

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	e 2011 calendar year, or tax year beginning $$ JUN $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	g M	AY 31, 2012	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre	BOYLE COUNTY QUARTERBACK CLUB, INC.			
Ē	Name chang			61-1	182677
Ĕ	Initial		/suite	E Telephone numbe	
Ē	Termi	· ·		•	236-8842
	Amen	ded 0.		G Gross receipts \$	506,179.
	Applic	DANVILLE, KY 40423-1113		H(a) Is this a group re	
	pendi	F Name and address of principal officer.PETE KENDRICK		for affiliates?	Yes X No
		4276 HUSTONVILLE ROAD, DANVILLE, KY 4042	2	H(b) Are all affiliates inc	cluded? Yes No
1	Тах-ех	empt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)
J	Websi	te: ► N/A		H(c) Group exemptio	
K	Form of	organization: Corporation Trust Association X Other ► FUNDR L	Year c	of formation: 1990 N	A State of legal domicile: KY
P	art I	Summary			
ģ	1	Briefly describe the organization's mission or most significant activities. RAISE M			
Governance		GAMING/FUNDRAISERS FOR BCHS FOOTBALL TEAM E			
Ë	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
অ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Ξ	6	Total number of volunteers (estimate if necessary) .		6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		45,574.	22,041.
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	26.	25.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	58,708.	104,413.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		104,308.	126,479.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,750.	6,925.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25)		00.014	110 (11
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		77,014.	118,614.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	82,764.	125,539.
	19	Revenue less expenses. Subtract line 18 from line 12	+	21,544.	940.
tso	3		Rec	inning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	-	90,180.	91,120.
et	21	Total liabilities (Part X, line 26) Net assets or fund balances, Subtract line 21 from line 20 RECEIVED	7	90,180.	91,120.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	/	90,100.	91,120.
		alties of perjury, I declare that I have examined this return, including accompanying schedules, and s	tatame	Phie and to the heet of m	v knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based longill information of which pro-			y knowicage and belief, it is
	, 00110	and complete, books and or or preparer (office that comost / to based by difficient or which pre			
Sig	ın	Signature of officer OGDEN, U	Date		
He		PETE KENDRICK, PRESIDENT	<u></u>		
110		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	WALTER L. GOGGIN, CPA WALTER L. GOGGIN, C	2/01/13 if self-emotov	P00126983	
	parer	Firm's name ROBINSON, HUGHES & CHRISTOPHER, P.		61-1098477	
	Only	Firm's address 459 WEST M.L. KING BLVD			
		DANVILLE, KY 40423-0880		Phone no. (859)236-6628
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
100	001.01	1 HA For Panerwork Reduction Act Notice can the separate instructions			Form 990 (2011)



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-orm	990	(2011)	

BOYLE COUNTY QUARTERBACK CLUB, INC.

61-1182677

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any guestion in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization in	or any related	orga	nıza	ation	cor	npe	nsat	ed any current officer,	director, or trustee	
(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box, unles		ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week (describe	\vdash					1	from the	from related organizations	other
	hours for	a died				_	1	organization	(W-2/1099-MISC)	compensation from the
	related	tee or	nstee			ensati		(W-2/1099-MISC)	,	organization
	organizations	altus	al t		loyee	e com				and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	e di	Highest compensated employee	Former			organizations
(1) pres were re-	O)	<u>=</u>	=	5	3	로 등	2			
(1) PETE KENDRICK	4.00			x				0.	0.	0.
PRESIDENT (2) DEBBIE SEBASTIAN	3.00	 	-	Λ					- 0.1	
	4.00			x]	0.	0.	0.
TREASURER OPERATIONS (3) RHONDA DOSS		 			_	-		<u></u>		
TREASURER CHARITABLE GAMING	4.00			x				0.	0.	0.
(4) JERRY HENSLEY		\vdash		<u> </u>						
VICE PRESIDENT	4.00			x				0.	0.	0.
(5) TRACI HIGNITE							Г			
SECRETARY	4.00			x				0.	0.	0.
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Form **990** (2011)

	(2010)	

BOYLE COUNTY QUARTERBACK CLUB, INC.

61-1182677

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	ual trustee or director tonal trustee		Officer	ployee			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
WILLIAM TILLER											
PRESIDENT	6.00	-		X	ļ	┢		0.	0.	0.	
KATHY FERRELL	0.00			. ,				0.	_	0	
TREASURER & CHIEF FINANCIAL OFFICER	8.00	-	\vdash	X	ļ	┢		0.	0.	0.	
PETE KENDRICK	2.00			x				0.	0.	0.	
VICE PRESIDENT TRACI WILSON	2.00		-	 ^				· · · · · · · · · · · · · · · · · · ·	0.		
SECRETARY	4.00			x				0.	0.	0.	
								<u></u>			
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						_					
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Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

7061

WLG JUS

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed from 8868. Electronic filing (a-file) You can electronically file Form 8868 if you need a 3-month automatic attention of time to file (in months for a corporation required to file from 990 To an additional (in out automatic) 3-month sextension of time. You can electronically file Form 8868 it on expension of the provious and electronically file form 8868 for expension of the provious and several provided for the provious and th	• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box												
Electronic filling (a-rile) You can electronically file Form 8888 if you need a 3-month automatic extension of time to file 6 months for a capitant on fem group of the form 990 T, or a additional (not automated) amonth extension of time. Voc can electronically file form 8886 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms from 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms from 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms from 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms from 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms 870, Information on the selectronic Return to Return to Return Return Contracts and IRS in the IRS in paper forms 870 in the IRS in the IRS in IRS in the IRS in IR													
required to file Form 990°T, or an additional (not automatol) 3-month extension of time. You can electronically file Form 9888 to required in the 10 feb. and of time to file any of the forms listed in Part to Fall I with the exception of Form 980°T, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.ins.govieffile and cliek on a-file for Charifise & Nonzrotise. Part I Automatic 3-Month Extension of Times. Only submit original (no copies needed).													
of time to file any of the forms listed in Part for Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRIS in paper format (see instructions). For more details on the electronic filing of this form, visit www. ins. govietilie and click on =-file for Chartifes & Noncrotifts. Part I	Electro	onic filing (e-file). You can electronically file Form 8868 if t	you need	a 3-month automatic extension of tir	ne to file	(6 months for a corp	oration						
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fling of this form, visits www.firs.gov/effet and cicks on a-file for Charles & Rongrooffs. Part I only Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 5-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incrome text are furns. Briefly the second s	require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically f	le Form	8868 to request an e	extension						
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Fransfers	s Associated With Co	ertain						
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Person	al Benefit Contracts, which must be sent to the IRS in par	er format	(see instructions). For more details of	on the el	ectronic filing of this	form,						
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only	visit w												
Application Application Enror Boo De	Part												
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or print Name of exempt organization or other filer, see instructions. Type or print BOYLE COUNTY QUARTERBACK CLUB, INC. X 61-1182677 Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1113	A corp	pration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete	Э							
Type or print Pile by in the country of the filer, see instructions. Type or print Pile by in the country of the filer, see instructions. BOYLE COUNTY QUARTERBACK CLUB, INC. Social security number (SSN) P.O. BOX 1113 City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANVILLE, KY 40423−1113 Enter the Return code for the return that this application is for (file a separate application for each return) Application Form 990-B. Code Form 990-B. Code Form 990-B. Code Form 990-Form 990-	Part I c	nly					▶						
BOYLE COUNTY QUARTERBACK CLUB, INC. X 61-1182677		•	IICs, and t	rusts must use Form 7004 to reques	t an exte	ension of time							
BOYLE COUNTY QUARTERBACK CLUB, INC. X 61-1182677		Name of exempt organization or other filer, see instru	ctions.		Employ	er identification num	ber (EIN) or						
Social secumy number (SSN) Social secump number n	•		LUB,	INC.	X	61-11826	77						
City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANVILLE, KY 40423-1113 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 Application Is For Code Form 990-BL DO 1 Form 990-T (corporation) Form 990-EZ DO 1 Form 4720 DO 9 Form 990-Form 990-Form 990-T (corporation) Form 990-Tom 990-Tom 1041-A DO 9 Form 990-Tom 990-Tom 1041-A DO 9 Form 990-Tom 990-Tom 1041-A DO 9 Form 1041-A DO 1041-A Form 1041-A Form 1041-A DO 1041-A Form 1041-A DO 1041-A Form 1041-	due date filing you	for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social s	ecurity number (SSI	1)						
Enter the Return code for the return that this application is for (file a separate application for each return) Application		City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.									
Return Sept		DANVILLE, KY 40423-1113											
S For Code Is For Code Is For Code Is For Code Form 990	Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return) .			01						
Form 990	Applica	ition											
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-FF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6089 111 Form 990-T (trust other than above) 06 Form 8870 12 BOYLE COUNTY QUARTERBACK CLUB, INC. The books are in the care of ▶ P. 0. BOX 1113 − DANVILLE, KY 40423−1113 Telephone No. ▶ 859−236−1080 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If this for part of the group, check this box ▶ If this is for part of the group, check this box ▶ If the sunting automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time untilged Industry 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for: If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-FF, 990-FF, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-FF, 990-FF, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 0.	Is For												
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If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning JUN 1, 2011 , and ending MAY 31, 2012 . If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a the extension is for. I request an automatic 3 months (6 months for a corporation required to file Form 990-T, and ending 90-T, and ending MAY 31, 2012 . If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final r					 Abio io 6								
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.