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

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

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)

28 St. Thomas the Apostle Catholic Church

See schedule supporting line 10

(Grants \$ 10,667.01) If this amount includes foreign grants, check here

283

29 Adults and children with developmental handicaps

See schedule supporting line 10

(Grants \$ 3000.00) If this amount includes foreign grants, check here

29a

30 Community relief for the poor

(Grants \$ 7,911.36) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

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

318

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

31a

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

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.? If "Yes," enter the name of the foreign country. ► _____	42c	✓
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		
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.

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 . . . ►

Sign Here	<p>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</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1;"> <p>► <u>Daniel A Hanley</u> Signature of officer</p> <p>► <u>GRAN D KNIGHT</u> Type or print name and title</p> </div> <div style="flex: 1; text-align: right;"> <p>1-1-5-2011 Date</p> </div> </div>	
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Paid Preparer's Use Only	Preparer's signature	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 ► Yes 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	Shangn-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