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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 private foundations)

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL
Number and street (or P O box, if mail is not delivered to street address) Room/suite
20340 LEITERSBURG PIKE
City or town, state or province, country, and ZIP or foreign postal code
HAGERSTOWN, MD 21742

D Employer identification number
23-7546811
E Telephone number
(301) 739-9019
F Group Exemption Number
0188

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 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 80,723

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 <input checked="" type="checkbox"/>									
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					2,151	
	4	Investment income	4					1,541	
	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					68,691	
	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					6,416	
Expenses	c	Less direct expenses from gaming and fundraising events	6c					29,449	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d					45,658	
	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					1,924	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9					51,274	
	10	Grants and similar amounts paid (list in Schedule O)	10					21,636	
	11	Benefits paid to or for members	11						
	12	Salaries, other compensation, and employee benefits	12						
Net Assets	13	Professional fees and other payments to independent contractors	13					650	
	14	Occupancy, rent, utilities, and maintenance	14					24,644	
	15	Printing, publications, postage, and shipping	15						
	16	Other expenses (describe in Schedule O)	16					4,559	
	17	Total expenses. Add lines 10 through 16	17					51,489	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18					-215	
	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					290,594	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20						
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21					290,379	

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
22 Cash, savings, and investments	286,716	22 288,974
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,878	24 1,405
25 Total assets	290,594	25 290,379
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	290,594	27 290,379

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?

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
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

29

(Grants \$) If this amount includes foreign grants, check here . . . ☐

30

(Grants \$) If this amount includes foreign grants, check here . . . ☐

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

32 Total program service expenses (add lines 28a through 31a)

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	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
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	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 ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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 ▶ MD		
42a	The organization's books are in care of ▶ HERMAN A NIEDZIELSKI Telephone no ▶ (301) 739-9019 Located at ▶ 20340 LEITERSBURG PIKE HAGERSTOWN, MD ZIP + 4 ▶ 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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes 42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
		Yes	No
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	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	No

		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 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

		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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	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		2017-05-04 Date					
	GLENN E KING FINANCIAL SECRETARY Type or print name and title							
Paid Preparer Use Only	Print/Type preparer's name DAVID STCLAIR CPA		Preparer's signature		Date 2017-05-04	Check <input type="checkbox"/> if self-employed	PTIN P01354613	
	Firm's name ► SMITH ELLIOTT KEARNS & COMPANY LLC					Firm's EIN ► 52-0783935		
	Firm's address ► 480 N POTOMAC ST HAGERSTOWN, MD 21740					Phone no (301) 733-5020		
May the IRS discuss this return with the preparer shown above? See instructions								Yes No

Additional Data

Software ID:
Software Version:
EIN: 23-7546811
Name: KNIGHTS OF COLUMBUS 1365 PANGBORN COUNCIL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28</div> <div>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</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	

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

(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
FREDERICK A NUGENT GRAND KNIGHT	1 00	0		
GLENN E KING FINANCIAL SE	1 00	0		
JOSEPH HANNIGAN DEPUTY GRAND	1 00	0		
FRANK B CURTIS CHANCELLOR	1 00	0		
VALENTINE MALAFEEW RECORDER	1 00	0		
HERMAN NIEDZIELSKI TREASURER	1 00	0		
JOSEPH H CECI ADVOCATE	1 00	0		
ROBERT W SKOK WARDEN	1 00	0		
LAWRENCE JOIA SR INSIDE GUAR	1 00	0		
MICHAEL F KOCH OUTSIDE GUAR	1 00	0		
JOHN DANKO TRUSTEE	1 00	0		
CELESTINE W SHANNON TRUSTEE	1 00	0		
REV JOHN J JICHA CHAPLAIN	1 00	0		
ROBERT C CARBAUGH LECTURER	1 00	0		

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" on 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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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" 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 ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ 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 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.

(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	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash 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 Subtract line 10 from line 3, column (d) ▶				

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	66,232	408	2,051	68,691
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	17,616	6,974		24,590
Direct Expenses	6 Volunteer labor	<input checked="" type="checkbox"/> Yes100 000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes_____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes100 000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				24,590
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				44,101

9

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

MD

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

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 ▶

HERMAN A NIEDZIELSKI

Address ▶

20340 LEITERSBURG PIKE
HAGERSTOWN, MD 21742

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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART IV	PART III LINE 1(D) GAMING REVENUE OF 68,691 IS REPORTED NET OF CASH PRIZES RECORDS FOR CASH PAYOUTS ARE NOT CURRENTLY AVAILABLE

Schedule G (Form 990 or 990-EZ) 2015

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
KNIGHTS OF COLUMBUS 1365 PANGBORN
COUNCIL**Employer identification number**

23-7546811

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 956 REFUNDS 863 FLOWER FUND 105 TOTAL 1,924
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 3,319 CONFERENCES/MEETINGS 1,240 TOTAL 4,559

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	DUE FROM MEMBERS 3,878 1,405 TOTAL 3,878 1,405
FORM 990-EZ, PART III	THE ORGANIZATION WAS FORMED TO RENDER AID TO MEMBERS AND THEIR FAMILIES MUTUAL AID AND AS SISTANCE ARE OFFERED TO SICK, DISABLED AND NEEDY MEMBERS AND THEIR FAMILY SOCIAL AND INTE LLECTUAL FELLOWSHIP IS PROMOTED AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHAR ITABLE, RELIGIOUS, SOCIAL WELFARE, WAR RELIEF, AND PUBLIC RELIEF WORKS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	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.