

Form 990-EZ

Department of the Treasury
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 private foundations)

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/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018

B Check if applicable
☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DOBYNS BENNETT HIGH SCHOOL QUARTERBACK CLUB INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 7205

City or town, state or province, country, and ZIP or foreign postal code
KINGSPORT, TN 37664

D Employer identification number
58-1851093

E Telephone number
(423) 943-1834

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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. \$ 78,334

Part I 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 ☒									
Revenue	1	Contributions, gifts, grants, and similar amounts received					1	10,638	
	2	Program service revenue including government fees and contracts					2		
	3	Membership dues and assessments					3		
	4	Investment income					4	44	
	5a	Gross amount from sale of assets other than inventory			5a		5c		
	b	Less cost or other basis and sales expenses			5b				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c				
	6	Gaming and fundraising events					6d	46,831	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a				
	b	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	60,201			
	c	Less direct expenses from gaming and fundraising events			6c	13,370			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d	46,831		
7a	Gross sales of inventory, less returns and allowances			7a		7c			
b	Less cost of goods sold			7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c					
8	Other revenue (describe in Schedule O)					8	7,451		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶					9	64,964		
Expenses	10	Grants and similar amounts paid (list in Schedule O)					10	4,000	
	11	Benefits paid to or for members					11		
	12	Salaries, other compensation, and employee benefits					12		
	13	Professional fees and other payments to independent contractors					13	1,249	
	14	Occupancy, rent, utilities, and maintenance					14		
	15	Printing, publications, postage, and shipping					15	389	
	16	Other expenses (describe in Schedule O)					16	52,418	
17	Total expenses. Add lines 10 through 16 ▶					17	58,056		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	6,908	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)					19	7,245	
	20	Other changes in net assets or fund balances (explain in Schedule O)					20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	14,153	

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,245	22 14,153
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	7,245	25 14,153
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,245	27 14,153

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?
 PROVIDE SCHOLARSHIPS FOR QUALIFYING FOOTBALL PLAYERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here ☐	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here ☐	
30	30a
(Grants \$) If this amount includes foreign grants, check here ☐	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a) ☒	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LINDSAY SEAVER	12 00	0		
PRESIDENT				
MIKE FERGUSON	12 00	0		
PRESIDENT-ELECT				
JASON ROBERTS	12 00	0		
PAST PRESIDENT				
HOLLY HARRIS	12 00	0		
TREASURER				
MARY ANN HICKS	12 00	0		
SECRETARY				
MARTY BROWDER	12 00	0		
MEMBER-AT-LARGE				
CHERIE HERALD	12 00	0		
MEMBER-AT-LARGE				
CHRISTINE PASTRICK	12 00	0		
MEMBER-AT-LARGE				
JODI REDWINE	12 00	0		
MEMBER-AT-LARGE				
DAVID REDWINE	12 00	0		
MEMBER-AT-LARGE				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
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	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	No
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	No
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	
c 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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 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	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ HOLLY HARRIS Telephone no ▶ (423) 202-4854 Located at ▶ PO BOX 7205 Kingsport, TN ZIP + 4 ▶ 37664		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d 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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) 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) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► ☒ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2018-04-05 Date		
	HOLLY HARRIS TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Timothy Sanders	Preparer's signature	Date 2018-04-17	Check ☐ if self-employed	PTIN P00332111
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 43-1871840	
	Firm's address ► 4307 FT HENRY DR KINGSPORT, TN 37663			Phone no. (423) 239-5079	

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ **Yes** ☒ **No**

Additional Data

Software ID:
Software Version:
EIN: 58-1851093
Name: DOBYNS BENNETT HIGH SCHOOL QUARTERBACK CLUB INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TO PROVIDE COLLEGE SCHOLARSHIPS TO QUALIFYING FOOTBALL PLAYERS (Grants \$ 4,000)		28a	
If this amount includes foreign grants, check here . . . ☐			

SCHEDULE A
(Form 990 or 990EZ)

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 charitable 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

2017

Open to Public Inspection

Name of the organization
DOBYNS BENNETT HIGH SCHOOL QUARTERBACK CLUB INC

Employer identification number
58-1851093

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)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

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 _____
- 5

☐

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)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

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)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **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 _____
- 10

☒

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)
- 11

☐

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
- a

☐

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.**
- b

☐

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.**
- 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.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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.**
- e

☐

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
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
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(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 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—2017. If the organization did 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,292	4,800	8,319	8,013	10,638	39,062
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	32,610	17,078	25,260	16,736	46,831	138,515
3	Gross receipts from activities 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 its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	39,902	21,878	33,579	24,749	57,469	177,577
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						177,577

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	39,902	21,878	33,579	24,749	57,469	177,577
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69	35	25	16	44	189
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	69	35	25	16	44	189
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	16,677	12,278	19,725	16,736		65,416
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,860	4,800	1,823	3,758		18,241
13	Total support. (Add lines 9, 10c, 11, and 12.)	64,508	38,991	55,152	45,259	57,513	261,423

14 **First 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

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	67.930 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	60.630 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.070 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.110 %

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c 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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	9b	
c 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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section 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 instructions)		
a ☐ 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.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>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 that these activities constituted substantially all of its activities.</i>		
	2a	
b 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? <i>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.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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 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 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 factors (explain in detail in Part VI)			
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		
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-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

DOBYNS BENNETT HIGH SCHOOL QUARTERBACK CLUB INC

Employer identification number

58-1851093

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations
- f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations
- g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		BRISTOL RACE FUNDRAISER (event type)	FOOTBALL PROGRAM AD SALES (event type)	8 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	12,203	11,670	36,328	60,201
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	12,203	11,670	36,328	60,201
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	252	2,977	10,141	13,370
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				13,370
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				46,831

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☒ No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☒ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

DOBYNS BENNETT HIGH SCHOOL QUARTERBACK CLUB INC

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.

▶ 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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

58-1851093

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 1 CONTRIBUTIONS GIFTS GRANTS	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FEED THE TRIBE \$8,728 00	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
VALLEY VIEW ANIMAL CLINIC \$368 00	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
PLASTIC SURGERY CENTER \$1,042 00	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
JANUARY 2018 ANONYMOUS \$100 00	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
BELK'S CHARITY \$150 00	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
VARISTY \$50 00	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
DR REDWINE \$200 00	DONATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 1 TOTAL \$10,638 00	TOTAL DONATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 4 INVESTMENT INCOME	BANK INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
BANK INTEREST \$44 00	BANK INTEREST ACCOUNT 5630

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 4 TOTAL \$44 00	TOTAL INTERST

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 8 OTHER REVENUE	OTHER REVENUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
TRANSFER AND ACCOUNT 5648 CLOSING \$1,677 00	CLOSED ACCOUNT TRANSFER

990 Schedule O, Supplemental Information

Return Reference	Explanation
COACH CLARK RETURN OF EXCESS MONEY FOR TRIP \$200 00	RETURN OF INCOME

990 Schedule O, Supplemental Information

Return Reference	Explanation
CITY OF KINGSPORT DEPOSIT RETURN \$150 00	DEPOSIT RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
TILL CASH RETURN FOR DRINK SALES \$70 00	CASH RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
GO DADDY REFUND \$128 00	WEB PAGE REFUND

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAYPAL TRANSFER NOVEMBER 2017 \$2,000 00	FUND RASING REVENUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAYPAL TRANSFER JANUARY 2018 \$3,000 00	FUND RASING REVENUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAYPAL TRANSFER FEDURARY 2018 \$2,000 00	FUND RASING REVENUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EX PART I LINE 8 TOTAL \$7,451 00	OTHER REVENUE TOTALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 10 GRANTS AND SIMILAR AMTS PAID	SCHOLARSHIPS PAID

990 Schedule O, Supplemental Information

Return Reference	Explanation
JAMES BUCHANAN UNIVERSITY OF TENNESSEE \$1,000 00	PLAYER SCHOLARSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
BRYCE BARRETT UNIVERSITY OF NEBRASKA \$1,000 00	PLAYER SCHOLARSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
LOGAN ATWELL UNIVERSITY OF TENNESSEE \$1,000 00	PLAYER SCHOLARSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
JACOB ROLLER NORTHEAST STATE COMMUNITY COLLEGE \$1,000 00	PLAYER SCHOLARSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 10 TOTAL \$4,000 00	SCHOLARSHIP TOTALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 13 PROFESSIONAL FEES	PRFESSIONAL FEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
GO DADDY COM RENEWAL MAY 2017 \$30 00	COM RENEWAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
GO DADDY WEB PAGE RENEWAL FEBURARY 2018 \$194 00	WEB PAGE RENEWAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
GO DADDY WEB PAGE RENEWAL FEBURAUY 2018 \$197 00	WEB PAGE RENEWAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAYPAL FEE \$1 00	SERVICE FEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
REFUND- MONEY FUND SERVICE FEE 01/27/2017 \$15 00	BANK FEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
REFUND- MONEY FUND SERVICE FEE 02/28/2017 \$15 00	BANK FEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
REFUND- MONEY FUND SERVICE FEE 03/31/2017 \$15 00	BANK FEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
GO DADDY WEB PAGE RENEWAL MAY 2017 \$132 00	WEB PAGE RENEWAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
H & R BLOCK TAX RETURN \$650 00	TAX PREP FEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 13 TOTAL \$1,249	PROFESSIONAL FEES TOTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 15 PRINTING PUBLICATION POSTAGE	POSTAGE AND MAILERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
OFFICE MAX \$187 00	PAPER AND INK SUPPLIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
USPO \$187 00	STAMPS AND POSTAGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAPER FOR MAILERS \$15 00	PAPER

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EX PART I LINE 15 TOTAL \$389 00	POSTAGE TOTALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 16 OTHER EXPENSES	OTHER EXPENSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
EARLY WITHDRAW PENALTY \$50 00	BANK FEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
VARSITY \$3,111 00	PICTURES OF PLAYERS AND COACHES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FLOWERS FOR SENIOR PLAYERS \$44 00	SENIOR PLAYERS LAST GAME FLOWERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAYPAL CARD READERS \$24 00	CREDIT DEBIT CARD READERS FOR FUND RAISING

990 Schedule O, Supplemental Information

Return Reference	Explanation
ALLEN GREENE PHOTOGRAPHS \$1,593 00	PLAYER PHOTOGRAPHS

990 Schedule O, Supplemental Information

Return Reference	Explanation
SENIOR TRIP TO MUSIC CITY BOWL \$4,430 00	HOTEL TRAVEL MEALS FOR SENIOR PLAYERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CASH WITHDRAWL FOR TILL \$70 00	CASH TO MAKE CHANGE FOR DRINK SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACTION RENTAL \$256 00	PORTABLE HEATER FOR USE DURING FOOTBALL GAME

990 Schedule O, Supplemental Information

Return Reference	Explanation
ABLE PRINTERS \$301 00	PRINTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOLLY HARRIS \$8 00	FOLDER FOR BOOK KEEPING

990 Schedule O, Supplemental Information

Return Reference	Explanation
REFUND ANGELA FOR CREDIT CARD USE \$1,505 00	PERSONAL CREDIT CARD USE AT MUSIC CITY BOWL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FEED THE INDIANS \$12,948 00	MEALS AND SUPPLIES TO FEED FOOTBALL TEAM AND COACHES

990 Schedule O, Supplemental Information

Return Reference	Explanation
WATER AND GATORADE FOR FUND RAISING \$44 00	WATER AND GATORADE FOR FUND RAISING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FAN CLOTH PRODUCTS LLC \$5,038 00	BANNERS AND PLAYER CLOTHING

990 Schedule O, Supplemental Information

Return Reference	Explanation
PREFORMACE MEDICAL \$500 00	PLAYER FIRST AIDE BAGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
IPROMOTEU \$6,802 00	PLAYER T-SHIRTS HOODIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
COACH CLARK \$ 249 00	MILEAGE REIMBERSMENTS FOR RECRUIT HOME VISITS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CLEARED CHECKS BY BANK STATEMENT \$ 13 995 00	UNRECONCILED CHECKS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CASH WITHDRAWL \$500 00	AUGUST 24TH CASH WITHDRAWL

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ PART I LINE 16 TOTAL \$52,418 00	OTHER EXPENSES TOTALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE C	OTHER FUND RAISERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SALES	HOME FOOTBALL PROGRAM SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
BANQUET	END OF SEASON BANQUET TICKET SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
SPIRT WEAR	T-SHIRTS AND FAN ITEMS SOLD AT HOME FOOTBALL GAMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
BANNERS AND DECALS AND MAGNETS	BANNERS AND DECALS AND MAGNETS SALES AT HOME GAMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
BELK SALE	CLOTHING STORE SALE FUND RAISER

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEDIA DAY SALES	SALES FOR MEDIA DAY

990 Schedule O, Supplemental Information

Return Reference	Explanation
PARKING PASS	PARKING PASS SALES FOR HOME GAMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
DISCOUNT CARDS	DISCOUNT CARD SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE C TOTAL 8	TOTAL OF OTHER FUND RAISERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE C-1	GROSS RECEIPTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SALES \$3,645 00	HOME GAME FOOTBALL PROGRAM SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
BANQUET TICKET SALES \$ 470 00	END OF FOOTBALL SEASON BANQUET TICKET SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
SPRIT WEAR SALES \$7,538 00	T-SHIRTS SALES AT HOME GAMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
BANNERS AND DECALS AND MAGNETS SALES \$1,865 00	HOME GAME BANNER AND DECALS AND MAGNETS SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
BELK SALE \$75 00	SALES MADE AT LOCAL BELK STORE

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEDIA DAY SALES \$2,922 00	MEDIA DAY SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
PARKING PASS SALES \$5,290 00	HOME FOOTBALL GAME PARKING PASS SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
DISCOUNT CARD SALES \$11,505 00	LOCAL BUSINESS DISCOUNT CARD SALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FUND RAISING INCOME PER BANK STATEMENT \$3,018 00	INCOME RECONCILIATION FROM BANK STATEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE C-1 TOTAL \$ 36,328 00	TOTAL INCOME FROM FUND RAISING

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE A-9	OTHER DIRECT EXPENSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
JUN 2017 SPRING RACE SUPPLIES \$199 00	BRISTOL SPRING RACE SUPPLIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
AUG 2017 FALL RACE SUPPLIES \$53 00	BRISTOL FALL RACE SUPPLIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE A-9 TOTAL \$ 252 00	OTHER DIRECT EXPENSES TOTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE B-9	OTHER DIRECT EXPENSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
AUG 2017 JEANNIE MILLER \$ 700 00	HOME GAME FOOTBALL PROGRAM LAYOUT

990 Schedule O, Supplemental Information

Return Reference	Explanation
AUD 2017 OFFICE DEPOT \$ 165 00	HOME GAME FOOTBALL PROGRAM PROOF

990 Schedule O, Supplemental Information

Return Reference	Explanation
AUG 2017 FULL COURT PRESS INC \$2,112 00	HOME GAME FOOTBALL PROGRAM PRINTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II TOTAL \$ 2,977 00	OTHER DIRECT EXPENSES TOTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SCHEDULE G PART II LINE C-9	OTHER DIRECT EXPENSES FOR OTHER EVENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
ABLE PRINTES \$ 124 00	BANQUET TICKETS INVITAITONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACTION RENTAL \$ 159 00	BANQUET PROJECTOR RENTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
BANQUET DECORATION \$ 313 00	DECORATIONS FOR BANQUET

990 Schedule O, Supplemental Information

Return Reference	Explanation
COACHES GIFTS \$ 800 00	GIFTS FOR COACHES PRESENTED AT BANQUET

990 Schedule O, Supplemental Information

Return Reference	Explanation
MERRIOTT \$ 9,961 00	BANQUET HALL RENTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
MYCROFT SIGNS \$ 1,744 00	BANNERS DECALS MAGNETS

990 Schedule O, Supplemental Information

Return Reference	Explanation
VISTA PRINTS \$ 32 00	BANNERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
OFFICE DEPOT \$ 156 00	LAMINATING OF PARKING PASSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
EXPENSE RECONCILIATION PER BANK STATEMENT \$ -2,374 00	BANK STATEMENT RECONCILIATION OF EXPENSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
990-EZ SHCEDULE G PART II LINE C-9 TOTAL \$ 10,791 00	OTHER DIRECT EXPENSES TOTAL \$ 10,791 00