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Short Form
Return of Organization Exempt From Income TaxUnder 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

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		January 1	, 2010, and ending	December 31	, 2010
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Knights of Columbus St Matthews Council 10852		56 1830791	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
		9009 Bryant Farms Rd			704 341 3323
		City or town, state or country, and ZIP + 4		F Group Exemption Number ► 0188	
		Charlotte, NC 28277-1611			
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ►					
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting 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				► \$	117185
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	103552
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	12836
	4	Investment income		4	797
	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	117185	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	25232
	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	
	15	Printing, publications, postage, and shipping		15	3120
	16	Other expenses (describe in Schedule O)		16	81354
17	Total expenses. Add lines 10 through 16		17	109706	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7479
	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	71112
	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	78591

2010

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	71112	22	78591
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	71112	25	78591
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	71112	27	78591

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

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? 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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

the services provided, the number of persons benefited, and other relevant information for each program line.			for others)
28	Supported church activities: Soccer Challenge, Halloween Party, Easter Egg Hunt, 30 Hour Famine, Basketball Free throw, Altar Server Picnic and Haiti Mission		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29	Supported various charities serving community such as Room at the Inn, Uptown men's Shelter, Ramp building, LAMB foundation of North Carolina and Sisters of Mercy		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30	Collected and distributed Christmas gifts and Thanksgiving dinners to the needy		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	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
Robert Desch 8929 Challis Hill Rd Charlotte NC 28226	Grand Knight 40			
John Coudriet 9407 Olivia Lane Charlotte NC 228277	Financial Secretary 16			
Charles Elgin 1204 Churchill Down Drive Waxhaw NC 28173	Deputy Grand Knight 16			
Paul Mitchell 8633 Annabelle Lee Lane Charlotte NC 28277	Treasurer 8			
Richard White 5908 Marseilles Ct Charlotte NC 28277	Trustee 1			
Louis Colon 2713 Liberty Hill Ct Waxhaw NC 28173	Trustee 1			
Kirk Glunk 724 Amanda Drive Matthews NC 28104	Trustee 1			

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 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 or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?

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

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

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

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) 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

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

d Section 501(c)(3) and 501(c)(4) 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.

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► John Coudriet

Telephone no. ► _____

Located at ► 9407 Olivia Lane Charlotte NC

ZIP + 4 ► 28277

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 **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: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
 44c Did the organization receive any payments for indoor tanning services during the year?
 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33		✓
34		✓
35a		✓
35b		✓
36		✓
37a		0
37b		✓
38a		✓
40b		
40e		

	Yes	No
42b		✓
42c		✓

	Yes	No
44a		✓
44b		✓
44c		✓
44d		✓

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? **45** Yes No

a 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) **45a** 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** Yes 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, 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? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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 ►

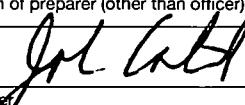
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

Sign Here	 Signature of officer John Coudriet Financial Secretary Type or print name and title	Date 4/27/2011
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Knights of Columbus Tax ID 56 1830791

Payments to Affiliates Schedule
Columbus Club of South Charlotte
Tax Year 2010

Month	Amount
Jan	7500
Feb	0
Mar	0
Apr	0
May	10000
Jun	0
Jul	0
Aug	0
Sep	4202
Oct	2280
Nov	0
Dec	1250
	25232