	•	Exempt Organization Business Income Tax Return	·	OMB No 1545-0687								
	Form	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	$\mathbb{C}^{  }$	~ ~								
	_	1 10 10 10 10 10 10 10 10 10 10 10 10 10		2017								
		For calendar year 2017 or other tax year beginning 7/1, 2017, and ending 6/30, 20 18.  Department of the Treasury  Comparison of the Treasury  For calendar year 2017 or other tax year beginning 7/1, 2017, and ending 6/30, 20 18.										
	Departme	Open	to Public Inspection for									
		Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	501(	c)(3) Organizations Only								
	A D a	lodress changed   (E		identification number s' trust, see instructions )								
		pt under section Print KNOX COLLEGE		•								
	_	On( C ) 23 ) Or Number, street, and room or suite no. If a PO box, see instructions		7-0673513 business activity codes								
	<u> </u>	Type ZEAST SOUTH STREET	See instru									
	<u></u> 40		:									
	C Book	722320										
	at end	yalµe of all assets of or year  G Check organization type ▶ ✓ 501(c) corporation 501(c) trust 40:	1(a) trus	ot Other trust								
			i (a) ii us	or Other liust								
		escribe the organization's primary unrelated business activity CATERING		No. Oha								
		uring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	′ .   . •	► Lifes Vino								
		'Yes," enter the name and identifying number of the parent corporation ▶		<del></del>								
		e books are in care of ► Telephone number ►  Unrelated Trade or Business Income (A) Income (B) Expens		(C) Net								
			T	, N. ( ")								
	ь		+									
	2											
	3		+									
	4a	Capital gain net income (attach Schedule D)  Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  4a   4b   4b	$+ \cdot +$									
	b	Capital loss deduction for trusts 4c										
	с 5	<del></del>	+-,-+	(2.745)								
	6		<del>  </del>	(3,745)								
2019	7	Rent income (Schedule C)	+ +									
	8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8	1									
9 %	9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	1 1									
83	10	Exploited exempt activity income (Schedule I) .	+ +									
3	11	Advertising income (Schedule J)	1									
- T	12	Other income (See instructions, attach schedule) . 12 80,046	† †	80,046								
$\Box$	13	Total. Combine lines 3 through 12		76,301								
当	Part		or con									
SCANNED JUN		deductions must be directly connected with the unrelated business income.)										
Α	14	Compensation of officers, directors, and trustees (Schedule K)	14									
ည	15	Salaries and wages	15									
•	16	Repairs and maintenance	16									
	17	Bad debts	17									
	18	Interest (attach schedule)	18									
	19	Taxes and licenses	19									
	20	Charitable contributions (See instructions for limitation rules)	20									
	21	Depreciation (attach Form 4562)	<u> </u>									
	22	Less depreciation claimed on Schedule A and selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation claimed on Schedule A and less where the selection less depreciation les depreciation les depreciations depreciation depr	22b									
	23	Depletion	23									
	24	Contributions to deferred compensation and MAY 14 2019	24									
	25	Employee benefit programs	25									
	26	Excess exempt expenses (Schedule I)	26									
	27	Excess readership costs (Schedule J) OGDEN, UT	27									
	28	Other deductions (attach schedule)	28	56,966								
	29	Total deductions. Add lines 14 through 28	29	56,966								
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	19,355								
	31	Net operating loss deduction (limited to the amount on line 30)	31	18,355								
	32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	1,000								
	33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000								
	34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, after the smaller of zero or line 32.										
		enter the smaller of zero or line 32	34	0 5 000-T (2017)								

Page	2
raye	_

Part I	Ta	ax Computation					
35	Organia	zations Taxable as Corporations.	See instructions for tax computat	on Controlled group	5		
	membe	rs (sections 1561 and 1563) check he	ere > See instructions and		'•		
а	Enter yo	our share of the \$50,000, \$25,000, an	-		ŀ		
	(1)  \$	(2)  \$					
b		ganization's share of (1) Additional 5	5% tax (not more than \$11,750)	\$	_   •		
	(2) Add						
С	Income	tax on the amount on line 34.		. •	35c		o
36	Trusts	ر <u> </u>					
	the amo	36		o			
37	Proxy t	ax. See instructions		<b>&gt;</b>	37		0
38	Alternat	ive minimum tax			38		
39	Tax on	Non-Compliant Facility Income. Se	e instructions		39		
40	Total. A	Add lines 37, 38 and 39 to line 35c or	36, whichever applies .		40		
Part I	V Ta	ax and Payments					
41a	Foreign	tax credit (corporations attach Form 111	18, trusts attach Form 1116)	41a	_],		
b	Other c	redits (see instructions)		41b			ŀ
С	Genera	l business credit Attach Form 3800 (s	see instructions)	41c			
		or prior year minimum tax (attach For	m 8801 or 8827)	41d			
e	Total c	redits. Add lines 41a through 41d			41e		
42		et line 41e from line 40	_ · <u>·</u>		42		
43		kes Check if from	1 8611 🔲 Form 8697 🔲 Form 8866 🛄 (	Other (attach schedule)	43		$-\!$
44		ex. Add lines 42 and 43			44		
	-	nts. A 2016 overpayment credited to 2	2017	45a	<b>⊣</b> . I		
b		stimated tax payments		45b	` -   -		
С	•			45c	<b>-</b>  , -		ł
d	-	organizations. Tax paid or withheld a		45d	┥,		
e	-			45e	-		
f		or small employer health insurance pi		45f	┥,		
g		_	2439	45-			
	Form		· <del></del>	45g	46		
46 47	-	ayments. Add lines 45a through 45g ed tax penalty (see instructions) Che		_	_ —		<del></del>
47 48		e. If line 46 is less than the total of line			_ —		-
49		yment. If line 46 is larger than the total			<del></del>		<del></del>
50	•	amount of line 49 you want Credited to		Refunded ▶	<b>—</b>		<del></del>
Part		atements Regarding Certain Ac			1		
51		time during the 2017 calendar year, d			other aut	hority 1	res No
٥,		financial account (bank, securities, or					
		Form 114, Report of Foreign Bank a					
	here ▶						<b>─</b>   <del>✓</del>
52	During ti	he tax year, did the organization receive a			oreign trus	t?	✓
	-	see in soluctions for other forms the or					1
53	Enter th	ne amount of ax-exempt interest rece	eived or accrued during the tax yea	ar ▶ \$			
	Under	penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other	this return, including accompanying schedules	and statements, and to the	best of my ke	nowledge an	d belief, it is
Sign		oriect, and complete Declaration of preparer (other)	I ligh		May the	IRS discuss	
Here	P_#	W Musica	KNOX COLLI	EGE TREASURER		preparer sh ructions)? [	
	Signat	ure of officer	Date Title				
Paid		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Prepa	arer				self-employe	ed	
Use (		Firm's name ▶			Firm's EIN ▶		
	3	Firm's address ►			Phone no		

Page 3
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Sche	dule A-Cost of Goods Sold	Ente	r method of ir	vent	ory va	luation ►			<del></del>		
1	Inventory at beginning of year	1		Ĭ	6	Inventory a	at end of year	6			
2	Purchases .	2			7	Cost of	of goods sold. Subtract				
3	Cost of labor	3			]	line 6 from	line 5 Enter here and				
4a	Additional section 263A costs					ın Part 1, lır	ne 2	7			
	(attach schedule) .	4a		ļ	8		les of section 263A (wit	1000001 10	res No		
b	Other costs (attach schedule)	4b		<u> </u>	ļ		roduced or acquired for	resale) apply	_		
5	Total. Add lines 1 through 4b	5			<u> </u>		anization?	· · ·			
	dule C-Rent Income (From	Real	Property and	Per	sonal	Property	Leased With Real Pro	perty)			
	instructions)										
	ription of property		<del> </del>				<del></del> -	<del> </del>			
(1)								<del></del>			
(2)											
(3)											
(4)	2. Rent re	ceived	or accrued								
(-) =		<u> </u>					3(a) Deductions directly	connected with the i	ncome		
	om personal property (if the percentage of r personal property is more than 10% but no		(b) From real ar percentage of rent								
	more than 50%)		50% or if the rent	ıs base	d on pro	ofit or income)					
(1)						_			-		
(2)											
(3)											
(4)							-				
Total		Т	otal				(b) Total deductions.				
(c) Tot	al income. Add totals of columns 2(a	 ) and 2	2(b) Enter				Enter here and on page	1,			
	nd on page 1, Part I, line 6, column (A)		<u> </u>				Part I, line 6, column (B)	<b>&gt;</b>			
<u>Sche</u>	dule E—Unrelated Debt-Fina	nced	I Income (see	ınstru	ctions	5)					
	4 December of debt for and					come from or	Deductions directly connected with or allocable to debt-financed property				
	Description of debt-financed	propert	y	alloc		debt-financed perty	(a) Straight line depreciation	(b) Other dedu			
				<del> </del>			(attach schedule)	(attach sched	oule)		
(1)				<del> </del>							
(2)				<del> </del>				<del> </del>			
(4)								<u></u>			
(4)	4. Amount of average 5. Av	erage a	idjusted basis		6.0	olumn		8. Allocable ded	uctions		
_			ocable to ced property			vided	7. Gross income reportable (column 2 × column 6)	(column 6 x total o	f columns		
			schedule)		by co	lumn 5	(column 2 x colomin o)	3(a) and 3(i	b))		
(1)						%					
(2)						%					
(3)						%					
(4)						%					
							Enter here and on page 1,	Enter here and o			
							Part I, line 7, column (A)	Part I, line 7, col	umn (B)		
Totals						•					
Total o	dividends-received deductions inclu	ded in	column 8					1			

Schedule F-Interest, Annuitie	s, Royalties,			Controlled Org	anizations (se	e instruc	tions)	
Name of controlled	2. Employer	Exempt	CONTROLL CO	J. Grgamzations	. 5 Part of colum	in 4 that is	6.00	ductions directly
	atification number		lated income instructions)	4. Total of specified payments made	included in the organization's gro	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)							ļ	
(3)							<u> </u>	
(4)								
Nonexempt Controlled Organizatio	ns							
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of colum included in the c organization's gro	controlling	connec	eductions directly sted with income in column 10
(1)								
(2)			<del></del>				<del> </del> -	
(3)							1	
(4)		-					<del>                                     </del>	···
Totals		······································			Add columns 5 Enter here and co	on page 1,	Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)
Schedule G-Investment Inco	me of a Sect	ion 5016	c)(7), (9),	or (17) Organi	zation (see inst	tructions	3)	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	es	5. To and s	otal deductions et-asides (col. 3 olus col. 4)
(1)			,					
(2)			<u> </u>					
(3)			-					
(4)								
Totals		column (A)			, ,	-	Part I, III	re and on page 1, ne 9, column (B)
Schedule I-Exploited Exemp	t Activity Inc	ome, Otl	ner Than	Advertising In	come (see inst	tructions	)	
1. Description of exploited activity	2. Gross unrelated business inco from trade of business	or conn	Expenses directly sected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							_	
(2)								
(3)		-						
(4)			-					
Totals	Enter here and page 1, Part line 10, col (	:I, pag	here and on e 1, Part I, 10, col (B)	,				Enter here and on page 1, Part II, line 26
Schedule J-Advertising Inco	r   <b>me</b> (see instru	ctions)		J.,	· · · · · · · · · · · · · · · · · · ·			<u> </u>
Part I Income From Perio			Consoli	dated Basis				
Taret moonie Hom Ferie	laidais riepoi	100 011 0	00110011	4. Advertising		1		7. Excess readership
1. Name of periodical	2. Gross advertising income		. Direct tising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership ists	costs (column 6 minus column 5, but not more than column 4)
(1)						1		,
(2)				1 -				] '
(3)				] ,				]
(4)				<b>1</b> .				]
Totals (carry to Part II, line (5))	<b>&gt;</b>							

Form 990-T (2017) Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If 2. Gross costs (column 6 6. Readership 3. Direct 5. Circulation 1. Name of penodical advertising minus column 5, but costs advertising costs income a gain, compute cols 5 through 7 ıncome not more than column 4) (2) (3) (4) Totals from Part I Δ Enter here and Enter here and on Enter here and on page 1, Part I, line 11; col (A) page 1, Part I, line 11, col (B) on page 1, \_ Part II, line 27 Totals, Part II (lines 1-5)

Totalof ( art if (iii) co f o)	**************************************	THE PROPERTY OF THE PROPERTY O	TARREST CONTINUES					
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)								
1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business					
(1)		%						
(2)		%						
(3)		%						
(4)		%	-					
Total. Enter here and on page 1, Part II, line 14		•	-					

Form **990-T** (2017)

Knox College Form 990 T, 2017 Part I & II 37-0673513

## Part I, Line 5 Income (Loss) from Partnership:

Total	\$ (3,745.00)
Other Deductions	\$ 8,144 00
Deductions179 & Other	\$ 504 00
Ordinary Business Income (Loss)	\$ 4,903 00
Centerview Capital, LP	

## Part I, Line 12:

Catering Income	\$ 80,046.00

Part II, Line 28:	Food Svc
Fringe Benefit Allocation	\$ 1,877 17
Food & Beverage Allocation	\$ 41,240 50
Taxes & Licenses	\$ -
Interest Allocation	\$ 233 84
Depreciation Allocation	\$ 1,123 48
Maintenance & Repair Allocation	\$ 671 11
Administrative Expense Allocation	\$ 3,292 60
Utilities Allocation	\$ 689 70
Supplies	\$ 3,749 14
Insurance Allocation	\$ 339 65
Telephone	\$ -
Office/Operating Expense	\$ 3,749 14
Total	\$ 56,966.33

## Part II, Line 31:

Net Operating Loss 990T				Applied to 2017	_	Remaining NOL arryforward
2012	\$	(11,844.00)	\$	11,844.00	\$	•
2013	\$	(13,163.00)	\$	264.00	\$	(12,899.00)
2014	\$	(5,308 00)	\$	5,308 00	\$	-
2015	\$	(32,765 00)	\$	19,355 00	\$	(13,410 00)
Car	ryfo	rward to 201	8		\$	(26,309.00)