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► The organization may have to use a copy of this return to satisfy state reporting requirements

F Group Exemption
Number

Form **990-EZ** (2010)

Part II Balance Sheets

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

| (See the instructions for Part II) | | (A) Beginning of year | (B) End of year | |
|-------------------------------------|--|-----------------------|-----------------|---------|
| 22 | Cash, savings, and investments | 224,520 | 22 | 233,010 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) | 7,622 | 24 | 6,874 |
| 25 | Total assets | 232,142 | 25 | 239,884 |
| 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) | 232,142 | 27 | 239,884 |

Part III Statement of Program Service Accomplishments

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

| | | | |
|---|--|--|---|
| What is the organization's primary exempt purpose? THE ORGANIZATION WAS FORMED TO RENDER AID TO MEMBERS AND THEIR FAMILIES. MUTUAL AID AND ASSISTANCE ARE OFFERED TO SICK, DISABLED AND NEEDY MEMBERS AND THEIR FAMILY. SOCIAL AND INTELLECTUAL FELLOWSHIP IS PROMOTED AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL WELFARE, WAR RELIEF, AND PUBLIC RELIEF WORKS. | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) | |
| 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. | | | |
| 28 | THE ORGANIZATION WAS FORMED TO RENDER AID TO MEMBERS AND FAMILIES. MUTUAL AID AND ASSISTANCE ARE OFFERED TO SICK, DISABLED, AND NEEDY MEMBERS AND THEIR FAMILY. SOCIAL AND INTELLECTUAL FELLOWSHIP IS PROMOTED AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL WELFARE, WAR RELIEF, AND PUBLIC WORKS. (Grants \$ 0) If this amount includes foreign grants, check here | 28a | 0 |
| 29 | (Grants \$) If this amount includes foreign grants, check here | 29a | |
| 30 | (Grants \$) If this amount includes foreign grants, check here | 30a | |
| 31 | Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | |

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 address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
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Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

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|-----|---|-----|----|
| | | 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 | No |
| 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 | No |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| a | 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 | No |
| 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 | No |
| 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 | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="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 | No |
| 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____ | | |
| b | Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ | | |
| 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 | No |
| 41 | List the states with which a copy of this return is filed <input type="checkbox"/> MD | | |
| 42a | The organization's books are in care of <input type="checkbox"/> HERMAN A NIEDZIELSKI Telephone no <input type="checkbox"/> (301) 739-9019 20340 LEITERSBURG PIKE Located at <input type="checkbox"/> HAGERSTOWN, MD ZIP + 4 <input type="checkbox"/> 21742 | | |
| 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | 42b | No |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ | 42c | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text" value=""/> | | |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 44a | No |
| 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 | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| 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 | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b | 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 | |

| | | | |
|----|--|-----|----|
| | | Yes | No |
| 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 | | |
| 46 | | | No |

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

| | | | |
|-----|--|-----|----|
| | | Yes | No |
| 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 | | |
| 48 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | | |
| 49b | If "Yes," was the related organization a section 527 organization? | | |

| 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 address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| | | | | |
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| | | | | |
| 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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
| | | |
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|----|--|--|
| 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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | 2013-05-14 Date | | |
| | FREDERICK A NUGENT FINANCIAL SECRETARY Type or print name and title | | | | |
| Paid Preparer's Use Only | Preparer's signature | J WAYNE BECKER CPA | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) P00059076 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | SMITH ELLIOTT KEARNS & COMPANY LLC 480 N POTOMAC STREET HAGERSTOWN, MD 21740 | | | EIN 52-0783935 |
| | | | | | Phone no (301) 733-5020 |
| May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL

Employer identification number
23-7546811

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (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 | | | |
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| Total ▶ | | | | | | |

3

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|-----------------|----|--|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | | | |
| | 2 | Less Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | () |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ▶ | | | |

Part III Gaming. Complete if the organization answered "Yes" to 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 | 51,805 | | 51,805 |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | 17,996 | | 17,996 |
| | 6 | Volunteer labor | <input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | (17,996) |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | 33,809 |

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

a Is the organization licensed to operate 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 operate 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 operated in

| | | |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility | 13b |

14

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| | | |
|------------|-----------------|-------------|
| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|

| | | | | | | |
|---|--|---|--|--|---------------------------|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93492135006313 | | |
| <div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> | | <div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>► Attach to Form 990 or 990-EZ.</div> | | | OMB No 1545-0047 | |
| | | | | | 2011 | |
| | | | | | Open to Public Inspection | |
| Name of the organization KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL | | | | Employer identification number 23-7546811 | | |

| Identifier | Return Reference | Explanation |
|---------------------------------|--|--|
| OTHER INVESTMENT INCOME | FORM 990-EZ, PART I, LINE 4 | INTEREST 3,964 |
| OTHER REVENUE | FORM 990-EZ, PART I, LINE 8 | DESCRIPTION INTEREST AMOUNT 4 DESCRIPTION MISCELLANEOUS AMOUNT 3,118 TOTAL TO FORM 990-EZ, LINE 8 3,122 |
| PAYMENTS TO AFFILIATES | FORM 990-EZ, PART I, LINE 10 | AFFILIATE NAME KNIGHTS OF COLUMBUS SUPREME COUNCIL AFFILIATE ADDRESS 1 COLUMBUS PLAZA NEW HAVEN , CT 06510 PURPOSE OF PAYMENT PER CAPITA FEES AMOUNT OF PAYMENT 1,525 |
| PAYMENTS TO AFFILIATES | FORM 990-EZ, PART I, LINE 10 | AFFILIATE NAME MARYLAND STATE COUNCIL AFFILIATE ADDRESS 10815 STANG ROAD OWINGS MILLS, MD 21117 PURPOSE OF PAYMENT PER CAPITA FEES AMOUNT OF PAYMENT 2,089 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,614 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION CHURCH PROGRAMS GRANTEE NAME ST ANN CATHOLIC CHURCH GRANTEE ADDRESS 1525 OAK HILL AVENUE HAGERSTOWN, MD 21742 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 475 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION CHURCH PROGRAMS GRANTEE NAME ST JOSEPH'S CATHOLIC CHURCH GRANTEE ADDRESS 17630 VIRGINIA AVENUE HAGERSTOWN, MD 21740 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 800 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION SEMINARIAN GRANTEE NAME ERICK CLARK GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION SEMINARIAN GRANTEE NAME BREEN PATTERSON GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION CHILDREN'S DANCE GRANTEE NAME ST MARY'S CATHOLIC CHURCH GRANTEE ADDRESS 224 W WASHINGTON STREET HAGERSTOWN, MD 21740 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 200 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION OPERATIONS GRANTEE NAME FRIENDS OF VILLA MARIA GRANTEE ADDRESS 229 N POTOMAC STREET HAGERSTOWN, MD 21740 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION OPERATIONS GRANTEE NAME LONGMEADOW VOLUNTEER FIRE COMPANY GRANTEE ADDRESS 19307 LONGMEADOW ROAD HAGERSTOWN, MD 21742 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 100 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION OPERATIONS GRANTEE NAME SAN MAR CHILDRENS HOME GRANTEE ADDRESS 8504 MAPLEVILLE ROAD BOONSBORO , MD 21713 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 200 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION OPERATIONS GRANTEE NAME ALZHEIMER'S FOUNDATION GRANTEE ADDRESS 108 BYTE DRIVE FREDERICK , MD 21701 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 100 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION DUES GRANTEE NAME ST ELIZABETH ANN SETON SHRINE GRANTEE ADDRESS 333 S SETON AVENUE EMMITSBURG, MD 21727 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 92 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION OPERATIONS GRANTEE NAME BSA PACK 108 C/O JAMES MCCARTER AMOUNT GIVEN 500 |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION OPERATIONS GRANTEE NAME MARYLAND STATE COUNCIL GRANTEE ADDRESS 10815 STANG ROAD OWINGS MILLS, MD 21117 AMOUNT GIVEN 367 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 4,334 |
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | DESCRIPTION ADMINISTRATIVE COSTS AMOUNT 2,527 DESCRIPTION MEETINGS/OFFICER INSTALLATION AMOUNT 381 DESCRIPTION CONVENTION/STATE MEETING COSTS AMOUNT 1,539 DESCRIPTION HALLOWEEN PARTY/CHRISTMAS PARTY AMOUNT 650 DESCRIPTION YOUTH FUNCIONS AMOUNT 288 DESCRIPTION MEMBER FUNCTIONS/ AMOUNT 6,747 DESCRIPTION MISCELLANEOUS AMOUNT 310 TOTAL TO FORM 990-EZ, LINE 16 12,442 |
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION DUES DUE FROM MEMBERS BEG OF YEAR AMOUNT 7,622 END OF YEAR AMOUNT 6,874 |
| FORM 990-EZ, PART III- | \$51,805 REPRESENTS THE NET INCOME FROM GAMING RECORDS FOR PAYOUTS ARE NOT | CURRENTLY AVAILABLE |

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL

EIN: 23-7546811

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 23-7546811

Name: KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| JOSEPH H CECI 18517 MANASSAS DRIVE HAGERSTOWN, MD 21740 | GRAND KNIGHT 1 00 | 0 | 0 | 0 |
| JOHN C NAVARRO 1 ZACHARY COURT BOONSBORO, MD 21713 | DEPUTY GRAND KNIGHT 1 00 | 0 | 0 | 0 |
| HERMAN A NIEDZIELSKI 21512 LEITERSBURG SMITHSBURG ROAD HAGERSTOWN, MD 21742 | TREASURER 1 00 | 0 | 0 | 0 |
| FREDERICK A NUGENT 26 E IRVIN AVENUE HAGERSTOWN, MD 21742 | FINANCIAL SECRETARY 1 00 | 0 | 0 | 0 |
| JON K FOWLER 20923 TWIN SPRINGS DRIVE SMITHSBURG, MD 21783 | TRUSTEE 1 00 | 0 | 0 | 0 |
| JOSEPH G HANNIGAN 5 PUBLIC SQUARE HAGERSTOWN, MD 21740 | ADVOCATE 1 00 | 0 | 0 | 0 |
| DAVID L MOATS 7733 DAM NUMBER 4 ROAD WILLIAMSPORT, MD 21795 | TRUSTEE 1 00 | 0 | 0 | 0 |
| KENT R NIEDZIELSKI 13834 BIG POOL ROAD CLEAR SPRING, MD 21722 | RECORDER 1 00 | 0 | 0 | 0 |