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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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	January 1	, 2011, and ending	December 31	, 2011	
B Check if applicable	C Name of organization <b>Knights of Columbus St Matthews Council 10852</b>				
<input type="checkbox"/> Address change	D Employer identification number <b>56 1830791</b>				
<input type="checkbox"/> Name change	E Telephone number <b>704 341 3323</b>				
<input type="checkbox"/> Initial return	F Group Exemption Number ► <b>0188</b>				
<input type="checkbox"/> Terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
G Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual   Other (specify) ► _____				
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 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	► \$ <b>132102</b>				
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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 <b>119541</b>			
	2 Program service revenue including government fees and contracts . . . . .	2			
	3 Membership dues and assessments . . . . .	3 <b>12173</b>			
	4 Investment income . . . . .	4 <b>388</b>			
	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 <b>132102</b>			
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 <b>17750</b>			
	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 <b>3166</b>			
	16 Other expenses (describe in Schedule O) . . . . .	16 <b>110519</b>			
	17 Total expenses. Add lines 10 through 16	17 <b>131435</b>			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 <b>667</b>			
	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 <b>78591</b>			
	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 <b>79258</b>			

22

**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 . . . . .	78591	22 79258
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	78591	25 79258
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	78591	27 79258

**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?

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	Supported church activities; Soccer Challenge, 25 Year Anniversary Mass, 30 Hour famine, Basketball Free throw, Altar Server Picnic, Haiti Mission and SPRED.		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29	Support various charities serving the community such as Room at the Inn, Uptown Men's Shelter, Ramp building and LAMB foundation of North Carolina.		
	(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 and Sisters of Mercy		
	(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 Q to respond to any question in this Part IV.

(a) Name and address	(b) Title and 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
Charles Elgin 1204 Churhill Down Drive Waxhaw NC 28173	Grand Knight 40			
John Coudriet 9407 Olivia Lane Charlotte NC 228277	Financial Secretary 16			
Robert Conlan 13629 Pacific Echo Drive Charlotte NC 28277	Deputy Grand Knight 8			
Gary Yeck 10832 Round Rock RD Charlotte NC 28277	Treasurer 8			
Robert Desch 8929 Challis Hill RD Charlotte NC 28226	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 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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b> . . . . .	37b	✓
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	38a	✓
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? . . . . .	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	39a	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
a Initiation fees and capital contributions included on line 9 . . . . .	40a	✓
b Gross receipts, included on line 9, for public use of club facilities . . . . .	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	✓
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 . . . . .	40d	✓
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 . . . . .	40e	✓
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 ► <b>John Coudriet</b> . . . . .	Telephone no. ► 704-543-9621	
Located at ► <b>9407 Olivia Lane Charlotte NC</b> . . . . .	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: ► _____	Yes	No
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	42c	✓
If "Yes," enter the name of the foreign country. ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/>	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► <b>43</b>	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	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 . . . . .	44a	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44b	✓
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 . . . . .	44c	✓
44d	✓	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
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	✓

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 ✓

**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 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."		

**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."

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>	<i>John Coudriet</i>		Date <i>5/1/2012</i>
	Signature of officer	John Coudriet Financial Secretary	
	Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	<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

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Knights of Columbus St Matthews Council 10852

Employer identification number

56 1830791

**Payments to Affiliates Schedule**

**Columbus Club of South Charlotte**

January 3000

February 1250

March 1250

April 1250

May 2500

June 1000

July 1250

August 1250

September 1250

October 1250

November 1250

December 1250

**Total 17750**