	, (**	990-T	l E	EXTENDED TO NOVE	EMB: sine	ER 15, 2019 Ess Income 1	Γax Ref	turn	ı	ОМВ	No 1545-0687
٠	. Form		_	(and proxy tax und							040
æ			For ca	endar year 2018 or other tax year beginning, and ending					_ 2018		
	Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						1/6\/3\	-	Open to F	Public Inspection for	
		Charle boy of				d and see instructions.)	Zation is a Su	1(0)(0).	D Empl		Organizations Only
	A L	Check box if address changed		Name of organization (L Check box if name c	nanye	u anu see msu uctions.)				loyees' tri actions)	ust, see
	B Ex	empt under seeton	Print	THE KNOX FOUNDATION					5	8-61	L63728
		501(c)(3U)5	or	Number, street, and room or suite no. If a P.O. box	x, see i	nstructions				ated busii	ness activity code
		408(e) 220(e)	Туре	3133 WASHINGTON ROAD,	WM				``		,
		408A530(a)		City or town, state or province, country, and ZIP o	r forei	gn postal code			L		
	بيل	529(a)		THOMSON, GA 30824					525	990	
	C at e	ok value of all assets nd of year 74,123,0	20	F Group exemption number (See instructions.) G Check organization type ► 501(c) corp	Dorotio	n X 501(c) trust		401(a)	teuct		Other trust
	H Ent				1		the only (or 1				Other trust
			•	EE STATEMENT 15			e, complete Pa				ne.
				ce at the end of the previous sentence, complete Pa	ırts I aı						,
		siness, then complete									
				oration a subsidiary in an affiliated group or a parer	nt-subs	sidiary controlled group?		▶ [Y6	es 🖸	【 No
				ifying number of the parent corporation.							
				JEFFERSON B.A. KNOX		,	T			<u> 595-</u>	-1907
	Pa			le or Business Income	1	(A) Income	(R) FX	penses			(C) Net
		Gross receipts or sale		- Polence	۱.,						
	_	Less returns and allow Cost of goods sold (S		△ line 7)	1c 2		 				
		Gross profit Subtract		· · · · · · · · · · · · · · · · · · ·	3				··· ·		<u>'</u>
		Capital gain net incom			4a		 				
		. •	•	art II, line 17) (attach Form 4797)	4b	1,381.					1,381.
	C	Capital loss deduction	n for trus	its	4c						
	5	Income (loss) from a	partners	hip or an S corporation (attach statement)	5	70,424.	ST	MT 1	.6		70,424.
		Rent income (Schedu			6		ļ			<u> </u>	
		Unrelated debt-finance		,	7		-			 	
		=		nd rents from a controlled organization (Schedule F) in 501(c)(7), (9), or (17) organization (Schedule G)	<u>8</u> 9						
		Exploited exempt active			10		+				
		Advertising income (S	•	,	11					<u> </u>	
		Other income (See ins		•	12						
		Total, Combine lines	3 throu	gh 12	13	71,805.				Ĺ	71,805.
	Pai	t II Deductio	ns No	t Taken Elsewhere (See instructions fo	limit	atible Obelicies					
				utions, deductions must be directly connected	1	the unrelated busines			1		
	14	•	icers, dii	ectors, and trustees (Schedule K)	3091	NOV 1 9 2019	IRS-OS		14		
	15	Salaries and wages			 જ્	MOA TO FOR	Ś		15 16		
	16 17	Repairs and mainten Bad debts	lance		1 +	OCDEN			17		
	18	Interest (attach sche	dule) (se	ee instructions)	<u></u>	OGDEN, U			18		
	19	Taxes and licenses		,					19		
	20	Charitable contribution	ons (See	e instructions for limitation rules) STATEME	ENT	18 SEE STA	TEMENT	17	20		31,197.
	21	Depreciation (attach	Form 45	662)		21					
	22	Less depreciation cla	aimed or	Schedule A and elsewhere on return		22a			22b	ļ	
	23	Depletion							23	ļ	
	24	Contributions to defe		mpensation plans					24		
	25 26	Employee benefit pro Excess exempt exper	-	hedule I)					25 26		
	26 27	Excess exempt exper	•	•					27		
	28	Other deductions (at	•	•					28		
	29	Total deductions. A		•					29		31,197.
	30			come before net operating loss deduction. Subtract	t line 2	9 from line 13			30		40,608.
	31	•	-	oss arising in tax years beginning on or after Janua	ry 1, 2	018 (see instructions)			_31		10 555
:	32			come. Subtract line 31 from line 30					32	L	40,608.
		ALAN AN ILLA ER	r Paner	work Reduction Act Notice see instructions						Form	1 990-T (2018)

	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre			e and belief, it is true,	
lere	Signature of officer	$2 \frac{11}{5} \frac{15}{9} $ DIREC	TOR	SIGNHERE P	the IRS discuss this return with reparer shown below (see uctions)? X Yes N	lo
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid Prepare	, HEATHER MORIN	Heather Morin 2019 11 1.	16 22 23 -05'00'	self- employed	P01270715	
Use Onl	I CUEDDY DEVAE	Firm's EIN ▶	56-0574444			
DSC OIII	1029 GREEN	E STREET				
	Firm's address ► AUGUSTA, G	A 30901		Phone no. 70	<u>6-724-3557 </u>	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1			Inventory at end of year	r		6	
2 Purchases	2		7	Cost of goods sold. Su	ubtract	line 6		_
3 Cost of labor	3			from line 5. Enter here and in Part I,				
4 a Additional section 263A costs				line 2		7		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No	
 Other costs (attach schedule) 	4b		_	property produced or a	cquired	i for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)
1. Description of property								
(1)								
(2)						•		
(3)								
(4)								
		red or accrued				2(a) Dodustions directly		ated with the receme in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personai	onal property (if the percentag property exceeds 50% or if ad on profit or income)	ge 	3(a) Deductions directly columns 2(a) a	nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)	,			· - ·
			2	. Gross income from or allocable to debt-		Deductions directly conto debt-finance	nected ced pro	perty
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1				\top	
(2)							1	
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				- %		·		-
(2)		-	1	%				
(3)				%				
(4)				%				
						Inter here and on page 1, Part I line 7, column (A)		Enter here and on page 1, Part I, line 7 column (B)
Totals						0	.	0.
Total dividends-received deductions	ncluded in column	n 8						0.

Ü

Form 990-T (2018) THE KN	IOX FO	UNDATI	ON					58-61	6372	8 Page
Schedule F - Interest, A	Annuitie	s, Royali	ies, and Rents	From Co	ntrolle	d Organiza	tions	(see in:	struction	ns)
		<u> </u>	Exempt	Controlled O	rganızatı	ons				
Name of controlled organiza	tion	2. Emp identific num	cation (loss) (see	related income a instructions)	4 Tot payr	tal of specified ments made	include	of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(4)					 				- 	
1)									<u> </u>	
2)										
(3) (4)		<u> </u>	<u> </u>		-					
onexempt Controlled Organ	izations				<u> </u>					
7. Taxable Income	8. Net u	nrelated incom see instructions		of specified pays made	ments	10 Part of colur in the controllingross	nn 9 that ng organ i income	ıs included zation's		eductions directly connected th income in column 10
(1)				-						
(2)	†									
(3)	<u> </u>				-					
4)	 									
	L					Add colum	ns 5 and	10		dd columns 6 and 11
					·	Enter here and		1, Part I,		here and on page 1, Part I, line 8, column (B)
otals					•			0.		0
schedule G - Investme	nt Incor	ne of a S	ection 501(c)(7	7). (9). or (17) Orc	anization				
	ructions)			,,,,-,, (,	,				
1. Desc	cription of inco	me		2. Amount of	ıncome	3 Deduction directly connection (attach schedu	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				 		(411414)	/			(co. c pace co,
2)	·									
3)										
4)						-				
7				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
otals			•	}	0.					0
Schedule I - Exploited (see instri	-	Activity	Income, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. G unrelated incom trade or t	e from	3. Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus colum gain, compute through	itrade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelated business incon	hat ed	attribut	oenses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(4)	ļ									
(1) (2)		 		 			\dashv			
3)		<u> </u>								
		+								
4)	Enter her page 1 line 10,	, Part I,	Enter here and on page 1, Part I, line 10, col (B)				i			Enter here and on page 1, Part II, line 26
otals >		0.	0.							0
Schedule J - Advertisi	ng Incon		nstructions)							
			orted on a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs			5. Circulati		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)		-		 		+				-
2)			-	-			+			1
3)				\dashv						1
4)				-			- i			1
T.	1		1			1	- 6			1

0.

Totals (carry to Part II, line (5))

Form 990-T (2018) THE KNOX FOUNDATION 58-61637

[Partill] Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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

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

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

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 15
BUSINESS ACTIVITY

INVESTMENTS IN FLOW-THROUGH ENTITIES

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION		NET INCOME OR (LOSS)
ENBRIDGE ENERGY PART LAZARD - DIVIDEND II MK FUND OF FUNDS - (-566. 5,732. 380.	
TOTAL INCLUDED ON FO	ORM 990-T, PAGE 1, LINE 5	5,546.
FORM ·990-T	CONTRIBUTIONS	STATEMENT 17

FORM 990-T	CONTRIBUTIONS	STATEMENT 17
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	' AMOUNT
SEENA MAGOWITZ FOUNDATION	N/A	1,000.
UGA TEE OFF CLUB	N/A	1,000.
COMMUNITY FOUNDATION OF THE	N/A	
CSRA		1,000.
CRU	N/A	1,601.
AUGUSTA CHARITY CLASSIC FUND	N/A	2,000.
GSGA FOUNDATION	N/A	2,000.
LOWCOUNTRY MARITIME SOCIETY	N/A	3,000.
TUTTLE NEWTON	N/A	3,000.
SANDHILL GARDEN CLUB	N/A	3,000.
DAVIS LOVE FOUNDATION	N/A	3,600.
RESTART AUGUSTA, INC	N/A	4,000.
ST STEPHENS MINISTRY	N/A	4,000.
ST JOHN UMC	N/A	4,000.
MADISON MORGAN CULTURAL CENTER	N/A	5,000.
AMERICAN CANCER SOCIETY -	N/A	5 000
AUGUSTA	27./2	5,000.
TUESDAYS MUSIC LIVE	N/A	5,000.
THS BOOSTER CLUB	N/A	5,000.
GA PUBLIC BROADCASTING	N/A .	5,000.
EMPTY STOCKING FUND	N/A	5,000.
FELLOWSHIP OF CHRISTIAN	N/A	5 000
ATHLETES	NY / R	5,000.
AMERICAN CANCER SOCIETY -	N/A	F 000
COLUMBIA	27 / 2	5,000.
AUGUSTA LOCALLY GROWN	N/A	5,000.
AUGUSTA EXCHANGE CLUB CHARITY	N/A	6,000. ħ
THOMSON MCDUFFIE CHAMBER OF	N/A	•
COM		6,145.
	STATE	MENT(S) 15, 16° , 17

THE KNOX FOUNDATION		58-6163728
THOMSON MCDUFFIE CTY LIBRARY	N/A	7,000.
UGA ATHLETIC ASSN	N/A	7,399.
UGA FOUNDATION	N/A	7,500.
SE COUNCIL OF FOUNDATION	N/A	7,960.
AUGUSTA BALLET	N/A	8,000.
AMERICAN CANCER SOCIETY	N/A	0,000
MCDUFFIE &	M/ A	8,000.
AUGUSTA PREPARARATORY DAY	N/A	0,000
SCHOOL	N/N	8,000.
ALLELUIA COMMUNITY SCHOOL	N/A	10,000.
AUGUSTA MINI THEATRE INC.	N/A	10,000.
UGA GEORGIA MUSEUM OF ART	N/A	10,000.
MACH ACADEMY	N/A	10,000.
LUCY CRAFT LANEY MUSEUM	N/A	10,000.
VIETNAM WAR MEMORIAL	N/A	10,000.
INITIATIVE	N/A	10,000.
S.E. FIREFIGHTERS BURN	N/A	10,000.
FOUNDATION	N/A	10,000.
UNITED WAY OF THE CSRA	N/A	10,000.
COMMUNITY IN SCHOOLS AUGUSTA	N/A	10,000.
- RIC	N/A	10,000.
LYNNDALE INC	N/A	10,000.
ALZHEIMERS ASSOCIATION GA	N/A	10,000.
CHAPTER	N/A	10,000.
FORT GORDON CHRISTMAS HOUSE	N/A	10,000.
MOLLYS MILITIA	N/A	10,000.
GA CAROLINA COUNCIL BSA	N/A	10,000.
WIMBERLY HOUSE MINISTRIES	N/A	10,000.
UNITED WAY MCDUFFIE & WARREN	N/A	10,000.
CO CO	N/A	10,000.
CENTER FOR NEW BEGINNINGS	N/A	10,000.
MORRIS MUSEUM OF ART	N/A	11,500.
FIRST UNITED METHODIST CHURCH	N/A	22,3001
OF TH	M/ M	13,500.
TURN BACK THE BLOCK	N/A	15,000.
GIRL SCOUTS OF HISTORIC	N/A	25,000
GEORGIA	**/ **	15,000.
FAMILY COUNSELING CENTER OF	N/A	
THE CSRA		15,000.
FIRST TEE OF GREATER DALLAS	N/A	15,000.
COLTON BALLET COMPANY OF	N/A	
AUGUSTA	,	15,000.
KISNER FOUNDATION	N/A	15,000.
ACTION MINISTRIES	N/A	15,000.
GEORGIA DENTAL ASSOCIATION	N/A	,
FOUNDATION	,	15,000.
AUGUSTA ROWING CLUB	N/A	15,000.
HOPE HOUSE INC.	N/A	15,000.
TRINITY ON THE HILL UMC	N/A	16,500.
JUD C HICKEY ALZHEIMERS CARE	N/A	20,000.
WALTON FOUNDATION FOR	N/A	,,
INDEPENDENCE	·	20,000.
PHINIZY CTR FOR WATER SCIENCES	N/A	20,000.
CHURCH OF THE GOOD SHEPHERD	N/A	20,000.
ACTIVITIES COUNCIL OF THOMSON	N/A	20,000.
NEW BETHLEHEM COMMUNITY CTR	N/A	20,000.
STORYLAND THEATRE	N/A	20,000.
GREATER AUGUSTA ARTS COUNCIL	N/A	22,000.
	-,	,

THE KNOX FOUNDATION		58-6163728
AUGUSTA WARRIOR PROJECT	N/A	25,000.
AUGUSTA JEWISH MUSEUM	N/A	25,000.
BRIARWOOD ACADEMY	N/A	25,000.
LYDIA PROJECT	N/A	25,000.
SALVATION ARMY	N/A	25,000.
EASTER SEALS EAST GEORGIA	N/A	25,000.
UNIV HEALTH CARE FD MIRACLE	N/A	
MILE `		27,500.
AUGUSTA CHORAL SOCIETY	N/A	28,000.
CSRA HUMANE SOCIETY	N/A	30,000.
HERITAGE ACADEMY	N/A	30,000.
AUGUSTA UNIVERSITY BIRDIE CLUB		31,000.
FAMILY PROMISE OF AUGUSTA	N/A	32,500.
CHRIST COMMUNITY HEALTH CENTER		35,000.
AUGUSTA PLAYERS INC.	N/A	35,000.
RONALD MCDONALD HOUSE	N/A	35,000.
MCCALLIE SCHOOL	N/A	40,000.
HISTORIC AUGUSTA INC.	N/A	42,000.
IMPERIAL COMMUNITY THEATRE	N/A	43,000.
HALE FOUNDATION	N/A	45,000.
GOLDEN HARVEST FOOD BANK	N/A	46,000.
JESSYE NORMAN SCHOOL OF THE	N/A	10,000.
ARTS	N/ A	48,000.
CHILD ENRICHMENT INC	N/A	50,000.
AUGUSTA THERAPY ACADEMY	N/A	50,000.
QUEENS UNIVERSITY OF CHARLOTTE	N/A	50,000.
AUGUSTA MUSEUM OF HISTORY	N/A	53,000.
GERTRUDE HERBERT INSTITUTE OF	N/A	33,000.
ART	N/A	55,000.
	N/A	33,000.
BOYS & GIRLS CLUB OF THE	N/A	64,800.
CSRA/THOMSON	N/A	66,000.
AMERICAN RED CROSS		88,000.
UNIVERSITY HEALTH CARE	N/A	100 000
FOUNDATION - ED	37 / 3	100,000.
UNITED METHODIST CHILDRENS	N/A	110 000
HOME	27 / 2	110,000.
FAMILY Y OF GREATER AUGUSTA	N/A	140,000.
SACRED HEART CULTURAL CENTER	N/A	143,000.
BOBBY JONES GOLF COURSE	N/A	200 000
FOUNDATION	(-	300,000.
SYMPHONY ORCHESTRA AUGUSTA	N/A	555,000.
FAMILY Y OF THOMSON	N/A	717,000.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 20	3,819,505.

FORM 990-T CONTRIBUTIONS	SUMMARY	STATEMENT 18
CARRYOVER OF PRIOR YEARS UNUSED CONTRIB	UTIONS	
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017		
TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONTRIBUTIONS	3,819,505	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	3,819,505 31,197	_
EXCESS 50% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	3,788,308 3,788,308	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		 31,197
TOTAL CONTRIBUTION DEDUCTION		31,197

FORM 990-T INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 19
DESCRIPTION	NET INCOME OR (LOSS)
EUCHEE CREEK - ORDINARY BUSINESS INCOME (LOSS)	64,878.
TOTAL INCLUDED ON FORM 990-T, LINE 5	64,878.

FORM 990-T	NET	OPERATING	LOSS I	DEDUCTION	STATEMENT 20
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17 8,412.			0.	8,412.	8,412.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		8,412.	8,412.

SCHEDULE I (Form 1041)

Department of the Treasury

Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2018

Employer identification number Name of estate or trust 58-6163728 THE KNOX FOUNDATION Partill Estate's or Trust's Share of Alternative Minimum Taxable Income 32,196. 1 Adjusted total income or (loss) (from Form 1041, line 17) 2 Interest 2 3 3 Taxes 4 Reserved for future use 5 5 Refund of taxes 6 Depletion (difference between regular tax and AMT) 6 8,412. SEE STATEMENT 21 7 Net operating loss deduction. Enter as a positive amount 7 8 Interest from specified private activity bonds exempt from the regular tax A Qualified small business stock (see instructions) 9 10 Exercise of incentive stock options (excess of AMT income over regular tax income) 10 11 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 11 12 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 12 13 Disposition of property (difference between AMT and regular tax gain or loss) 13 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 14 14 Passive activities (difference between AMT and regular tax income or loss) 15 15 16 Loss limitations (difference between AMT and regular tax income or loss) 16 Circulation costs (difference between regular tax and AMT) 17 17 Long-term contracts (difference between AMT and regular tax income) 18 18 Mining costs (difference between regular tax and AMT) 19 19 20 Research and experimental costs (difference between regular tax and AMT) 20 21 21 Income from certain installment sales before January 1, 1987 22 22 Intangible drilling costs preference 23 Other adjustments, including income-based related adjustments 23 24 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 24 40,608. Adjusted alternative minimum taxable income. Combine lines 1 through 24 25 Note: Complete Part II below before going to line 26. N/A 26 Income distribution deduction from Part II, line 44 26 N/A 27 Estate tax deduction (from Form 1041, line 19) 28 Add lines 26 and 27 28 40,608. 29 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 If line 29 is: \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.

• Over \$24,600, but less than \$180,300, go to line 45.

\$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.

ĮP.	\$180,300 or more, enter the amount from line 29 on line 51 and go to line 52. Trivilla Income Distribution Deduction on a Minimum Tax Basis N/A		
30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for		
	charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	()
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2018)

JP	art II Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)	N/A	
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3	7.			
	If zero or less, enter -0-			43	
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line				
	Enter here and on line 26			44	
ĮΡέ	art III Alternative Minimum Tax				
45	Exemption amount	i		45	\$24,600 00
46	Enter the amount from line 29	46	40,608.	4	
47	Phase-out of exemption amount	47	\$81,900.00	1	
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0.	∤	•
49	Multiply line 48 by 25% (0.25)			49	0.
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	24,600.
51	Subtract line 50 from line 46			51	16,008.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha				
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise	e, if line	e 51 is -		
	• \$191,100 or less, multiply line 51 by 26% (0.26).				2 010
	 Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result 			52	3,818.
53	Alternative minimum foreign tax credit (see instructions)			53	2 010
54	Tentative minimum tax. Subtract line 53 from line 52			54	3,818.
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedu	-	•	55	8,955.
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here	and or	1		^
ī Da	Form 1041, Schedule G, line 1c		· -	56	0.
Pa	art IV Line 52 Computation Using Maximum Capital Gains Rate			1 1	
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Works			-	
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruction	ons			
	before completing this part				16,008.
	Enter the amount from line 51	1	Ī	57	10,000.
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax				
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for	-	5,730.		
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	3,730.	1	
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)				
	(as refigured for the AMT, if necessary) If you didn't complete	F0			
	Schedule D for the regular tax or the AMT, enter -0-	59		1 1	
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter				
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary)	60	5,730.	1	
61	Enter the smaller of line 57 or line 60	_ 00_	3,730.	61	5,730.
	Subtract line 61 from line 57			62	10,278.
	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by			 	
00	28% (0.28) and subtract \$3,822 from the result		•	63	2,672.
64	Maximum amount subject to the 0% rate	64	\$2,600 00	"	
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D		Ψ <u>L</u> ,000 00	1	
00	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions				
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't				
	complete Schedule D or either worksheet for the regular tax, enter the amount]	
	from Form 1041, line 22; if zero or less, enter -0-	65	25,466.		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0.	1	
67	Enter the smaller of line 57 or line 58	67	5,730.	1	
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	<u> </u>	1	
69	Subtract line 68 from line 67	69	5,730.	1	
	2 12-13-18			Sche	dule I (Form 1041) (2018)

Schedule I (Form 1041) (2018) THE KNOX FOUNDATION

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Pa	art IV Line 52 Computation Using Maximum Capital Gains Rate	s (cor	ntınued)		
70	Maximum amount subject to rates below 20%	70	\$12,700 00		
71	Enter the amount from line 66	71			
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the	[]			
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as figured for the regular tax). If you	1 1			
	didn't complete Schedule D or either worksheet for the regular tax, enter]	
	the amount from Form 1041, line 22; if zero or less, enter -0-	72	25,466.		
73	Add line 71 and line 72	73	25,466.		
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	- "		
75	Enter the smaller of line 69 or 74	75			
76	Multiply line 75 by 15% (0.15)		•	76	
77	Add lines 68 and 75	77			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go	to line 7		Ì	:
78	Subtract line 77 from line 67	78	5,730.		
79	Multiply line 78 by 20% (0.20)		>	79	1,146.
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line	80.			
80	Add lines 62, 77, and 78	80			
81	Subtract line 80 from line 57	81		<u> </u>	
82	Multiply line 81 by 25% (0.25)		>	82	
83	Add lines 63, 76, 79, and 82			83_	3,818.
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 2	8% (0.28	3)		
	and subtract \$3,822 from the result			84	4,162.
85	Enter the smaller of line 83 or line 84 here and on line 52		_	85_	3,818.

SCHEDULE I	NET OF	ERATING LOSS CARRYOVER	STATEMENT 21
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/17	8,412.	0.	8,412.
TOTAL TO SO	CHEDULE I, LINE 7		8,412.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs gov/F1041 for instructions and the latest information.

OMB No 1545-0092

2018

Name of estate or trust

Employer identification number

THE	THE KNOX FOUNDATION 5						
	Form 5227 filers need to complete only Parts I and II.		110	1 (0			
	rt I Short-Term Capital Gains and Losses-Gene	-		1 ,	instr		
	orm may be easier to complete if you round off cents to whole dollars.	(d) (e) Proceeds Cost (sales price) (or other basis)		(g) Adjustmer to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result	
				line 2, colum	n (g)	with column (g)	
1 a	Totals for all short-term transactions reported on Form 1099-B for						
	which basis was reported to the IRS and for which you have no						
	adjustments (see instructions). However, if you choose to report all						
4.	these transactions on Form 8949, leave this line blank and go to line 1b						
	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with						
	Box C checked		<u> </u>				
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4		
	Net short-term gain or (loss) from partnerships, S corporations, and other	r actatac or tructe			5		
5 6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of				 		
0	Carryover Worksheet	6	١, ١				
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here and	h) Enter here and on line 17				
,	column (3) on page 2	min (n). Enter nero une	. On mile 17,	•	7		
Pa	rt II Long-Term Capital Gains and Losses-Gene	rally Assets He	ld More Than C	ne Year (S	See ir	nstructions)	
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result	
				line 2, colum		with column (g)	
8 a	Totals for all long-term transactions reported on Form 1099-B for					·	
	which basis was reported to the IRS and for which you have no						
	adjustments (see instructions). However, if you choose to report all						
	these transactions on Form 8949, leave this line blank and go to line 8b						
8 b	Totals for all transactions reported on Form(s) 8949 with						
	Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with						
	Box E checked			-		-	
.10	Totals for all transactions reported on Form(s) 8949 with						
	Box F checked		l <u></u>	<u> </u>	_		
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11		
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			12		
13	Capital gain distributions				13	,	
14	Gain from Form 4797, Part I				14		
15	Long-term capital loss carryover Enter the amount, if any, from line 14 of Carryover Worksheet	the 2017 Capital Loss			15	(
16	Net long-term capital gain or (loss) Combine lines 8a through 15 in column (3) on page 2	umn (h) Enter here and	d on line 18a,		16	t	

Sch	chedule D (Form 1041) 2018 THE KNOX FOUNDATION							58-6163728		
_	Part III Summary of Parts I and II		·		(1) Beneficiaries'	(2)	Estate's		(3) To	Page 2 otal
_	Caution: Read the instructions before com	pletin	a this part.			' '	trust's			
17	Net short-term gain or (loss)	(D) (D)	9 VIIO 90 IV	17		<u> </u>				
18	Net long-term gain or (loss):									
	a Total for year			18a		ļ				
	b Unrecaptured section 1250 gain (see line 18 of the work	sheet)		18b						
	c 28% rate gain	·		18c						
19	Total net gain or (loss). Combine lines 17 and 18a		•	19				0.		0.
Not	e: If line 19, column (3), is a net gain, enter the gain o	n For	m 1041, line 4 (or Form :	990-T,	Part I, line 4a) If line	s 18a an	d 19, c	olumn	(2), are ne	t gains,
	to Part V, and don't complete Part IV. If line 19, colum									
F	Part IV Capital Loss Limitation									
20	Enter here and enter as a (loss) on Form 1041, line 4 (or	Form	990-T, Part I, line 4c, if a tr	ust), th	e smaller of:					
	a The loss on line 19, column (3) or b \$3,000						20	()
Not	e: If the loss on line 19, column (3), is more than \$3,0	00, 0	I if Form 1041, page 1, li	ne 22 (or Form 990-T, line	38), is a l	oss, co	mplet	e the Capita	ıl
Los	s Carryover Worksheet in the instructions to figure you	ır cap	ıtal loss carryover					•		
F	Part V Tax Computation Using Maxim	num	Capital Gains Rat	es						
For	m 1041 filers. Complete this part only if both lines 18a an	d 19 ır	column (2) are gains, or a	n amou	nt is entered in Part I o	r Part II a	nd ther	e is an e	entry on For	m 1041,
line	2b(2), and Form 1041, line 22, is more than zero									
Cau	ition: Skip this part and complete the Schedule D Tax	Works	heet in the instructions i	f						
•	Either line 18b, col (2) or line 18c, col (2) is more tha	an zer	o, or							
•	Both Form 1041, line 2b(1), and Form 4952, line 4g a	re mo	ore than zero							
For	m 990-T trusts. Complete this part only if both lines 18a a	nd 19	are gains, or qualified divid	ends are	e included in income in	Part I of	Form 9	90-T, a	nd Form 990	0-T, line
38,	is more than zero. Skip this part and complete the Schedu	le D T	ax Worksheet in the instru	<u>ictions i</u>	f either line 18b, col. (2	2) or line	18c, col	. (2) is	more than z	ero.
21	Enter taxable income from Form 1041, line 22 (or Form 9	90-T, I	ine 38)	21	31,	<u> 196.</u>				
22	Enter the smaller of line 18a or 19 in column (2)									
	but not less than zero	22		_						
23	Enter the estate's or trust's qualified dividends from									
	Form 1041, line 2b(2) (or enter the qualified dividends									
	included in income in Part I of Form 990-T)	23	5,730							
24	Add lines 22 and 23	24	5,730	<u> </u>						
25	If the estate or trust is filing Form 4952, enter the		,							
	amount from line 4g, otherwise, enter -0-	25	0	<u> </u>	_		<u> </u>			
26	Subtract line 25 from line 24. If zero or less, enter -0-			26		<u>730.</u>				
27	Subtract line 26 from line 21. If zero or less, enter -0-			27		466.				
28	Enter the smaller of the amount on line 21 or \$2,600			28		<u>600.</u>				
29	Enter the smaller of the amount on line 27 or line 28			29	2,	<u>600.</u>				_
30	Subtract line 29 from line 28. If zero or less, enter -0 The	s amo	unt is taxed at 0%				30	_		0.
31	Enter the smaller of line 21 or line 26			31	5,	730.		•		
32	Subtract line 30 from line 26			32		730.				
	Enter the smaller of line 21 or \$12,700			33		700.	ļ			
34	Add lines 27 and 30			34	25,	466.	}			
	Subtract line 34 from line 33. If zero or less, enter -0-			35		<u>0.</u>				
36	Enter the smaller of line 32 or line 35			36						
37	Multiply line 36 by 15% (0.15)		•				37			
	Enter the amount from line 31			_38	5,	<u>730.</u>				
39	Add lines 30 and 36			39						
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	5,	730.			_	
	Multiply line 40 by 20% (0.20)			1	1	>	41		1,	146.
42	Figure the tax on the amount on line 27. Use the 2018 Tax				_					
	and Trusts (see the Schedule G instructions in the instruc	tions f	or Form 1041)	42		<u>809.</u>				
	Add lines 37, 41, and 42			43	8,	955.				
44	Figure the tax on the amount on line 21. Use the 2018 Tax					000				
	and Trusts (see the Schedule G instructions in the instruc			44	•	<u>929.</u>				
45	Tax on all taxable income. Enter the smaller of line 43 of	r line 4	14 here and on Form 1041,	Schedu	le				_	A = =
	G, line 1a (or Form 990-T, line 40)		_				45			955.
8108	42 12-21-18						Sc	hedule	D (Form 10)41) 2018