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Form 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)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.

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

D Employer identification number

23-7546811

E Telephone number

(301) 739-9019

F Group Exemption Number

► 0188

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

HAGERSTOWN, MD 21742

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

Revenue	<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td>5b</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000) </td><td>6a</td></tr> <tr><td>b</td><td>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)</td><td>6b</td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td>6c</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td>7b</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>► 9</td></tr> </table>	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	4	Investment income	4	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	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	c	Less direct expenses from gaming and fundraising events	6c	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	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	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9	<table border="0"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td>2,151</td></tr> <tr><td>4</td><td>1,541</td></tr> <tr><td>5c</td><td></td></tr> <tr><td>6a</td><td>68,691</td></tr> <tr><td>6b</td><td>6,416</td></tr> <tr><td>6c</td><td>29,449</td></tr> <tr><td>6d</td><td>45,658</td></tr> <tr><td>7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> <tr><td>7c</td><td></td></tr> <tr><td>8</td><td>1,924</td></tr> <tr><td>9</td><td>51,274</td></tr> <tr><td>10</td><td>21,636</td></tr> <tr><td>11</td><td></td></tr> <tr><td>12</td><td></td></tr> <tr><td>13</td><td>650</td></tr> <tr><td>14</td><td>24,644</td></tr> <tr><td>15</td><td></td></tr> <tr><td>16</td><td>4,559</td></tr> <tr><td>17</td><td>51,489</td></tr> <tr><td>18</td><td>-215</td></tr> <tr><td>19</td><td>290,594</td></tr> <tr><td>20</td><td></td></tr> <tr><td>21</td><td>290,379</td></tr> </table>	1		2		3	2,151	4	1,541	5c		6a	68,691	6b	6,416	6c	29,449	6d	45,658	7a		7b		7c		8	1,924	9	51,274	10	21,636	11		12		13	650	14	24,644	15		16	4,559	17	51,489	18	-215	19	290,594	20		21	290,379
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			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 GLENN E KING FINANCIAL SECRETARY Type or print name and title	2017-05-04 Date
---	--------------------

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

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

<p>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.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>
<p>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 FAMILIES. SOCIAL AND INTELLECTUAL FELLOWSHIP IS PROMOTED AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL WELFARE, WAR RELIEF, AND PUBLIC RELIEF WORKS (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

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 MALAFEWEW 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		

2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceSupplemental Information Regarding
Fundraising or Gaming ActivitiesComplete 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

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input 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 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
1		Yes	No			
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 (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) 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
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses	17,616	6,974		24,590
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <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 _____

.....

Schedule G (Form 990 or 990-EZ) 2015

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13	Indicate the percentage of gaming activity conducted in				
a	The organization's facility	13a <input style="width: 100px;" type="text"/> %			
b	An outside facility	13b <input style="width: 100px;" type="text"/> %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
<p>Name ► HERMAN A NIEDZIELSKI Address ► 20340 LEITERSBURG PIKE HAGERSTOWN, MD 21742</p>					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ <input style="width: 100px;" type="text"/> and the amount of gaming revenue retained by the third party ► \$ <input style="width: 100px;" type="text"/>				
c	If "Yes," enter name and address of the third party				
<p>Name ► <input style="width: 100px;" type="text"/></p> <p>Address ► <input style="width: 100px;" type="text"/></p>					
16	Gaming manager information				
<p>Name ► <input style="width: 100px;" type="text"/></p> <p>Gaming manager compensation ► \$ <input style="width: 100px;" type="text"/></p>					
<p>Description of services provided ► <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>					
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ► \$ <input style="width: 100px;" type="text"/>				
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).				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Return Reference</th> <th style="text-align: left; padding: 5px;">Explanation</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">SCHEDULE G, PART IV</td> <td style="padding: 5px;">PART III LINE 1(D) GAMING REVENUE OF 68,691 IS REPORTED NET OF CASH PRIZES RECORDS FOR CASH PAYOUTS ARE NOT CURRENTLY AVAILABLE</td> </tr> </tbody> </table>		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
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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.

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 FAMILIES. 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 FAMILIES. SOCIAL AND INTELLECTUAL FELLOWSHIP IS PROMOTED AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL WELFARE, WAR RELIEF, AND PUBLIC RELIEF WORKS