

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Alban Roe Knights of Columbus Council 12022 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2001 Shepard Road City or town, state or province, country, and ZIP or foreign postal code Wildwood, MO 63038
D Employer identification number 43-1804892	
E Telephone number (314) 277-9976	
F Group Exemption Number ▶	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ http://www.kofc12022.org	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (8) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
K Form of organization. <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 109,150	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	100
	2 Program service revenue including government fees and contracts	2	26,882
	3 Membership dues and assessments	3	3,899
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory 5a		0
	b Less: cost or other basis and sales expenses 5b		0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		0
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		78,269	
c Less: direct expenses from gaming and fundraising events 6c		33,098	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		45,171	
7a Gross sales of inventory, less returns and allowances 7a		0	
b Less: cost of goods sold 7b		0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		0	
8 Other revenue (describe in Schedule O) 8		0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		76,052	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		52,653
	11 Benefits paid to or for members 11		0
	12 Salaries, other compensation, and employee benefits 12		344
	13 Professional fees and other payments to independent contractors 13		0
	14 Occupancy, rent, utilities, and maintenance 14		0
	15 Printing, publications, postage, and shipping 15		659
	16 Other expenses (describe in Schedule O) 16		25,096
	17 Total expenses. Add lines 10 through 16 ▶ 17		78,752
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		-2,700
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		32,415
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		-11,153
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		18,562

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2018)

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Part II	Balance Sheets (see the instructions for Part II)
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Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	21,262	22 18,562
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	21,262	25 18,561
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,262	27 18,562

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

What is the organization's primary exempt purpose? **Community Service to Church, Youth & the Handicapped**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others.)

28	Charitable Support to SSM Health Cardinal Glennon Children's Hospital, St. Louis, MO		
	(Grants \$ 27,450) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	27,450
29	Charitable Support to St. Alban Roe Catholic Church (needy families, youth ministry, and elevator for disabled) and Charitable Support to St. Alban Roe School (Catholic education)		
	(Grants \$ 11,337) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	11,337
30	Charitable Support to Children suffering from developmental handicaps, St. Louis, MO		
	(Grants \$ 4,815) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	4,815
31	Other program services (describe in Schedule O)		
	(Grants \$ 9,051) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	9,051
32	Total program service expenses (add lines 28a through 31a) ▶	32	52,653

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated--see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e	40e	✓
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of Ron Krentz Telephone no. (314) 277-9976 Located at 16292 Audubon Village Dr., Wildwood, MO ZIP + 4 63040-1710		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 42c	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? 44c	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b	45b	✓

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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

	Yes	No
47		✓

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		✓

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		✓

- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶


- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date <u>10/26/19</u>
	Ron Krentz, Financial Secretary Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

St. Alban Roe Knights of Columbus Council 12022

43-1804892

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ►						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Golf Tournament</u> (event type)	(b) Event #2 <u>2/23/18 Fish Fry</u> (event type)	(c) Other events <u>2 Mar. '18 Fish Fries</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	\$61,313	\$6,139	\$10,817	\$78,269
	2 Less: Contributions	\$0	\$0	\$0	\$0
	3 Gross income (line 1 minus line 2)	\$61,313	\$6,139	\$10,817	\$78,269
Direct Expenses	4 Cash prizes	\$1,600	\$0	\$0	\$1,600
	5 Noncash prizes	\$2,000	\$0	\$0	\$2,000
	6 Rent/facility costs	\$9,500	\$0	\$0	\$9,500
	7 Food and beverages	\$3,090	\$4,334	\$4,963	\$12,387
	8 Entertainment	\$0	\$0	\$0	\$0
	9 Other direct expenses	\$7,611	\$0	\$0	\$7,611
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				\$33,098
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				\$45,171

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |

Name

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name ► _____

Address ►

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(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.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

St. Alban Roe Knights of Columbus Council 12022

Employer identification number

43-1804892

Form 990-EZ, Line 10 - Paid Donations

Cardinal Glennon Children's Hospital \$27,450

St. Alban Roe Catholic Church \$ 9,087

Columbian Charities of Missouri \$ 4,815

St. Alban Roe School - Marie Moritz Scholarships \$ 2,250

St. Anthony of Padua Food Pantry \$ 1,750

Seminarian Support \$ 1,000

Friends of Kids with Cancer \$ 1,000

St. Agatha Food Pantry \$ 996

Religious Information Bureau \$ 812

Missouri Disabled Water Ski Association \$ 800

Pancreatic Cancer Action Network \$ 500

Society of St. Vincent de Paul \$ 500

VA St. Louis Fisher House \$ 500

American Wheelchair Mission \$ 383

Unbound \$ 360

Fellowship of Catholic University Students \$ 250

Covenant Network \$ 150

American Diabetes Association \$ 50

Total Paid Donations \$52,653

Form 990-EZ, Line 21 - Other Changes in Net Assets or Fund Balances

Prior reports contained a cumulative error of \$11,153

Name of the organization	Employer identification number
St. Alban Roe Knights of Columbus Council 12022	43-1804892

Form 990-EZ, Line 16 - Other Expenses

3/9/18 Fish Fry, which grossed less than \$5,000	\$ 2,005
12/27/18 St. Louis Blues Hockey Night	\$ 2,922
12/9/18 Breakfast with Santa	\$ 909
2018 Concession Stand Operating Expense	\$ 1,226
2018 Pro-Life Expense	\$ 226
2018 DD Drive Expense	\$ 368
4/8/18 Chalice & Gift Cards for Fr. Fredrick Devaraj	\$ 1,576
6/9/18 Officer Installation Dinner Expense	\$ 2,117
2018 Assessments Paid to Supreme & State Council	\$ 2,883
2018 Financial Secretary Compensation	\$ 298
2018 Payments to St. Alban Roe Ladies Auxiliary	\$ 1,500
2018 Coats for Kids	\$ 472
2018 Turkey Drop	\$ 262
2018 Crime Bond for Treasurer & Financial Secretary	\$ 630
3/29/18 25th Anniversary Gift for Fr. Richard Wosman	\$ 250
5/13/18 Emergency Travel Funds for Fr. Fredrick Devaraj	\$ 500
3/2/18 Reimburse Fr. Richard Stoltz for Dinner Expenses	\$ 644
3/16/18 Reimburse Fr. Richard Wosman for Dinner Expenses	\$ 1,120
2018 Roses for Life Campaign	\$ 150
2018 Family Communion Breakfast Expense	\$ 292
2018 Keep Christ in Christmas Expense	\$ 571
2018 St. Alban Roe Catholic Church Assistance	\$ 155
2018 Basketball Free Throw Contest Expense	\$ 800
2018 Breakfast with the Easter Bunny Expense	\$ 368
2018 Operating, General & Administrative Expense	\$ 2,852
Total Other Expenses	\$25,096

St. Alban Roe Knights of Columbus Council 12022
2001 Shepard Road
Wildwood, MO 63038

2018 Form 990-EZ
43-1804892
Statement of Reasonable Cause

RECEIVED IN CORRES
IRS - OSC - 557

NOV 05 2019

#34

NOV 08 2019

To Whom It May Concern:

OGDEN, UTAH

RECEIVED ENTITY DEPT

Our 2018 Form 990-EZ is being filed late and without extension. We respectfully request that any tax filing penalties be waived by the IRS since we believe that there was reasonable cause for the late filing.

We are a charitable fund-raising organization run by volunteers and there are no full-time employees. It is the responsibility of each council's Financial Secretary to file a Form 990-EZ by the fifteenth day of the fifth month following the end of the council's annual accounting period.

Dennis Smith, the Financial Secretary from July 1, 2015 to June 30, 2018, submitted his resignation March 26, 2018, and resigned due to medical reasons and the length of his term in office. Mark O'Donnell replaced Mr. Smith as Financial Secretary effective July 1, 2018. Mr. O'Donnell and Mr. Smith met a few times to discuss the duties and responsibilities of the position, but the transition was not a smooth one given that Mr. Smith was undergoing radiation therapy for melanoma of the face.

Mr. O'Donnell submitted his resignation on February 6, 2019 to be effective upon the nomination and approval of a new Financial Secretary. Mr. O'Donnell stated in his resignation letter that he did not realize the time commitment required and that he could not adequately serve as Financial Secretary due to the time demands of his job.

Ron Krentz was approved as the current Financial Secretary, effective April 1, 2019. Due to Mr. O'Donnell's busy work schedule, there was no transition plan for Mr. Krentz, the successor, to follow.

Upon receiving a notice dated September 30, 2019 and conducting further investigation, we realized that a Form 990-EZ was required and took immediate steps to file the return.

To avoid this problem in the future, we have added the May 15th annual due date to our event calendar.

Being a volunteer organization and unfamiliar with these tax filing requirements, there was no willful neglect.

In summary, once the overlooked tax filing was discovered, we took immediate steps to rectify the problem and establish a procedure to make certain this oversight does not reoccur in the future. Accordingly, we respectfully request that any 2018 tax filing penalties be abated.