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Department of the Treas ry Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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Check 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 550 000. A Form 990 C 20 if Form 990 return a not required though Form 990. (e-oostcard) may be required (see instructions). But if the organization chooses to file a every nees term file a chimotetre etitur. L Add lines 5b. 6c. and 7b. to line 9 to determine gross remats. If gross receipts are 800 000 or more or if total sassets (Part I) line 25 colours are 550 000 or more 1 he form 990. Execution 5form 990. Execution 1 he organization processes (and the organization) are 550 000 or more 1 he form 990 or more or if total sassets (Part I) line 25 colours are 550 000 or more 1 he form 990 or more or if total sassets (Part I) line 25 colours are 550 000 or more 1 he form 990 or more or if total sassets (Part I) line 25 colours are 550 000 or more 1 he form 990 or more or if total sassets asset (Part I) line 25 colours are 500 or more 1 he form 990 or more or if total sassets (See the instructions for Part I) Check if the organization used Schooling to the 4 sassets or Fund Balances (see the instructions for Part I) Check if the organization used Schooling to the 4 sassets or Fund Balances (see the instructions for Part I) Check if the organization standard and seeds are some organization to the form 990 organization in may 8 part I Contributions giths grants and single organization to the form 990 organizatio	1	Webs	ite: ► www.redmass.com	requir	ed to attach S	Schedule B (Form
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15 Printing publications postage and slippin OGDEN. 16 Other expenses (describe in Schedulg 2) OGDEN. 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 to mine 9 18 Excess or (deficit) for the year (Subtract line 17 to mine 9 19 Net assets or fund valances at beginning of year from the 9 19 T, 263. 19 Other changes in net assets or fund balances (explain a Schedule 0) 20 Other changes in net assets or fund balances (explain a Schedule 0) 21 Net assets or fund palances at end of year Combine lines 13 through 20 21 -4, 911.	S	14	Occupancy rent utilities and mainteraide	· j		······································
17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 tip miles Signature	S	15	Printing publications postage and ship printing	N. Control of the con	15	
18 Excess or (deficit) for the year (Subtract line 17 tions line S N S S S S S S S S S S S S S S S S S		16	The state of the s		;	
N S S T S T S T S T S T S T S T S T S T	_					
figure reported on prior year's return) 7, 263. Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year Combine lines is through 20 19 7, 263.		18	Excess or (deficit) for the year (Subtract line 17 tip in line 9		18	-12,174.
s 21 Net assets or fund palances at end of year. Combine lines (3 through 20 ► 21	N	A 19	Net assets or fund palances at beginning of year (many 1000) and	year	7 262	
s 21 Net assets or fund palances at end of year. Combine lines (3 through 20 ► 21	Ē	S				1,263.
	•	sl		. ^	į	. 4 011
	-			<u>:</u> U	- 21	Form 990-EZ (2011)

	990-EZ (2011) St Thomas More		ida Inc		91-2	09591	1 Page 2
Par	t II Balance Sheets. (see the inst Check if the organization used Scheo		stion in this Part II				
	SHOOK II this organization used contact	idio o to respond to any ques	stor in this rare in	(A) Beginning o	f year	(B)	End of year
22	Cash, savings, and investments			7,2	63.	22	2,589.
23	Land and buildings				0.2	23	0.
24	Other assets (describe in Schedule O)				0.2	24	0.
25	Total assets			7,2		25	2,589.
	Total liabilities (describe in Schedule O)	See L-26 Stn				26	7,500.
27	Net assets or fund balances (line 27 of c	olumn (B) must agree with lii	ne 21)		63.	27	-4,911.
Par	t III Statement of Program Serv						penses
14/h ná	Check if the organization used Sch	edule O to respond to any qu	estion in this Part II	1			or section nd 501(c)(4)
Desc	ribe the organization's program service ac	complishments for each of its	three largest progr	am services, as	org	ganizatio	ns and section
mea	is the organization's primary exempt purpose? Propride the organization's program service ac sured by expenses. In a clear and concise fitted, and other relevant information for ea	manner, describe the service	s provided the num	ber of persons	for	47(a)(1) others)	trusts, optional
28	Promote Study of Canon La						
	education forum attended						
			_and_babite_				
	(Grants \$ 0.) If the	s amount includes foreign gra	ants check here		7 28	a l	0.
29	Provide assistance on mor				1 11 -	-	
	practicing lawyer by other						
	(Grants \$ 0.) If the	s amount includes foreign gra	ants, check here	-	T 29	a	0.
30	Acquaint others to the te	eachings of St. Th	omas More				
	Annual event with 200 plu						
	received \$1,410 in donate	d services and go	ods.				
	(Grants \$ 0.) If the	s amount includes foreign gra	ants, check here		30) a	22,050.
31	Other program services (describe in Sche	edule O)					
		s amount includes foreign gra	ants, check here	<u> </u>		la	
	Total program service expenses (add lin				▶ 3		22,050.
Pa	rt IV List of Officers, Directors,	Trustees, and Key Emp	loyees. List each or	e even if not compens	ated (se	the instru	ctions for Part IV)
	Check if the organization used Sch				onofits	(4) 5	Estimated amount of
	(a) Name and address	(b) Title and average hours per week	(c) Reportable compensa (Form W-2/1099-MISO	contributions to	employe		her compensation
		devoted to position	(If not paid, enter -0-	netient high			
Mi	chael J Styles			deferred com	pensation		
	7 SE_11 Court_	Pres - PAST				İ	
	rt Lauderdale FL 33316	1.00		0.	(.	0.
	nald A. Wich Jr						
	36 NE 36 Street	Director					
	ghthouse Pt FL 33064	1.00		0.	().	0.
Rol	oert Bulfin						
28	26 W Oakland Pk Blvd	Treasurer					
		1.00		0.	().	0.
	san Aramony						
	1 SE 6 Street Ste 905A	Director					
		1.00		0.	().	0.
	an C. Peter Brandt						
	O S_Pine_Island_Rd_Ste_400			_			
		1.00		0.).	0.
	ather Butler Bush						
)1 Sawgrass Corporate Pkwy #400				,		0
		1.00		0.).	0.
	mes_DCamp_III 1 SE 12 Street	Director					
	rt Lauderdale FL 33316	1.00		0.	().	0.
	nthia Imperato	1.00		0.		,.	
	1 SE 6 Street Rm 7760 .	Vice President				1	
	rt Lauderdale FL 33301	1.00		0.	1		0.
	chael E. Dutko	11.00		<u> </u>		- 	
	0 S Andrews Ave Ste 500	Director					
	rt Lauderdale FL 33301	1.00		0.	(o .	0.
	List of Officers, Directors, Trustees, & Key			<u> </u>		-	
250	7 - 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
				1			
BAA	4	TEEA0812 (02/14/12			Fo	rm 990-EZ (2011

Page 2

orm 990-EZ (2011) St Thomas More Society of S. Florida Inc 91-2095 (2011) Other Information (Note the Schedule A and personal benefit contract statement requirements in	914	F	² age
the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		·	
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	33	Yes	No X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflet a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			x
15 a 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)?	35 a		x
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	35 b		
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 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	35 c		X
87a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	36		X
b Did the organization file Form 1120-POL for this year? Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		X
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	38 a		X
amount involved 9 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 39b		1	
10 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			[-
section 4911 \(\) , section 4912 \(\) , section 4955 \(\)	-		1
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	40 b		X
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 List the states with which a copy of this return is filed ► Florida 	40 e		X
12 a The organization's books are in care of ▶ Donald A. Wich Jr. Telephone no ▶ (95¢ Located at ▶ 2036 NE 36 Street Lighthouse Point FL ZIP + 4 ▶ 330€ 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 ?	785 54-759 42b 42c	-31 6 Yes	
If 'Yes,' enter the name of the foreign country ► 13 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 14 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 15 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 16 c Did the organization receive any payments for indoor tanning services during the year? 17 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44a 44b 44c	Yes	X X
Schedule O 15 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a	ļ	
	45 a	-	X
b 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,'		1	1.

Form 990-E	22 (2011) St Inomas More Soci	ety of S. Flo	rida Inc	91-209	5914		age 4
						Yes	No
46 Did th	ne organization engage, directly or indirec dates for public office? If 'Yes,' complete	tly, in political campaid Schedule C. Part I	gn activities on behalf of	or in opposition to	46	l	'
Part VI	Section 501(c)(3) organizations					ction	
· ·	501(c)(3) organizations and sec	tion 4947(a)(1) no	nexempt charitable	trusts must answe	r question	าร	
	47-49b and 52, and complete th	e tables for lines	50 and 51.				
	Check if the organization used Schedule	O to respond to any o	question in this Part VI				
	-	-	,		•	Yes	No
47 Did th	ne organization engage in lobbying activiti ilete Schedule C. Part II	es or have a section 5	01(h) election in effect du	iring the tax year? If 'Ye	es,' 47		
	organization a school as described in sec	stion 170(b)(1)(A)(u)2	If 'Vac ' complete School	ulo E	48		<u>X</u>
	ne organization make any transfers to an			iie L	49 a		X
	s,' was the related organization a section		related organization		49 b	-	
		•	mplovees (other than offi	- cers, directors, trustees			
emplo	plete this table for the organization's five hoyees) who each received more than \$100	0,000 of compensation	from the organization If	there is none, enter 'No	ne '		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and 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) Estimate other con	ed amou ipensali	nt of on
none	not applicable						
		 	-				
			-				
							
			-				
e Total	number of other employees paid over \$10	00,000		·			
51 Comp	olete this table for the organization's five h		ndependent contractors w	ho each received more	than \$100.0	000 of	
comp	ensation from the organization. If there is	none, enter 'None '					
(a) N	Name and address of each independent contractor paid	more than \$100 000	(b) Type (of service	(c) Com	pensatio	n
none			_				
			_				
			-				
	- 		-				
			1				
e Total	number of other independent contractors	each receiving over \$	100,000	>	0		
52 Did th	ne organization complete Schedule A? No	te: All section 501(c)(7(a)(1) nonexempt			
charit	table trusts must attach a completed Sche	dule A			► X Yes		No
true, correct a	s of perjury 1 declare that I have examined this return and complet Be Varation of preparer (other that office the complete that	including accompanying sch) is based on all diformation	edules and statements and to the of which preparer has any know	e best of my knowledge and be ledge	lief it is		
	(x) baseis/	7. DUZ		07-24.	-12		
Sign Here	Signature of officer			Date	•		
Here	Robert M. Bulfin			Treasurer			
	Type or print name and title Print/Type preparer's name	2/	- /		TIM		
	L	Pre are s signature	Date	Check [] II	TIN	_	
Paid Proparer	Thomas F. Jordan	marga to	100011 07/20/1	.2 self employed P	0122614	6	
Preparer Use Only		PA /	<u></u>		CE 0000	742	
	Firm's address • 400 SE 8 Street Fort Lauderdale		рт эээ1 <i>с</i>		65-0692		
May the IR:	S discuss this return with the preparer sho	own above? See instru	FL 33316	Phone no (95	4) 763- ► X Yes	and the same	No No
	The second secon	above oce mattu	0,,0110		Form 99		
					• •	'	/

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

ZUII

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

<u>(E)</u>

Total

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

iterrie	11 1101	CIDE SEIVICE	- Attach to 1	31111 330 OF 1 OF 11 330-E2	L. Jee	Separa	te msuu	Cuons.					
lame	of the	organization	-						Employer	ıdentıficatı	on number		
			iety of S. Flo							95914			
Par	tři_	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part)	See ii	nstruct	ions.		
he	orgai	nization is not a privat	e foundation because	it is (For lines 1 through	jh 11, ch	eck only	y one bo	x)					
1		A church, convention	of churches or associ	ation of churches descr	ibed in s	ection 1	170(b)(1)	(A)(ı).					
2		A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	\Box	A hospital or a coope	rative hospital service	organization described	ın secti	on 170(b)(1)(A)(i	iti).					
4		A medical research o	rganization operated i	n conjunction with a ho	spital de	scribed	ın sectio	on 170(l)(1)(A)	iii) Ente	r the hospi	ital's	
		name, city, and state											
5		An organization opera 170(b)(1)(A)(iv). (Con	ated for the benefit of mplete Part II)	a college or university of	owned or	r operate	ed by a c	governn	nental ui	nit descr	ibed in sec	tion	
6				vernmental unit describe									
7		ın section 170(b)(1)(A	A)(vi). (Complete Part	•		J	ernmenta	al unit o	r from tl	ne gener	al public d	escribe	ed
8		A community trust de	escribed in section 170)(b)(1)(A)(vi). (Complete	Part II)							
9	X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10		An organization orga	nized and operated ex	clusively to test for pub	lic safety	y See s	ection 5	09(a)(4)).				
11													
		a 🔛 Type I	b Type II	c 🗌 Type III	- Func	tionally	ıntegrate	ed		d 🗌	Type III -	- Other	
•	: []	By checking this box, other than foundation section 509(a)(2)	, I certify that the orga n managers and other	nization is not controlled than one or more public	d directly	y or indi orted org	rectly by ganizatio	one or	more di cribed in	squalifie section	d persons 509(a)(1)	or	
f		If the organization re check this box	ceived a written deterr	mination from the IRS th	nat is a ⁻	Type I 1	ype II or	r Type I	ll suppo	rtıng org	anization,		
ç	3	Since August 17, 200	06, has the organizatio	in accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
												Yes	No
			directly or indirectly co erning body of the sup	ntrols, either alone or to ported organization?	ogether v	with pers	sons des	cribed i	n (II) an	d (III)	11 g (i)		
		(ii) A family memb	er of a person describ	ed ın (ı) above?							11 g (ii)		
		(III) A 35% controlle	ed entity of a person d	escribed in (i) or (ii) ab	ove?						11 g (iii)		
	1	Provide the following	information about the	supported organization	(s)								
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (i your go	s the sation in its listed in overning ment?	(v) Did yo the organi column your su	ization in	colur	ation in nn (i) ed in the	(vii) Amou	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
-/					 	ļ					· · · · · · · · · · · · · · · · · · ·		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Calendar year (or fiscal year beginning in) - 1 offs, grasts, contributions, and membership is received. (Or not all programs of the programs	Sec	tion A. Public Support			 ,n,	<u></u>					
membershy bias received (On of membershy plans received (On of the cognization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and the paid to organization's benefit and either paid to organization without charge 4 Total. Add lines it through 3 The portion without charge 4 Total And lines it through 3 The portion of total contributions by each person (Other than a governmental unit or publicly support subtract time 5 Section B. Total Support Calendar year (or fiscal year benefit and the paid to th			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
organization's benefit and either paid to or expended on a stability of the control of the contr	1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')									
facilities furnished by a governmental unit to the organization without charge or general unit to the good of the property of total contributions by each person (other than a governmental shown on line 11, column (f) 6 Public support. Subtract tine 5 Section B. Total Support Calendar year (or Iscal year beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) — (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in 2009 (d) 2010 (e) 2011 (f) Total beginning in 2009 (d) 2010 (e) 2011 (f) Total beginning in 2009 (d) 2010 (e) 2011 (f) Total beginning in 2009 (d) 2010 (e) 2011 (f) Total beginning in 2009 (d) 2010 (e) 2011 (f) Total beginning in 2009 (d) 2010 (e) 2011 (f) Total beginning in 2009 (f) 2010 (f) Total beginning in 2010 (f) Total be	2	organization's benefit and either paid to or expended									
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line in column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, overline and income from securities loans, rents, reviewed and income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not line business activities, whether or not line business activities, whether or not line business activities, etc. (see instructions) 10 Other income Do not include application of part It yields a section of the part It yields and the part It yields and the part It yields and the part It yields are part of the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) 9 Section C. Computation of Public Support Percentage 14 Public support percentage from 2010 Schedule A, Part II, line 14 15 \$\frac{1}{2}\$ \$	3	facilities furnished by a governmental unit to the									
contributions by each person (other than a governmental unit or publicly supported unit or publicly supported in that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, dividends, payments received on securities loans, rents, dividends, payments received on securities loans, rents, similar sources 9 Net income from unrelated business activities, whether on not the business is activities, whether on the business activities, whether on the business is regularly carried on 20 Gross receipts from related activities, etc. (see instructions) 10 Other moome Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o(3) organization, check his box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2010 Schedule A, Part III, line 14 15 % 16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2011. If the organization on line 13 in 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the "facts-and-circumstances' test. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2011. If the organization on line 13, 16a, 16b, 0.77a, and line 15 is 10% or more, and if the organizatio	4	Total. Add lines 1 through 3									
Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) > 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11. Total support. Add lines 7 timough 10 12. Gross receipts from related activities, etc (see instructions) 12. Tirst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14. Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 15. Public support percentage from 2010 Schedule A, Part II, line 14 16.a 33-13% support test — 2011. If the organization duel check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17.a 10%-facts-and-circumstances test — 2011. If the organization of not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization publicly supported organiza	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
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RAA Schodulo A (Form 990 or 990 F7) 2011			zation did not che	ck a box on line 1	3, 16a, 16b, 17a,		**				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions						
	and membership fees received (Do not include any 'unusual grants ')	1 105	1 120	1 005	1 600	015	F 025
2	Gross receipts from admis-	1,185.	1,130.	1,095.	1,600.	815.	5,825.
_	sions, merchandise sold or			•			
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose Gross receipts from activities	46,230.	35,375.	32,540.	32,805.	22,050.	169,000.
3	that are not an unrelated trade						
	or business under section 513					.,	
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	47,415.	36,505.	33,635.	34,405.	22,865.	174,825.
7 a	Amounts included on lines 1,				,		
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2		0.	· · ·	· · ·		<u> </u>
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or		1				
	1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	- 0.		0.	0.	0.	<u> </u>
	7c from line 6)						174,825.
	tion B. Total Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest.	47,415.	36,505.	33,635.	34,405.	22,865.	174,825.
I Ų a	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources .	20.	19.	23.	14.	11.	87.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business	20.	19.	23.	14.	11.	87.
••	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	-						
	Other income Do not include gain or loss from the sale of capital assets (Explain in			•			
	Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)	47,435.	36,524.	33,658.	34,419.	22,876.	174,912.
14	First five years. If the Form 990 organization, check this box and	is for the organizat stop here	ion's first, second	third fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20			13, column (f))		15	99.95 %
16	Public support percentage from 2					16	99.95 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for				n (f))	17	0.05 %
18	Investment income percentage fr					18	0.05 %
19 a	i 33-1/3% support tests – 2011. If is not more than 33-1/3%, check	the organization d	id not check the b	ox on line 14, and ation qualifies as	d line 15 is more t	han 33-1/3%, and ted organization	line 17 ► X
t	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%						
							tation
	Private foundation. If the organiz	cation did not chec	k a box on line 14	, 19a, or 19b, che	eck this box and se	ee instructions	

Schedule A	(Form 990	or 990-EZ) :	2011 S	t The	omas	More	Soci	ety o	f S.	Flori	da I	nc	91-20	95914		Page 4
Pantil	Supplem Part II, II (See inst	nental Info ne 17a or tructions)	ormation 17b; ar	n. Con nd Par	nplete t III, I	this pine 12	part to ! Also	provid compl	e the ete th	explana ns part	ations for an	requ y ad	ured by ditional	/ Part II inform	, line 1 ation	0;
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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.

Open to Public Inspection

	Employer identification number
St Thomas More Society of S. Florida Inc	91-2095914
	~ -
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	·

Schedule O (Fo	orm 990 or	990-EZ), \$	Supplemental	Information	to Form	990 or	990-EZ
Farm 000 F7 F		10 046 5	-				

Other expenses (describe in Schedule O)		
Web page	795.	
Permits, Fees	157.	
Program service event	32,583.	
Total	<u>33,535.</u>	

Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours	compensation	benefits, contributions	amount of other
	per week devoted to	(Form W-2/1099-MISC)	to employee	compen-
	position	(if not paid,	benefit plans,	sation
	position	enter -0-)	and deferred	Sation
		enter -u-)	compensation	
			compensation	
Business Person X				
Lorraine C. Hoffmann	Title			
P.O. Box 552128	Director			
Ft Lauderdale FL 33355				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
Jacquelyn S Holden	Title	,,,,, , , ,	2nd Ave.	
12 SE 7th Street Ste 801	Secretary	114/ 5.2.	L- AVE.	
Fort Lauderdale FL 33316				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
Bruno DıGuilıan	Title			
12045 NW 62 Ct	Director			
Coral Springs FL 33076				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
John P. Kelly	Title	ļ		
2400 E Commercial Blvd Ste 211	Director			
Fort Lauderdale FL 33308				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
Father Anthony Mulderry	Title			
731 N Ocean Blvd	Director			
Pompano Beach FL 33062				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
Joseph A Murphy	Title			
201 SE 6 Street Room 201	Director			
Fort Lauderdale FL 33301				
Foreign City	Hours/Week		1	
Foreign Country	1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

Continued

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business Person X Sarahnell Murphy	Title			
201 SE 6th St, Ste 600	Director			
Fort Lauderdale FL 33301	DITCCCOI			
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X			<u>~</u>	
Gary J. Rotella	Title			
200 E Las Olas Blvd Ste 250	Director			
Fort Lauderdale FL 33301				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
William R. Scherer Jr.	Title			
633 S Federal Hwy	Director			
Fort Lauderdale FL 33301				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
John P. Seiler	Title			
2850 N Andrews Avenue	Director			
Wilton Manors FL 33311				
Foreign City	Hours/Week			
Foreign Country Business Person X	1.00	0.	0.	0.
David W. Crane	Title			
2787 E Oakland Park Blvd	Director			
Fort Lauderdale FL 33306	DITECTOI			
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X		<u>~</u>		
Thomas M. Cubit	Title			
727 NE 3rd Ave. Ste 201	Director			
Fort Lauderdale FL 33304				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0
Business Person X				
Johanna Saxton Shields	Title			
8751 W Broward Blvd Ste 410	Director			
Plantation FL 33324				
Foreign City	Hours/Week]	
Foreign Country	1.00	0.	0.	0.
Business Person X	-			
Thomas R. Tatum	Title			
200 E Las Olas Blvd Ste 201	Director			
Fort Lauderdale FL 33301	110 044			
Foreign Country	Hours/Week			
Foreign Country	1.00	0.	0.]0.

FMV

Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

Continued

					
		average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business Albert P. Mass 707 SE 3 Avens Fort Lauderdal Foreign Country Business John J Hearn 9551 W Sample Coral Springs Foreign Country Business	ue e FL 33316 Person X Rd	Title Director Hours/Week 1.00 Title Director Hours/Week 1.00	0.	0.	0.
Nancy Gregoir 1301 E Broward Fort Lauderdal Foreign City Foreign Country	e d Blvd Ste 230	Title Director Hours/Week 1.00	0.	0.	0.
	990 or 990-EZ), Sup I, Line 10 Grants an nt <u>Fa</u> m		ts Paid	or 990-EZ	
Class of Activity	Grantee's Name and Address			intee's itionship Ar	mount Given
Business X Person Legal Aid Service of Broward County Inc 491 N State Rd 7 Plantation FL 33317				515.	
If property other the Description of Prop	an cash was given, perty	the following add	itional information	needs to be provi	ded
Book Value	How Book Value Determined				

How FMV Determined

Total

	990 or 990-EZ), Supplemental Information to F	orm 990 or 990-EZ	Continued			
Purpose of Payme	ent <u>Scholarship</u>					
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given			
Scholarship	Business X Person n St. Anthony's School n 901 NE 2 Street Fort Lauderdale FL 33301	one	500.			
If property other the Description of Pro Date of Gift	nan cash was given, the following additional info perty	ormation needs to be	provided			
Book Value	How Book Value Determined					
FMV	How FMV Determined					
	990 or 990-EZ), Supplemental Information to F le 1, Part II, Line 26	Form 990 or 990-EZ				
Line 26 - Total L	iabilities:	Beginning of Year	End of Year			
Short term, no interest loan from Society member		r0.	7,500.			

<u>0.</u> =

7,500.

Additional Information For Tax Return

St Thomas More Society of S. Florida Inc

91-2095914

Form 990-EZ: Line 30, Description

Page 2, Part III, line 30: additional information of donated services.

Organization received donated services of tax return preparation from Thomas Jordan. P.A. \$300, printing from CopyScan, Inc. \$359.87, refreshments from Southern Wine & Spirits of America, Inc. \$750

Ln 10 & 20 Stmt: Address-1

Support given to needy family identified by the Legal Aid Service of Broward County Inc. Support included gifts and/or food.

Ln 10 & 20 Stmt: Donee's Name-2

Scholarship given to St. Anthony School. The school has a scholarship program which determines the recipient and amount of scholarship.