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2011

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

|  |   |
|--|---|
| <b>C</b> Name of organization<br>KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL                           | <b>D</b> Employer identification number<br>23-7546811 |
| Number and street (or P O box, if mail is not delivered to street address)<br>20340 LEITERSBURG PIKE | <b>E</b> Telephone number<br>(301) 739-9019           |
| City or town, state or country, and ZIP + 4<br>HAGERSTOWN, MD 21742                                  | <b>F</b> Group Exemption Number<br>►                  |

**G** Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► KOFCPANGBORN1365.ORG**J** Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 8)  (insert no)  4947(a)(1) or  527**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 66,752**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          |
|            | 2 Program service revenue including government fees and contracts . . . . .  | 2          |
|            | 3 Membership dues and assessments . . . . .  | 3 5,074    |
|            | 4 Investment income . . . . .  | 4 3,964    |
|            | 5a Gross amount from sale of assets other than inventory . . . . .   | 5a         |
|            | b Less cost or other basis and sales expenses . . . . .  | 5b         |
|            | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | 5c         |
|            | 6 Gaming and fundraising events  |            |
|            | a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | 6a 51,805  |
| Expenses   | b Gross income from fundraising events (not including \$ 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 2,787   |
|            | c Less direct expenses from gaming and fundraising events . . . . .  | 6c 17,996  |
|            | d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .   | 6d 36,596  |
|            | 7a Gross sales of inventory, less returns and allowances . . . . .   | 7a         |
|            | b Less cost of goods sold . . . . .  | 7b         |
|            | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | 7c         |
|            | 8 Other revenue (describe in Schedule O) . . . . .   | 8 3,122    |
|            | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .   | 9 48,756   |
|            | 10 Grants and similar amounts paid (list in Schedule O) . . . . .  | 10 7,948   |
| Net Assets | 11 Benefits paid to or for members . . . . .   | 11         |
|            | 12 Salaries, other compensation, and employee benefits . . . . .   | 12         |
|            | 13 Professional fees and other payments to independent contractors . . . . .   | 13         |
|            | 14 Occupancy, rent, utilities, and maintenance . . . . .   | 14 20,513  |
|            | 15 Printing, publications, postage, and shipping . . . . .   | 15 111     |
|            | 16 Other expenses (describe in Schedule O) . . . . .   | 16 12,442  |
|            | 17 Total expenses. Add lines 10 through 16 . . . . .   | 17 41,014  |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .   | 18 7,742   |
|            | 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) . . . . .  | 19 232,142 |
|            | 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 . . . . .   | 21 239,884 |

**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   |
|--|-----------------------|-------------------|
| <b>22 Cash, savings, and investments</b>   | 224,520               | <b>22</b> 233,010 |
| <b>23 Land and buildings</b>   |                       | <b>23</b>         |
| <b>24 Other assets (describe in Schedule O)</b>  | 7,622                 | <b>24</b> 6,874   |
| <b>25 Total assets</b>   | 232,142               | <b>25</b> 239,884 |
| <b>26 Total liabilities (describe in Schedule O)</b>   | 0                     | <b>26</b> 0       |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | 232,142               | <b>27</b> 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

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

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

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<br><b>(If not paid, enter -0-.)</b> | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

**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 

**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

**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)

**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)?

**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

**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

**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

**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?

**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?

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** 0

**39** *Section 501(c)(7) organizations.* Enter

**a** Initiation fees and capital contributions included on line 9 **39a** 0

**b** Gross receipts, included on line 9, for public use of club facilities **39b** 0

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 0, section 4912 0, section 4955 0

**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** 0

**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 **40c** 0

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **40d** 0

**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** 0

**41** List the states with which a copy of this return is filed **41** MD

**42a** The organization's books are in care of **42a** HERMAN A NIEDZIELSKI Telephone no **42a** (301) 739-9019

20340 LEITERSBURG PIKE

Located at **42b** HAGERSTOWN, MD

ZIP + 4 **42b** 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 **42c** 0

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

**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 **42c** 0

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** 0 and enter the amount of tax-exempt interest received or accrued during the tax year **43** 0

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**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*

**c** Did the organization receive any payments for indoor tanning services during the year?

**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

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**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)*

|                        | Yes        | No                                  |
|------------------------|------------|-------------------------------------|
| <b>33</b>              | <b>33</b>  | No                                  |
| <b>34</b>              | <b>34</b>  | No                                  |
| <b>35a</b>             | <b>35a</b> | No                                  |
| <b>35b</b>             | <b>35b</b> |                                     |
| <b>35c</b>             | <b>35c</b> | No                                  |
| <b>36</b>              | <b>36</b>  | No                                  |
| <b>37a</b>             | <b>37a</b> | 0                                   |
| <b>37b</b>             | <b>37b</b> |                                     |
| <b>38a</b>             | <b>38a</b> | No                                  |
| <b>38b</b>             | <b>38b</b> |                                     |
| <b>39a</b>             | <b>39a</b> |                                     |
| <b>39b</b>             | <b>39b</b> |                                     |
| <b>40b</b>             | <b>40b</b> |                                     |
| <b>40c</b>             | <b>40c</b> |                                     |
| <b>40d</b>             | <b>40d</b> |                                     |
| <b>40e</b>             | <b>40e</b> | No                                  |
| <b>41</b>              | <b>41</b>  | MD                                  |
| <b>42a</b>             | <b>42a</b> | HERMAN A NIEDZIELSKI (301) 739-9019 |
| 20340 LEITERSBURG PIKE |            |                                     |
| Located at <b>42b</b>  | <b>42b</b> | HAGERSTOWN, MD 21742                |
| <b>42c</b>             | <b>42c</b> |                                     |
| <b>42d</b>             | <b>42d</b> |                                     |
| <b>42e</b>             | <b>42e</b> |                                     |
| <b>43</b>              | <b>43</b>  | 0                                   |
| <b>44a</b>             | <b>44a</b> | No                                  |
| <b>44b</b>             | <b>44b</b> | No                                  |
| <b>44c</b>             | <b>44c</b> | No                                  |
| <b>44d</b>             | <b>44d</b> |                                     |
| <b>45a</b>             | <b>45a</b> | No                                  |
| <b>45b</b>             | <b>45b</b> |                                     |

**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> |     | 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

**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> |     |    |

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

|           |  |
|-----------|--|
| <b>48</b> |  |
|-----------|--|

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

|            |  |
|------------|--|
| <b>49a</b> |  |
|------------|--|

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

|            |  |
|------------|--|
| <b>49b</b> |  |
|------------|--|

**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 |
|--|--|------------------|---|--|
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**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 |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**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  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.

|                                 |  |   |   |
|---------------------------------|--|---|---|
| <b>Sign Here</b>                | *****<br>Signature of officer<br>FREDERICK A NUGENT FINANCIAL SECRETARY<br>Type or print name and title  | 2013-05-14<br>Date  |   |
| <b>Paid Preparer's Use Only</b> | Preparer's signature <input type="checkbox"/> J WAYNE BECKER CPA   | Date <input type="checkbox"/> Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions)<br>P00059076 |
|                                 | Firm's name (or yours if self-employed),<br>address, and ZIP + 4 <input type="checkbox"/> SMITH Elliott KEARNS & COMPANY LLC<br>480 N POTOMAC STREET<br>HAGERSTOWN, MD 21740 | EIN <input type="checkbox"/> 52-0783935                                       | Phone no <input type="checkbox"/> (301) 733-5020                          |
|                                 |  |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |

May the IRS discuss this return with the preparer shown above? See instructions

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL

**Employer identification number**

23-754681

**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.

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

**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<br>(event type) | (b) Event #2<br>(event type) | (c) Other Events<br>(total number) | (d) Total Events<br>(Add col (a) through col (c)) |
|-----------------|---|------------------------------|------------------------------|------------------------------------|---|
|                 |   |                              |                              |                                    |   |
| 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   |
| Direct Expenses | 2 Cash prizes . . . . .   |  |   |   |  |
|                 | 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 %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | ( 17,996 )                                     |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►    |  |   |   | 33,809   |
|                 | 8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ► |  |   |   |  |

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

**13a**

**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 questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

2011

Open to Public  
Inspection**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

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<br>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<br>COLUMBUS PLAZA NEW HAVEN, CT 06510 PURPOSE OF PAYMENT PER CAPITA FEES<br>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<br>OWINGS MILLS, MD 21117 PURPOSE OF PAYMENT PER CAPITA FEES AMOUNT OF<br>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<br>CHURCH GRANTEE ADDRESS 1525 OAK HILL AVENUE HAGERSTOWN, MD 21742 GRANTEE<br>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<br>CHURCH GRANTEE ADDRESS 17630 VIRGINIA AVENUE HAGERSTOWN, MD 21740<br>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<br>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<br>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<br>CHURCH GRANTEE ADDRESS 224 W WASHINGTON STREET HAGERSTOWN, MD 21740<br>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<br>GRANTEE ADDRESS 229 N POTOMAC STREET HAGERSTOWN, MD 21740 GRANTEE<br>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<br>COMPANY GRANTEE ADDRESS 19307 LONGMEADOW ROAD HAGERSTOWN, MD 21742<br>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<br>GRANTEE ADDRESS 8504 MAPLEVILLE ROAD BOONSBORO, MD 21713 GRANTEE<br>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<br>GRANTEE ADDRESS 108 BYTE DRIVE FREDERICK, MD 21701 GRANTEE RELATIONSHIP<br>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<br>GRANTEE ADDRESS 333 S SETON AVENUE EMMITSBURG, MD 21727 GRANTEE<br>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<br>MCCARTER AMOUNT GIVEN 500  |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10   | ACTIVITY CLASSIFICATION OPERATIONS GRANTEE NAME MARYLAND STATE COUNCIL<br>GRANTEE ADDRESS 10815 STANG ROAD OWINGS MILLS, MD 21117 AMOUNT GIVEN 367<br>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<br>INSTALLATION AMOUNT 381 DESCRIPTION CONVENTION/STATE MEETING COSTS<br>AMOUNT 1,539 DESCRIPTION HALLOWEEN PARTY/CHRISTMAS PARTY AMOUNT 650<br>DESCRIPTION YOUTH FUNCTIONS AMOUNT 288 DESCRIPTION MEMBER FUNCTIONS/<br>AMOUNT 6,747 DESCRIPTION MISCELLANEOUS AMOUNT 310 TOTAL TO FORM 990-EZ,<br>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<br>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<br>18517 MANASSAS DRIVE<br>HAGERSTOWN, MD 21740                     | GRAND KNIGHT 1 00  | 0  | 0   | 0  |
| JOHN C NAVARRO<br>1 ZACHARY COURT<br>BOONSBORO, MD 21713                          | DEPUTY GRAND KNIGHT 1 00                                 | 0  | 0   | 0  |
| HERMAN A NIEDZIELSKI<br>21512 LEITERSBURG SMITHSBURG ROAD<br>HAGERSTOWN, MD 21742 | TREASURER 1 00   | 0  | 0   | 0  |
| FREDERICK A NUGENT<br>26 E IRVIN AVENUE<br>HAGERSTOWN, MD 21742                   | FINANCIAL SECRETARY 1 00                                 | 0  | 0   | 0  |
| JON K FOWLER<br>20923 TWIN SPRINGS DRIVE<br>SMITHSBURG, MD 21783                  | TRUSTEE 1 00   | 0  | 0   | 0  |
| JOSEPH G HANNIGAN<br>5 PUBLIC SQUARE<br>HAGERSTOWN, MD 21740                      | ADVOCATE 1 00  | 0  | 0   | 0  |
| DAVID L MOATS<br>7733 DAM NUMBER 4 ROAD<br>WILLIAMSPORT, MD 21795                 | TRUSTEE 1 00   | 0  | 0   | 0  |
| KENT R NIEDZIELSKI<br>13834 BIG POOL ROAD<br>CLEAR SPRING, MD 21722               | RECORDER 1 00  | 0  | 0   | 0  |