOCUMENTATION AND RECEIPTS. THE

PRESIDENT IS PROVIDED HOUSING BY THE COLLEGE. THE PRESIDENT'S HOUSE IS

CONSIDERED A PART OF THE COLLEGE'S CAMPUS AND IS USED FOR COLLEGE EVENTS

AND ENTERTAINING. THE PRESIDENT'S HOUSING IS CONSIDERED NONTAXABLE AS IT IS

PROVIDED FOR THE CONVENIENCE OF THE COLLEGE.

PART I, LINE 3:

COMPENSATION IS REVIEWED ANNUALLY. THIS REVIEW INCLUDES COST OF LIVING

STATISTICS, COMPENSATION PAID FOR SIMILAR POSITIONS AT OTHER SIMILAR

COLLEGES, AND COMPENSATION PAID LOCALLY FOR LIKE POSITIONS. A STANDARD

ACHIEVEMENT INCREASE IS DETERMINED AND IS APPROVED BY THE BOARD OF TRUSTEES

DURING THE JUNE MEETING IN CONJUNCTION WITH THE APPROVAL OF THE FOLLOWING

YEAR'S BUDGET. ALL STAFF INCREASES ARE REVIEWED BY THE PRESIDENT, VICE

Schedule J (Form 990) 2019

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.
PRESIDENTS, AND HEADS OF DEPARTMENTS. THE BOARD OF TRUSTEES FOLLOWS THE
PRINCIPAL AND POLICIES OUTLINED IN KNOX'S EXECUTIVE COMPENSATION PROGRAM AS
APPROVED MAY 2, 2016. COMPENSATION FOR EXECUTIVES OF THE COLLEGE IS
DETERMINED BY EVALUATION OF A VARIETY OF FACTORS, INCLUDING THE SKILLS,
TENURE, EXPERIENCE AND PERFORMANCE OF THE EXECUTIVE; THE DIFFICULTY OF
REPLACING THE EXECUTIVE AND THE IMPORTANCE OF THE POSITION TO THE COLLEGE;
AND HISTORICAL COMPENSATION LEVELS AND INTERNAL PAY EQUITY ISSUES. ALL
COMPENSATION AND OTHER FINANCIAL BENEFITS FOR COLLEGE EMPLOYEES WHO ARE
DISQUALIFIED PERSONS ARE TO BE APPROVED IN ADVANCE OF PAYMENT OR AGREEMENT
FOR PAYMENT BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

KNOX COLLEGE

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

Employer identification number 37-0673513

Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribo amounts reporte Form 990, Part VIII,	d on		(d) lethod of det ash contribut		_	
1	Art - Works of art		items contributed	Tomi ooo, i are viii,	mic ig					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	42	1,795,	305.	FAIR	MARKET	VA:	LUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
•	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other									
26	Other									
27	Other									
28	Other ()									
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for which the organization completed Form 828	33, Part IV, D	Oonee Acknowledg	ement	29					
							ſ		Yes	No
30a	During the year, did the organization receive by						it			
	must hold for at least three years from the date		I contribution, and	which isn't required	to be us	ed for				
	exempt purposes for the entire holding period?							30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p					ions?		31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?							32a		_X_
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	oiumn (c) for	a type of property	tor which column (a	ı) ıs chec	кеа,				
114	describe in Part II.	Alea Instance	i				Calaadii aa	/F	- 000	0040
_HA	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019									

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KNOX COLLEGE

Employer identification number 37-0673513

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDES STUDENTS FROM 48 STATES AND 51 COUNTRIES, 25% U.S STUDENTS OF

COLOR, AND INDIVIDUALS FROM EVERY IMAGINABLE RELIGIOUS AND

SOCIOECONOMIC BACKGROUND. MEMBERS OF THE KNOX COMMUNITY ARE ACTIVELY

CHALLENGED TO BROADEN THEIR POINTS OF VIEW. KNOX COLLEGE IS A COLLEGE

THAT CHANGES LIVES (1,229 STUDENTS).

FORM 990, PART VI:

SECTION B, LINE 14

THE COLLEGE DOES NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION

POLICY. THE RECORD RETENTION AND DESTRUCTION POLICIES ARE DEVELOPED, AS

NEEDED, BY EACH DEPARTMENT TO ADDRESS THEIR SPECIFIC TYPE(S) OF RECORDS.

DEPARTMENTS FOLLOW INDUSTRY IRS STANDARDS THAT ARE APPROPRIATE FOR THEIR

SPECIFIC TYPE(S) OF RECORDS. IN CONJUNCTIONS WITH RECORD DESTRUCTION FOR

CONFIDENTIAL RECORDS, THE COLLEGE CONTRACTED WITH A VENDOR TO PROVIDE

LOCKED BINS FOR DEPARTMENTAL USE AND THE SECURE DESTRUCTION OF THESE

RECORDS.

FORM 990, PART VI:

SECTION C, LINE 17

THE COLLEGE IS NOT REQUIRED TO FILE A COPY OF FORM 990 WITH THE STATE OF ILLINOIS OR ANY OTHER STATE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS REVIEWED BY THE CHAIR OF THE AUDIT SUBCOMMITTEE AND THE CHAIR

OF THE COMMITTEE ON FINANCE. THE 990 IS MADE AVAILABLE TO ALL COLLEGE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

932211 09-06-19

Name of the organization KNOX COLLEGE Employer identification number 37-0673513

TRUSTEES FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICER'S CONFLICT OF INTEREST (FROM BYLAWS OF KNOX COLLEGE): ANY CONFLICT OF INTEREST ON THE PART OF AN OFFICER OF THE COLLEGE DESIGNATED IN THIS ARTICLE, OR MEMBERS OF SUCH OFFICER'S IMMEDIATE FAMILY, SHALL BE DISCLOSED BY THE OFFICER IN WRITING TO THE BOARD OF TRUSTEES AT LEAST ANNUALLY AND MADE A MATTER OF RECORD. WHEN ANY SUCH INTEREST BECOMES RELEVANT TO ANY SUBJECT REQUIRING ADMINISTRATION OR BOARD OF TRUSTEES' ACTION, THE OFFICER HAVING A CONFLICT SHALL CALL IT TO THE ATTENTION OF THE PRESIDENT AND, IF THE MATTER IS BEING CONSIDERED BY THE BOARD OF TRUSTEES OR ONE OF ITS COMMITTEES, TO THE ATTENTION OF THE CHAIR OR SUCH COMMITTEE. THE OFFICER SHALL NOT PARTICIPATE IN THE DISCUSSION OF THE SUBJECT OR MAKE ANY RECOMMENDATIONS REGARDING THE SUBJECT IN WHICH THE OFFICER OR A MEMBER OF THE OFFICER'S IMMEDIATE FAMILY HAS A CONFLICT OF INTEREST, AND SHALL NOT USE PERSONAL INFLUENCE TO AFFECT THE DECISION WITH RESPECT TO SUCH SUBJECT. AN OFFICER OF THE COLLEGE WHO IS EXCLUDED FROM PARTICIPATING IN DISCUSSIONS OR MAKING RECOMMENDATIONS REGARDING THE SUBJECT BECAUSE OF SUCH CONFLICT OF INTEREST SHALL, HOWEVER, BRIEFLY STATE THE NATURE OF THE CONFLICT AND SHALL BE ENCOURAGED TO ANSWER PERTINENT QUESTIONS OF THE TRUSTEES WHEN THE OFFICER'S KNOWLEDGE OF THE SUBJECT WILL ASSIST THE BOARD OF TRUSTEES, ANY OF ITS COMMITTEES, OR THE ADMINISTRATION. THE MINUTES OF ANY MEETING ATTENDED BY THE INTERESTED OFFICER AT WHICH THE SUBJECT IS DISCUSSED SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE INTERESTED OFFICER ABSTAINED FROM THE DISCUSSION EXCEPT TO THE EXTENT PROVIDED ABOVE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY. THIS REVIEW INCLUDES COST OF LIVING

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization  KNOX COLLEGE	Employer identification number 37-0673513						
STATISTICS, COMPENSATION PAID FOR SIMILAR POSITIONS AT OTH							
COLLEGES, AND COMPENSATION PAID LOCALLY FOR LIKE POSITIONS. A STANDARD							
ACHIEVEMENT INCREASE IS DETERMINED AND IS APPROVED BY THE BOARD OF TRUSTEES							
DURING THE JUNE MEETING IN CONJUNCTION WITH THE APPROVAL OF THE FOLLOWING							
YEAR'S BUDGET. THE BOARD OF TRUSTEES REVIEWS THE PRESIDENT	''S SALARY AND						
APPROVES ANY CHANGES. ALL STAFF INCREASES ARE REVIEWED BY THE PRESIDENT,							
VICE PRESIDENTS, AND HEADS OF DEPARTMENTS							
FORM 990, PART VI, SECTION C, LINE 19:							
THE BYLAWS OF THE COLLEGE ARE AVAILABLE UPON REQUEST. EACH	FALL, CONFLICT						
OF INTEREST FORMS ARE DISTRIBUTED TO TRUSTEES, OFFICERS, A	ND DEPARTMENT						
HEADS. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN THE TREASURER'S							
OFFICE. ALL TRUSTEES ARE PROVIDED COPIES OF THE FINANCIAL	STATEMENTS EACH						
YEAR.							
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	-1,991,274.						
POSTRETIREMENT BENEFITS RELATED CHANGES	-725,523.						
ADJUSTMENTS OF AMOUNTS DUE UNDER ANNUITY AND LIFE INCOME							
AGREEMENTS	-85,670.						
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	479,431.						
TOTAL TO FORM 990, PART XI, LINE 9	-2,323,036.						