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990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2016, and ending A For the 2016 calendar year, or tax year beginning , 20 C Name of organization B Check if applicable D Employer identification number Address change **Knoxville Central High School Athletics Foundation** 47-5224650 Room/suite F Telephone number Name change Number and street (or PO box, if mail is not delivered to street address) Initial return 865 250-7208 601 Lampwick Lane Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Other (specify) G Accounting Method H Check ► ✓ If the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - 7 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF). ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization: Corporation ☐ Trust ✓ Other School Support Organization ☐ Association 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 94,714 2 2 Program service revenue including government fees and contracts ഒ 3 3 N 4 4 5a Gross amount from sale of assets other than inventory . . Less. cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 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 Less: direct-expenses from gaming and fundraising events . . . 6c Net income or Hoss from gaming and tyndraising events (add lines 6a and 6b and subtract 70011. 6d 18,093 Gross sales of inventory, less fet units and allowances
Less: cost of goods sold 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 112,807 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors. 13 400 14 14 15 Printing, publications, postage, and shipping 15 481 16 16 Other expenses (describe in Schedule O) . . . 113 17 Total expenses. Add lines 10 through 16. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 111,813 Assets 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) Net 20 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 111,813

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)



COLLIE	990-EZ (2016)					Page Z
Pa	rt II. Balance Sheets (see the instructions f	•				
<u>'</u>	 Check if the organization used Schedule 	O to respond to ar				<u></u>
•	Only and a street		}-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	106,307
23 24	Land and buildings		}		24	0
25	Total assets				25	5,506
26	Total liabilities (describe in Schedule O)				26	111,813 0
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)		27	111,813
Pai	t III Statement of Program Service Accom					
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?	To serve the athletic	organizations of Kno	xville CHS.		uired for section c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplis	shments for each of	its three largest p	rogram services,	,	nizations, optional for
as r	neasured by expenses. In a clear and concise m	anner, describe the			othe	rs.)
pers	ons benefited, and other relevant information for ea					,
28	Organization is raising funds to build an indoor traini			S. We have		
	only spent funds to support this project and no other	programs have been	supported.		}	
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ ⊔</u>	28a	8,327
29						}
					1	
	(Grants \$) If this amount	includes foreign gra	nte check here	▶ □	29a]
30					250	
•		·				
		,				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here	. <u>.</u> . <u>▶</u> □	31a	
	Total program service expenses (add lines 28a t				32	<u> </u>
Par	List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV)
_	Check if the organization used Schedule	O to respond to ar	 _	art IV		<u> U</u> ,
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	contributions to employ	ee (e)	Estimated amount of
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
lobe	Miller Dresident		(interpola, onto o)	Goldfied Componitation	+-	
Joni	n Miller - President	1			1	
Wes	ley Thomas - Treasurer				+	
1103	cy monus - measure.	2				
Lee l	Beeler - Secretary				_	
		. 1				
Andy	y Bolton				Т	
Regi	stered Agent	22			ᆚ	
Mich	ael Reynolds					
	d Member	1		ļ		
	ambert					
Boar		1		İ	- 1	
	d Member	11			4	
	d Member	11			-	
	d Member	1			-	
	d Member	1				
	d Member	1				
	d Member	1				
	d Member	1				
	d Member	1				
	d Member	1				
	d Member	1				
	d Member	1				

rart				
`	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No ✓
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	 	<u> </u>
	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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a]	1	[7	
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 tax year covered by this return? .	00-	}	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	┼─┤	✓
39	Section 501(c)(7) organizations. Enter:	┪		
а	Initiation fees and capital contributions included on line 9	1	}	
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	404	1	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	}	-
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		865 25		
h	Located at ► 601 Lampwick Lane, Knoxville, TN ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	37912	2-2153	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	
	If "Yes," enter the name of the foreign country: ▶	420	\vdash	✓_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	<u> </u>	1
43	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		. I	
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
	•	44d	\vdash	<u>/</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	╁╌┤	├ ✓
	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		1

Form 99	0-EZ (2	016)						F	age 4
'46 •		ne organization engage, directly or in		_``		of or in oppositi	1	Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	stions 47–49b ai	nd 52, an	d complete the	<u></u>	or line	es
47	Did t	he organization engage in lobbying	activities or have a		ction in ef	fect during the t		Yes	No
48 49a b 50	Is the Did th If "Ye Comp	organization a school as described in the organization make any transfers to es," was the related organization a se tolete this table for the organization's oyees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ction 527 organizatio five highest compen	i)? If "Yes," comple ritable related orga on?	ete Schedu anization? 	lle E	. 48 . 49a . 49b ors, truste	es, an	√ √ d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mit	contribu	Health benefits, utions to employee plans, and deferred ompensation	(e) Estimate other cor		
None									
f 51	Com	number of other employees paid over this table for the organization's 000 of compensation from the organization from the organizatio	s five highest compe	ensated independence, enter "None."	ent contra	ctors who each	received	more	than
None	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)	Compensat	ion	
d 52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A	-	ction 501(c)(3) o	_		a ▶∐ Yes	. []	No_
		of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than					owledge and	d belief,	it is
Sign Here		Signature of officer Wesley Thomas Type or print name and title				3/7/17 Date			
Paid Prepa Use (Print/Type preparer's name Firm's name ▶	Preparer's signature		Date	Check ☐ self-employ	of PTIN		
		Firm's address ▶	shows shows? Con-	note loto		Phone no			
iviay th	ie iHS	discuss this return with the preparer	snown above? See	nstructions			► 📙 Yes	; ∐∣	No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 47-5224650 Knoxville Central High School Athletic Foundation Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives: (1) more than 33½% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (u) EIN (iii) Type of organization (i) Name of supported organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No **Knoxville Central High School** School NA 114634 (B) (C) (D) (E)

Part							
•	(Complete only if you checked the						alify under
.	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0010	#1 		L 4 B 2045	() 00/0	1
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						į
_	include any "unusual grants.")			<u> </u>	ļ		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	·					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			,			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		<u> </u>				
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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	
<u></u>	organization, check this box and stop he		· · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>			· · <u>• </u>
	on C. Computation of Public Suppor			4		1441	
14 15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch		•			15	<u>%</u>
16a	331/3% support test—2016. If the organi						
	box and stop here. The organization qua						
b	331/3% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst	ances" test, cl est The organi	heck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Explain in Part VI how the organization in supported organization	ition meets th	ne "facts-and-d ts-and-circum	circumstances	" test, check The organizat	this box and	7a, and line stop here.
18	Private foundation. If the organization di	d not check a				k this box and	

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

(Complete only if you checked the box on line 10 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.)

	in the organization land to quality	arraor trio to	oto listou bei	ow, picase ex	on pictor are	···/	
	on A. Public Support		,	, _	·	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		}		}		
_	received. (Do not include any "unusual grants.")		 				L
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1	{	ļ	,	
	furnished in any activity that is related to the				[
	organization's tax-exempt purpose		L	<u> </u>		<u></u>	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u> </u>]	<u> </u>	<u> </u>	
4	Tax revenues levied for the		İ	j)	Ì	
	organization's benefit and either paid			1	}	i I	•
	to or expended on its behalf						
5	The value of services or facilities		}	ĺ	\		ı
	furnished by a governmental unit to the		1		1	ł	
	organization without charge		ļ				
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3			l	Į.	Į	
	received from disqualified persons .		ļ — — —	ļ	<u></u>	<u> </u>	
b	Amounts included on lines 2 and 3				[Į	
	received from other than disqualified]	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1]]]	
_	·		 	 	 	 	
8	Add lines 7a and 7b		 				
Ü	line 6.)		1		1		
Secti	on B. Total Support		٠	L		L	L
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1-7		, , , , , , , , , , , , , , , , , , ,	(-/
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		ŀ	1	ł	ļ	
	royalties and income from similar sources .		<u> </u>			<u> </u>	
b	Unrelated business taxable income (less		,				
	section 511 taxes) from businesses		ļ			i	
	acquired after June 30, 1975		Ĺ				
	Add lines 10a and 10b						
11	Net income from unrelated business				ĺ		
	activities not included in line 10b, whether		1		}	ĺ	
	or not the business is regularly carried on		 	<u> </u>	 	 	
12	Other income. Do not include gain or		1	}	Ì	}	
	loss from the sale of capital assets (Explain in Part VI.)			}	1	1	1
12	(Explain in Part VI.)		 	}	 	 	
13	and 12.)		•	}	}	ĺ	
14	First five years. If the Form 990 is for the	e organization	n's first secon	d third fourth	Or fifth tax v	ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	3, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2015 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (ine 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box					_	_
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/20%, check this l		=	•			
20	Private foundation, If the organization di	d not check a	box on line 14	. 19a. or 19b	check this box	and see instru	ctions >

Part IV. **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sectior	ı A.	All	Supporting Organiza	ations

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		_
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		✓
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		✓
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		/
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		1
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	IV. Supporting Organizations (continued)			age C
,	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	1		
b	A family member of a person described in (a) above?	11a 11b	✓	1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		7
	on B. Type I Supporting Organizations		'	٠
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ		
	controlled the organization's activities. If the organization had more than one supported organization,	ł	İ	,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported	}		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l		
	supervised, or controlled the supporting organization.	2		/
Secti	on C. Type II Supporting Organizations	_=_	L	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			:
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	/	,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how]	,
•	the organization maintained a close and continuous working relationship with the supported organization(s).	_2	/	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	_3_	1	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☑ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in	structi 	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			·
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			ı
	that these activities constituted substantially all of its activities	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь	1	
	The state of the distance of the state of the distance of the			

Pairty Type III Non-Functionally integrated 509(a)(3) Supporting Org			
'1 Gheck here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		1	1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Π		7
instructions for short tax year or assets held for part of year):	1		}
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Γ		
factors (explain in detail in Part VI):			ľ
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		7
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inf	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions	Current Year		
٠ 1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	- 	ا 	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
S(ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а	1			
b			 	
	From 2013			
	From 2014			
е_	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)		 	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from		'	
	Section D, line 7: \$			
<u>a</u> _				
	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	 		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Knoxville Central High School Athletic Foundation 47-5224650 \$113 in other expenses was for bank fees \$5,506 in other assets was an installment on the building materials for the training facility

Schedule O (Form 990 of 990-E2) (2016)	Page Z
Name of the organization	Employer identification number
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