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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **July 1**, 2009, and ending **June 30**, 20 **10****B** Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**Knights of Columbus Fr. John Savoca Council 12633**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

1580 St Thomas Way

City or town, state or country, and ZIP + 4

Lenoir City, TN 37772-4475**D** Employer identification number**91-2035843****E** Telephone number**865 408-9783****F** Group ExemptionNumber ► **0188**

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (**8**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ **35,426.38****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,051.90
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	7,104.50
	4	Investment income	4	.14
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 8,251.85 of contributions reported on line 1)	6a	13,269.84
b	Less: direct expenses other than fundraising expenses	6b	12,818.53	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	451.31	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	22,607.85	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	21,578.37
	11	Benefits paid to or for members	11	174.80
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	4,247.34
	15	Printing, publications, postage, and shipping	15	200.40
	16	Other expenses (describe ►)	16	0
17	Total expenses. Add lines 10 through 16	17	26,200.91	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,593.06)
	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	6,230.23
	20	Other changes in net assets or fund balances (attach explanation)	20	(3,593.06)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,637.17

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,230.23	2,637.17
23 Land and buildings	0	0
24 Other assets (describe ►)	0	0
25 Total assets	6,230.23	2,637.17
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,230.23	2,637.17

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED JAN 31 2011

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

What is the organization's primary exempt purpose? Charitable Fund Raising

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

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.

28	St. Thomas the Apostle Catholic Church		
	See schedule supporting line 10		
	(Grants \$ 10,667.01) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	Adults and children with developmental handicaps		
	See schedule supporting line 10		
	(Grants \$ 3000.00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	Community relief for the poor		
	(Grants \$ 7,911.36) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	21,578.37

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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. ► 37a _____		
b	Did the organization file Form 1120-POL for this year?	37b	✓
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 period covered by this return?	38a	✓
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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.	40e	✓
41	List the states with which a copy of this return is filed. ► _____		
42a	The organization's books are in care of ► Bill Twohig, Financial Secretary Telephone no. ► 865 986-9885 Located at ► 1580 St Thomas Way, Lenoir City, Tn ZIP + 4 ► 37772-4475		
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)?	42b	✓
	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.?	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 Form 1041 —Check here	43	<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

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 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
47	Did the organization engage in lobbying activities? 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."			

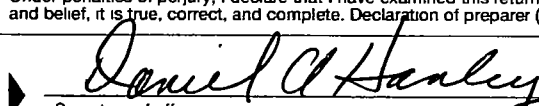
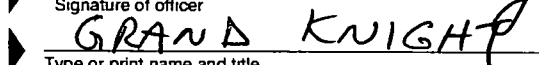
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 . . . ▶ _____

Sign Here	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.				
	 Signature of officer		1-5-2011 Date		
Paid Preparer's Use Only	 Type or print name and title		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no	
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No					



Schedule attached to Form 990-EZ - Line 6

Special Events and Activities	St Patrick's Dinner Dance	Pancake Breakfasts	Pasta Party	Christmas Card Sale
Number of Occasions that event occurred	1	9	1	1
Gross Receipts	5078 00	4473 50	3110 66	1667.75
Less: Contributions	2605 52	4473 28	560.96	929 75
Gross Revenues	2472 48	100.22	2549 70	738 00
Less: Direct Expenses	2472 48	100 22	2549 70	738 00
Net Income or (Loss)	0 00	0 00	0 00	0 00

Schedule attached to Form 990-EZ - Line 10**Grants and Similar Amounts Paid**

Class of Activity	Name and Address of Grantee	Amount Given	Relationship of Grantee
Church activities and improvements	St Thomas the Apostle Catholic Church 1580 St Thomas Way Lenoir City, TN 37772	10,667 01	None
Mental retardation rehabilitation	TN MR Foundation	3,000.00	None
Community relief efforts and meals for the poor	Human needs c/o ST Thomas the Apostle Church 1580 St. Thomas Way Lenoir City, TN 37772	370 36	None
Community relief efforts for the poor	Good Samaritan Center 119 A Street Lenoir City, TN 37771	500 00	None
Community relief efforts for the poor	Love, Inc Lenoir City, TN	1,000 00	None
Community beautification support	Monroe County 292 Industrial Park South Madisonville, TN 37354	400 00	None
Protect abused children	Child Advocacy Center 887 Highway 70 W Lenoir City, TN 37771	600 00	None
Pregnancy assistance and counseling	Catholic Charities of the Diocese of Knoxville 2227 Division Street Knoxville, TN 37919	1,200 00	None
Protect abused spouses	Domestic Violence Center Iva's Place Lenoir City, TN	1,000 00	None
Support persons with disabilities	Shangri-La Therapeutic Academy of Riding 11800 Highway 11 E Lenoir City, TN 37772	500 00	None
Support youth activities	Boy Scout Troop 770 C/O St Thomas the Apostle Church 1580 St Thomas Way Lenoir City, TN 37772	500 00	None
Support youth activities	Boys and Girls Club 201 B Street Lenoir City, TN 37772	500 00	None
Support youth activities	Recognition of various youth that excelled in community activities	841 00	None
Support active military	Food City, Inc Lenoir City, TN (Comfort kits for active Military in Middle East)	500 00	None
		21,578 37	