

2020

Open to Public  
InspectionForm **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service**A** For the 2020 calendar year, or tax year beginning , 2020, and ending , 20**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**Knights of Columbus 12022 St. Alban Roe Council**

Number and street (or P O box if mail is not delivered to street address)

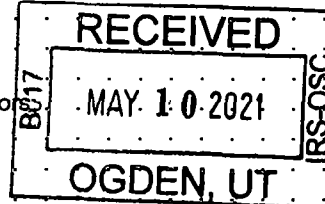
Room/suite

**2001 Shepard Road**

City or town, state or province, country, and ZIP or foreign postal code

**Wildwood, MO 63038-1340****D** Employer identification number**43-1804892****E** Telephone number**314-277-9976****F** Group Exemption  
Number ▶**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ <http://www.kofc12022.org>**H** Check ☒ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 8 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization. ☐ Corporation ☐ Trust ☒ Association ☐ 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. ▶ \$ **88,763****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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	100		18	Excess or (deficit) for the year (subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	13,776		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)
3	Membership dues and assessments	5,742		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	0		21	Net assets or fund balances at end of year. Combine lines 18 through 20
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	65,098		
c	Less: direct expenses from gaming and fundraising events	6c	29,736		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	35,362		
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	4,047		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,027		
10	Grants and similar amounts paid (list in Schedule O)	10	48,688		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	266		
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	1,391		
16	Other expenses (describe in Schedule O)	16	10,326		
17	<b>Total expenses.</b> Add lines 10 through 16	17	60,671		
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-1,644		
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	32,578		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,934		



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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	32,578	<b>22</b> 30,934
<b>23</b> Land and buildings	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O)	0	<b>24</b> 0
<b>25</b> Total assets	32,578	<b>25</b> 30,934
<b>26</b> Total liabilities (describe in Schedule O)	0	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,578	<b>27</b> 30,934

**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 ☒**Expenses**

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

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.

<b>28</b> Charitable Support to SSM Health Cardinal Glennon Children's Hospital, St. Louis, MO		
(Grants \$ 20,075) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	20,075
<b>29</b> Charitable Support to St. Alban Roe Catholic Church, Wildwood, MO (needy families, youth ministry, and elevator for the disabled) and Charitable Support to St. Alban Roe School, Wildwood, MO (Catholic education)		
(Grants \$ 7,588) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	7,588
<b>30</b> Charitable Support to Children suffering from Developmental Disabilities, Columbian Charities of Missouri, Inc. Kirksville, MO		
(Grants \$ 3,677) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	3,677
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ 17,348) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	17,348
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	48,688

**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 ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>John Stiefferman</b>				
Grand Knight, Knights of Columbus	15	0	0	0
<b>Thomas Wardenburg</b>				
Deputy Grand Knight, Knights of Columbus	4	0	0	0
<b>George Reisch</b>				
Chancellor, Knights of Columbus	4	0	0	0
<b>Ron Krentz</b>				
Financial Secretary, Knights of Columbus	12	0	0	266
<b>Gary Lewis</b>				
Treasurer, Knights of Columbus	22	0	0	0
<b>Michael Mueller</b>				
Trustee - One Year, Knights of Columbus	3	0	0	0
<b>James Cunningham</b>				
Trustee - Two Year, Knights of Columbus	8	0	0	0
<b>Robert Tehan</b>				
Trustee - Three Year, Knights of Columbus	5	0	0	0
<b>Lanita Lewis</b>				
President, Ladies Auxiliary	12	0	0	0
<b>Maria Stiefferman</b>				
Vice President, Ladies Auxiliary	3	0	0	0
<b>Judy Delaney</b>				
Treasurer, Ladies Auxiliary	2	0	0	0
<b>Sharon Cloud</b>				
Trustee, Ladies Auxiliary	1	0	0	0

**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
<b>33</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> 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)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>Gary Lewis</b> . . . . . Telephone no. ▶ <b>314-598-0824</b> Located at ▶ <b>16811 Westglen Farms Dr., Wildwood, MO</b> . . . . . ZIP + 4 ▶ <b>63011-1796</b>		
<b>b</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 ▶ . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> 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 ▶ . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

**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
<b>46</b>		<input checked="" type="checkbox"/>

**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
<b>47</b>		<input checked="" type="checkbox"/>

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

<b>48</b>		<input checked="" type="checkbox"/>
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		<input checked="" type="checkbox"/>
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		<input type="checkbox"/>
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**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** ▶ Ron Krentz Signature of officer Date 5/3/21  
 ▶ Ron Krentz, Financial Secretary Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check ☐ 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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2020**

Open to Public  
Inspection

Employer identification number

**Knights of Columbus 12022 St. Alban Roe Council**

**43-1804892**

**Part I 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.
- |                                                                               |                                                                         |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events |
| <b>d</b> <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			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

- 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>10/10 Golf Touramt</u> (event type)	(b) Event #2 <u>4 Feb/Mar Fish Fries</u> (event type)	(c) Other events <u>11/7 Trivia Knight</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	32,223	20,157	12,718	65,098
	<b>2</b> Less: Contributions . . . . .	0	0	0	0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	32,223	20,157	12,718	65,098
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	1,575	1,575
	<b>5</b> Noncash prizes . . . . .	1,840	0	0	1,840
	<b>6</b> Rent/facility costs . . . . .	6,720	0	0	6,720
	<b>7</b> Food and beverages . . . . .	2,110	11,108	0	13,218
	<b>8</b> Entertainment . . . . .	0	0	0	0
	<b>9</b> Other direct expenses . . . . .	3,309	1,239	1,835	6,383
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				29,736
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				35,362

**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	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
Direct Expenses	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

**Knights of Columbus 12022 St. Alban Roe Council**

**43-1804892**

**Form 990-EZ, Line 8 - Other Revenue**

**Form 990-EZ, Line 10 - Paid Donations**

<b>Wreath Raffle Revenue</b>	<b>\$1,217</b>	<b>Cardinal Glennon (Children's Hospital) Foundation</b>	<b>\$20,075</b>
<b>1/19/20 Donut Sunday Revenue</b>	<b>\$ 387</b>	<b>St. Alban Roe Catholic Church</b>	<b>\$ 7,588</b>
<b>Collection for Bishop Timm Council (Teddy Bears)</b>	<b>\$ 360</b>	<b>Whole Kids Outreach</b>	<b>\$ 3,000</b>
<b>St. Alban Roe Knights of Columbus Contributions</b>	<b>\$2,083</b>	<b>Columbian Charities of Missouri, Inc.</b>	<b>\$ 3,676</b>
<b>Total Other Revenue (Ladies Auxiliary)</b>	<b>\$4,047</b>	<b>St. Anthony of Padua Catholic Church (Food Pantry)</b>	<b>\$ 2,391</b>
		<b>St. Agatha Catholic Church (Food Pantry)</b>	<b>\$ 1,141</b>
		<b>Friends of Kids with Cancer</b>	<b>\$ 1,000</b>
		<b>Kenrick-Glennon Seminary (Seminar Support)</b>	<b>\$ 1,250</b>
		<b>MARYGROVE</b>	<b>\$ 1,200</b>
		<b>Missouri Disabled Water Ski Association</b>	<b>\$ 975</b>
		<b>Society of St. Vincent de Paul</b>	<b>\$ 800</b>
		<b>Covenant House Missouri</b>	<b>\$ 600</b>
		<b>Birthright</b>	<b>\$ 600</b>
		<b>Helping Hand Me Downs</b>	<b>\$ 500</b>
		<b>Our Lady of Guadalupe for Life</b>	<b>\$ 500</b>
		<b>Benedictine College Ministry Fund</b>	<b>\$ 600</b>
		<b>Pancreatic Cancer Action Network</b>	<b>\$ 500</b>
		<b>Alzheimer's Association</b>	<b>\$ 500</b>
		<b>Unbound</b>	<b>\$ 432</b>
		<b>Coats for Kids</b>	<b>\$ 300</b>
		<b>AMIGA</b>	<b>\$ 250</b>
		<b>St. Louis VA Fisher House</b>	<b>\$ 250</b>
		<b>Bishop Timm Council (Teddy Bears)</b>	<b>\$ 360</b>
		<b>Community Foundation Middle Tennessee Tornado Relief</b>	<b>\$ 200</b>
		<b>Total Paid Donations</b>	<b>\$48,688</b>



Name of the organization

Employer identification number

Knights of Columbus 12022 St. Alban Roe Council

43-1804892

**Form 990-EZ, Line 16 - Other Expenses**

General &amp; Administrative Expense \$ 2,074

Food &amp; Beverages for Meetings \$ 240

Recognition Awards &amp; Gifts \$ 910

Safety Equipment &amp; Sanitizing Supplies \$ 165

Repair &amp; Maintenance Expense \$ 261

Coolers &amp; Storage Containers \$ 222

Exemplifications Expense \$ 580

Two Apple I-Pads \$ 498

Crime Bond for Financial Secretary &amp; Treasurer \$ 630

Professional Services - Tax Consulting \$ 400

Developmental Disabilities Drive Expense \$ 200

Rosary Expense \$ 296

1/19/20 Blood Drive &amp; Donut Sunday Expense \$ 173

1/12/20 March for Life Expense \$ 151

Cash Contributions to Ladies Auxiliary \$ 2,084

Missouri State Council Per Capita Assessment \$ 1,027

Knights of Columbus Supreme Council Assessments \$ 415

Total Other Expenses \$10,326