Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

lacktriangle Do not enter social security numbers on this form as it may be made public.

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

2014
Open to Public Inspection

<u>A</u>	For the	2014 calendar year, or tax year beginning $01/21/15$, and ending $05/31/3$	15		
I_{j}	eck if ap	plicable: C Name of organization		D Employe	er identification number
X	Address cl	NASHVILLE COACHING COALITION			
П	Name cha	Doing business as			842932
X		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	804-4214
	Initial return				
Ш	terminated				eipts \$ 44,684
	Amended	eturn F Name and address of principal officer		G Gross rec	esps 44,004
$\overline{\sqcap}$	Application		H(a) Is this a gro	oup return for s	subordinates? Yes X No
ш	гфриссион	SCOII MEEKON	H(b) Are all sub	ordinatae incl	lutert? Yes No
		4721 TROUSDALE DRIVE	1		(see instructions)
_		NASHVILLE TN 37220	-{		
<u></u>	Tax-exen		4		_
J	Website:		H(c) Group exe		
K			ear of formation: 2	012	M State of legal domicite: TN
	art I	Summary			
	1 E	riefly describe the organization's mission or most significant activities:			<u> </u>
Ç	1	TO TRAIN, CONNECT, AND SUPPORT ATHLETIC COACHES IN THE			
μēί		EXCELLENT PROGRAMS THAT TRANSFORM THE LIVES OF THEIR P	LAYERS AN	D ENAB	L/E
ē		THEM TO PERFORM TO THEIR GREATEST PHYSICAL POTENTIAL.			· · · · · · · · · · · · · · · · · · ·
Activitles & Governance	2 (theck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25	5% of its net as:	sets.	l 🛦
ಹ	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	0
<u>8</u>	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	0
₹	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Ę	6 T	otal number of volunteers (estimate if necessary)		6	0
•	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b N	let unrelated business taxable income from Form 990-T, line 34		7b	0
()		Prior Yea	or	Current Year
` <u>`</u>	∮8 €	Contributions and grants (Part VIII, line 1h)		44,682	
E E	9 F	rogram service revenue (Part VIII, line 2g)			0
Revenue	10 1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			2
œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			44,684
	13 0	Frants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14 E	enefits paid to or for members (Part IX, column (A), line 4)			0
Ø	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			16,680
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)			0
<u>ē</u>	ьт	otal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
ũ	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,182
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			19,862
	19 R	evenue less expenses. Subtract line 18 from line 12			24,822
58			Beginning of Cur	rent Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		0	24,822
A 20	21 T	otal liabilities (Part X, line 26)		0	0
2.5	22 N	et assets or fund balances. Subtract line 21 from line 20		0	24,822
P	art II	Signature Block			
U	nder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the be	est of my kn	lowledge and belief, it is
tn	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	ias any knowledg	e .	
Sig	jn	Signature of officer		Date	
He	re	SCOTT HEARON EXECU	TIVE DIF	ECTOR	₹
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	X if PTIN
	;	Jamison Shireman Jamison Shireman	01/12	/16 self-em	— i
	parer	Firm's name > Jamison Shireman, aCPA and a series		omra.EIN 🔤	
Use	Only	189 Graylynn Dr	9 1	3 5	3 34
		Firm's address Nashville, TN 37214	4	hone.tio	ີ້615≝ັ982−3055
Mav	the IRS	6 discuss this return with the preparer shown above? (see instructions)	- 	103 °C	X Yes No
		ork Reduction Act Notice, see the separate instructions.	· · · · · · · · · · · · · · · · · · ·		Form 990 (2014)
DAA	•	• • • • • • • • • • • • • • • • • • • •			

47-2842932 Form 990 (2014) NASHVILLE COACHING COALITION Page 2 **Statement of Program Service Accomplishments** X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO TRAIN, CONNECT, AND SUPPORT ATHLETIC COACHES IN THEIR WORK TO BUILD EXCELLENT PROGRAMS THAT TRANSFORM THE LIVES OF THEIR PLAYERS AND ENABLE THEM TO PERFORM TO THEIR GREATEST PHYSICAL POTENTIAL. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: 19,012) (Expenses \$ including grants of \$) (Revenue \$ TO TRAIN, AND SUPPORT ATHLETIC COACHES IN THEIR WORK TO BUILD CONNECT, EXCELLENT PROGRAMS THAT TRANSFORM THE LIVES OF THEIR PLAYERS AND ENABLE THEM TO PERFORM TO THEIR GREATEST PHYSICAL POTENTIAL. 4b (Code:) (Expenses \$) (Revenue \$ including grants of \$ 4c (Code:) (Expenses \$) (Revenue \$ including grants of \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Total program service expenses ▶

Form 990 (2014) NASHVILLE COACHING COALITION 47-2842932 Page 3 Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes," complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D. Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 20 min 3

20a

20b

20a Did the organization operate one or more hospital facilities? If Yes, complete Schiedule H

If "Yes" to line 20a, did the organization attach a copy of its sudfted financial statements to this return?

Form 990 (2014) NASHVILLE COACHING COALITION

Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 28 Vas the organization a party to a business transa		Yes	No
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	X
Schedule L, Part IV			
for the first state of the formation of the formation of the second of t	28b	<u> </u>	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
conservation contributions? If "Yes," complete Schedule M	30		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
Part I	31		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
complete Schedule N. Part II	32	<u> </u>	X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
or IV, and Part V, line 1	34		X
5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		l
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
Part VI	37	<u></u>	X
18 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Γ	
19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
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Form 990 (2014)

Form 990 (2014) NASHVILLE COACHING COALITION

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
, D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0] '		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
•	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0]		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ▶			i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		₽
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		├—
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
1	and services provided to the payor?	7a		—
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		1
	required to file Form 8282?	7c		⊢
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7	┨╻	·	ŀ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		₩
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\vdash
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		1
_	sponsoring organization have excess business holdings at any time during the year?	 •		\vdash
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		\vdash
ь 0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	100	-	一
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		1
1	Section 501(c)(12) organizations. Enter:	1		1
' a	Gross income from members or shareholders		;	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		l
_	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
_	Enter the amount of reserves the organization is required to maintain by the states in which	ĺ		
لمب	the organization is licensed to issue qualified health plans.			l
c	Enter the amount of reserves on hand	M		L
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ц

	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a '	'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			ns
	Check if Schedule O contains a response or note to any line in this Part VI			_X
	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4	1	l
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar		l]
	committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent	4		İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l
	one or more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	Ь—
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			l
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	•
	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			l
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this was done	12c		L
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1 1		l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
, ,	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
<i>ب</i>	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	معرسه فأ		
	OTT HEARON 4721 TROUSDALE DRIVE	J		
N	SHVILLE TN 37220 615	<u>-480</u>	4-4	<u> 214</u>

·,		
	, Key Employees, Highest	Compensated Employees, and
Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average				C) ution			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week					than on s both a		compensation from	compensation from related	amount of other
	(list any					r/trustee		the	organizations	compensation
İ	hours for related	or d	inst	Officer	ξ		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	director	lutior	ğ	em p	lest c	ner			and related organizations
	line)	ndividual trustee or director	Institutional trustee		Key employee	- B				•
		86	stoo			Highest compensated employee			;	
(1) SCOTT HEARON					_					
` ,	40.00									
CUTIVE DIRECTOR	0.00	X		X				50,000	0	0
RANDY HEARON										
•	5.00								_	_
FOUNDER	0.00	X		X	_	\sqcup		0	0	0
(3) MARK WHITLER	5 00									
amanum nu	5.00			ا ر						0
SECRETARY (4) DAVID BALL	0.00	X		X	<u> </u>	\vdash		0	0	
(4)DAVID BALL	5.00				ŀ					
BOARD MEMBER	0.00	x						o	o	0
(5) JIMMY JOHNSTON		-			\vdash			<u>_</u>		
	5.00									
BOARD MEMBER	0.00	x						0	0	0
(6) TODD PREVOST						П				
	5.00								_	
BOARD MEMBER	0.00	X			_	\Box		0	0	0
(7) JAMISON SHIREMAN	F 00									
TREASURER	5.00 0.00	x		x	•				o	0
(8) SCOTT SIMMS	0.00			^		\vdash		0	- 0	
(0,00011 011110	5.00									
BOARD MEMBER	0.00	$ \mathbf{x} $						o	o	0
(9)									-	
(10)							\dashv			
()									_	
		. 1	- 4	- "5	. 3			<u> 1643</u> 588 <u>25</u> <u>0</u> 64303758		
(11)			77 - 127%		1		Post Contraction			

NASO01 01/12/2016 9 14 PM Form 990 (2014) NASHVILLE COACHING COALITION 47-2842932 Page 8 **Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (D) (E) (A) Reportable Reportable Estimated Name and title Average Position compensation compensation from amount of hours per (do not check more than one box, unless person is both an from related other week organizations officer and a director/trustee) the compensation (list any organization (W-2/1099-MISC) from the hours for Officer related Kay amployee (W-2/1099-MISC) organization ghesi compensated riployee and related organizations vidual trustee lirector below dotted organizations line) (12)(13)(14)(15)(16)(17)(18)50,000 1b Sub-total Total from continuation sheets to Part VII, Section A 50,000 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated X employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compens Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Pa	rt V	III Statement of Re Check if Schedule			response o	or note to any line	in this Part VIII		
_	\ !					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(0) Revenue excluded from lax under sections 512-514
şş	1a	Federated campaigns	1a	T					
irar	b	Membership dues	1b						
S E	C	Fundraising events	1c						
3ift ar (d	Related organizations	1d	_					
S,E	e		1e	1					
r Si	f	All other contributions, gifts, grants,							
텵		and similar amounts not included above	e 1f	. i	44,682				
E 0	g	Noncash contributions included in lines	1a-1f:	\$					
SE	h	Total. Add lines 1a-1f			▶	44,682			<u> </u>
Program Service Revenue Contributions, Gifts, Grants Amounts					Busn. Code				
3ve	2a					·			↓
6 Z	b	And the second of the second of							
35	C								
S	đ	****							
ram	8								
ē.	f	All other program service re	venue		L				<u> </u>
-		Total. Add lines 2a-2f		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	3	Investment income (includir	ng dividi	ends, intere	est,	3	2		
		and other similar amounts)				2			
	4	Income from investment of	tax-exe	mpt bona p	roceeas				
	5	Royalties (i) Rea	<u> </u>	(6)	Personal				
	e.			("/	reisonal				
	6a	<u> </u>						!	İ
•	b			+					
ĺ	c d	Rental inc. or (loss) Net rental income or (loss)							
	7a		lies) Other				
		sales of assets other than inventory	-	<u>\</u>	,				ł
	b	· .		1					
		basis & sales exps.]					
	С	_ ·							
	d	Net gain or (loss)			🕨				
		Gross income from fundraising e	events						
ğ		(not including \$		ļ					
§		of contributions reported on line	1c).	1					
٤		See Part IV, line 18		<u></u>					
Other Revenue	b	Less: direct expenses	, t			ļ			
۱	C	Net income or (loss) from fu	ındraisiı	ng events	▶				
	9a	Gross income from gaming activ	rities.						1
		See Part IV, line 19		ــــــــــــــــــــــــــــــــــــــ					
		Less: direct expenses	, t						
		Net income or (loss) from ga		ctivities		<u>-</u>			<u> </u>
ł	10a	Gross sales of inventory, les	SS	1	1			•	
		returns and allowances		—					
- 1		Less: cost of goods sold	t						
- }	С	Net income or (loss) from sa		nventory	<u> </u>				<u> </u>
ŀ	44	Miscellaneous Reveni	ne en		Busn. Code				
J	11a				 				
١	b								-
	C	A() ather assesses						*· · · · · · · · · · · · · · · · · · ·	
\mathbf{T}	d	All other revenue			2.672%	7 1 30 7 1 30	a surgeon of		
		Total revenue See instruct	ione	• • • • • •		44,684	2		
	12	Total revenue. See instruct	10115.	* * * * * * * * * * * * * * * * * * * *	- 12 may 1	2 44.5 100W	22 11 12		Form 990 (2014)

Form 990 (2014) NASHVILLE COACHING COALITION

Statement of Functional Expenses

ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
y, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	-			- ·
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				"
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above, to disqualified		1		
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)]		
Other salaries and wages	16,680	16,680		
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)		İ		
9 Other employee benefits				
0 Payroll taxes				
1 Fees for services (non-employees):				
a Management				
b Legal	850		850	
c Accounting				
d Lobbying	1			
Professional fundraising services. See Part IV, line 17				
Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)				
2 Advertising and promotion				
3 Office expenses	1,609	1,609	•	
4 Information technology				
5 Royalties				
6 Occupancy	285	285		
7 Travel	161	161		
B Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization				
3 Insurance				
Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)		077		
a MEALS & ENTERTAINMENT	277	277		
<u> </u>				
,				
d				
e All other expenses	19,862	10 013	850	
Total functional expenses. Add tines 1 through 24e Joint costs. Complete this line only if the		19,012		
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if	_ A	and the second s		

<u> </u>	art X					
		Check if Schedule O contains a response or note to any line i	n this Part X	/A)	1 1	(B)
	١.			(A) Beginning of year	1 1	End of year
	-	One has interest begging			11	12,820
	1 2	Cash—non-interest bearing			2	12,002
	2	Savings and temporary cash investments			3	
	3	Pledges and grants receivable, net			4	
	4	Accounts receivable, net Loans and other receivables from current and former officers, direct	lore			
	5		1013,		1 1	
	1	trustees, key employees, and highest compensated employees.			5	
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as de	fined under section			
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib				
		sponsoring organizations of section 501(c)(9) voluntary employees'				
		, , , , , , , , , , , , , , , , , , , ,	Deficicially		6	
Assets	۱_	organizations (see instructions). Complete Part II of Schedule L		7		
58	7	Notes and loans receivable, net			8	
•	8	Inventories for sale or use			9	
	9	Prepaid expenses and deferred charges	• • • •		+ -	
	TUa	Land, buildings, and equipment: cost or				
	١.	other basis. Complete Part VI of Schedule D 10a 10b			10c	
					11	
	11	Investments—publicly traded securities			12	
	12	Investments—other securities. See Part IV, line 11			13	
	13	Investments—program-related. See Part IV, line 11			14	
	14	Intangible assets			15	
	15	Other assets. See Part IV, line 11				24,822
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17	
	17	Accounts payable and accrued expenses			18	
	18	Grants payable			19	
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities			21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule	٠		+ - +	
98	22	Loans and other payables to current and former officers, directors,			1 1	
Liabilities		trustees, key employees, highest compensated employees, and			22	
Ē		disqualified persons. Complete Part II of Schedule L			23	
_	23	Secured mortgages and notes payable to unrelated third parties			24	
	24	Unsecured notes and loans payable to unrelated third parties	٠,		 -<u>*</u>7 	
	25	Other liabilities (including federal income tax, payables to related the				
		parties, and other liabilities not included on lines 17-24). Complete			25	
		of Schedule D	.,		26	0
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶	[¥] and		1 - 1	
ų,			EN allu		1	
2		complete lines 27 through 29, and lines 33 and 34.			27	24,822
<u>a</u>	27	Unrestricted net assets			28	
B B	28	Temporarily restricted net assets		· · · · · · · · · · · · · · · · · · ·	29	
Ę	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check h			1	
F		•	ele P alla	i	1 1	
Assets or Fund Balances	20	complete lines 30 through 34.			30	
SSE	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund			31	<u> </u>
¥.	31	Retained earnings, endowment, accumulated income, or other fund			32	
Net	32	Total and appets or fixed belonger	·	(33	24,822
	33	Total net assets or fund balances Total liabilities and net assets/fund balances			34	24,822
	J-4	I otal liabilities and het assets/fulla balances				

Form 990 (2014)



Form	m 990 (2014) NASHVILLE COACHING COALITION 47-284	12932		Pa	ge 12
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				بلل
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44,	
,	Total expenses (must equal Part IX, column (A), line 25)			19,	
ંડ	Revenue less expenses. Subtract line 2 from line 1	3		24,	<u>822</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		<u>24,</u>	<u>822</u>
Pa	art XII Financial Statements and Reporting				\Box
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		— I I	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in			
	Schedule O.	_			.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant		2a	 	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d or			
	reviewed on a separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				x
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		2c	—	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain in	1 1		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set federal award.	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not under			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b_	904) (2014)
			For	ホ マン・	# (ZU14)



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

I Revenue Service Name of the organization

tment of the Treasury

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

Inspection

Employer identification number

				ACHING COALITIO			47-264	
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns
Γhe	orgar	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	y one box	.)	
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1	I)(A)(i).	
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)				
3		A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(iii).	
4		A medical re	search organization operated	d in conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and stat	e:					
5		An organizat	ion operated for the benefit o	of a college or university owned	or operat	ed by a g	overnmental unit described in	
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)				
6	П	A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	⁷ 0(b)(1)(A)(v).	
7		An organizat	ion that normally receives a	substantial part of its support fr	om a gove	ernmental	unit or from the general public	:
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)				
8		A community	trust described in section 1	I 70(b)(1)(A)(vi). (Complete Par	t II.)			
9	X	An organizat	ion that normally receives: ("	1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gro	oss
		receipts from	activities related to its exen	npt functions—subject to certain	n exceptio	ns, and (2	2) no more than 33 1/3% of its	
		support from	gross investment income ar	nd unrelated business taxable ir	ncome (le	ss sectior	511 tax) from businesses	
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	te Part III	.)	
10		An organizat	ion organized and operated	exclusively to test for public safe	ety. See s	ection 5	09(a)(4).	
11		An organizat	ion organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or to carry out the purpo	ses of
				ions described in section 509(a				. Check
		the box in lin	es 11a through 11d that des	cribes the type of supporting org	ganization	and com	plete lines 11e, 11f, and 11g.	
а	\sqcup			ed, supervised, or controlled by	• • •	_		
	i	the supported	d organization(s) the power t	o regularly appoint or elect a m	ajority of 1	he directo	ors or trustees of the supporting	g
		_	You must complete Part I	-				
b	Ш			rised or controlled in connection				
				organization vested in the same	e persons	that conf	rol or manage the supported	
	\Box	•	s). You must complete Par	•				
С				orting organization operated in				
	$\overline{}$		• • • • • • • • • • • • • • • • • • • •	tions). You must complete Pa				
đ	Ш			supporting organization operate				
				panization generally must satisfy	•	-		
	\Box	•	·	t complete Part IV, Sections A	-			
6			<u>-</u>	d a written determination from t			ype I, Type II, Type III	
	E-4	-	• • • • • • • • • • • • • • • • • • • •	nctionally integrated supporting	organizat	ion.		
T -			r of supported organizations ving information about the su	innorted omanization(s)				
9		of supported	(ii) EIN		(iv) ie tho	organization	(v) Amount of monetary	(vi) Amount of
•		enization	(ii) Eit	(iii) Type of organization (described on lines 1-9		r governing	support (see	other support (see
				above or IRC section	docu	ment?	instructions)	instructions)
				(see instructions))	Yes	No		
A)								
``,								
B)					T			
•								
C)								
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D)								
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\.	<i>i</i>			APPEN A A STA	r ro ga	ું હલ્લાનુ ક	ego serve <u>s s</u> erez <u>i z</u> e	- <u>6 - 5</u>
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ota	f							3
	_			STOP CANALLY W 2504		· 🕳 🛣	1 STORY	

	edule A (Form 990 or 990-EZ) 2014 NAS					-2842932	Page
Pi	Support Schedule for O (Complete only if you che Part III. If the organization	cked the box o	n line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify	
	tion A. Public Support						
Jaid	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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.						
ec	tion B. Total Support						
aler	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	<u> </u>					
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc.	(see instructions)				12	
3	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	ırth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop here						<u> </u>
ec	tion C. Computation of Public Su	pport Percen	tage				
4	Public support percentage for 2014 (line 6.	column (f) divide	d by line 11. colum	n (f))		14	9

organization, check this box and stop here	 	<u> </u>		 <u>_</u>
Section C. Computation of Public Support Percentage		<u> </u>		

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 2014 (line 6, column (f) divided by line 11, column (f))	14	%%_				
15	Public support percentage from 2013 Schedule A, Part II, line 14	15	<u>%</u>				
16a	33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. 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		▶ □				

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

~	Aion A Bublic Connect	quality under t	ile tests listed	below, picase c	ompicie i aren	1.7	· · · · · · · · · · · · · · · · · · ·
	etion A. Public Support	1.1.0040	1 (1) 0044	1-1-2042	T (4) 2042	(2) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(I) I Olai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			4		44,682	44,682
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			<u> </u>		2	2
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					44,684	44,684
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.)		!				44,684
Sec	tion B. Total Support	1			<u> </u>	··· ·	•
<u> </u>	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
ر ۔	Amounts from line 6					44,684	44,684
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					44 604	44 604
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	44,684 (c)(3)	44,684
0	organization, check this box and stop hen					·	> L
	tion C. Computation of Public Su			· · · ·			
15 16	Public support percentage for 2014 (fine 8			nn (f))		15	100.00%
	Public support percentage from 2013 School D. Computation of Investme					16	<u>%</u>
17	Investment income percentage for 2014 (li	•		Column (ft)		17	%
 18	Investment income percentage from 2013		-	o, coluinii (i)/	en en en en en en en en en en en en en e	18	
19a	33 1/3% support tests—2014. If the organ			e 14, and line 15 is	more than 33 1/39		//
(17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization	qualifies as a public	cly supported orga	nization	> X
~0	33 1/3% support tests—2013. If the organine 18 is not more than 33 1/3%, check the	// PA	1 DI 66 M	9:42N 71 27		123 OF CA 53	<i>§</i>
20	Private foundation. If the organization did		- T		29		<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

<u>section</u>	A. All	Sup	porting	Org	aniza	tions

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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)? 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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.)

	Yes	No
1_1_		
2	-	
3a		
3b		
3c	_	
4a		
4b		
4c		
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10b	<i>\$</i>	
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Par	rt IV Supporting Organizations (continued)			
	Outpoining Organization (Commission)		Yes	No
_11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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			
	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.	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	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion 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)? 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).	1		L
Secti	ion 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			j
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	:		}
ì	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
,,	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ <u>.</u>
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			
Casti	supported organizations played in this regard.	3		L
	ion 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.	\		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
2 A	Activities Test. Answer (a) and (b) below.	1	Yes	No
 а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	М	163	110
-	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			
	that these activities constituted substantially all of its activities.	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? 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.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
المها	trustees of each of the supported organizations? Provide details in Part VI. 200 100 100 100 100 100 100 100 100 100	3a	.9	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	W		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	ACCES TO ACCESS TO A CONTROL OF THE PARTY OF	-		

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. See instructions. All						
other Type III non-functionally integrated supporting organizations must complete Section						
ction A - Adjusted Net Income	(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)			
Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets						
d Total (add lines 1a, 1b, and 1c)						
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,						
age instructions).	4					
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)						
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see						
instructions).						

Schedule A (Form 990 or 990-EZ) 2014



Schedule A (Form 990 or 990-EZ) 2014



and 4c.

а b c

Breakdown of line 7:

d Excess from 2013. e Excess from 2014.

Excess distributions carryover to 2015. Add lines 3j

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

ment of the Treasury al Revenue Service

► 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

Name of the organization

NASHVILLE COACHING COALITION

Employer identification number 47-2842932

Form 990, Part III, Line 4d - All Other Accomplishment TO TRAIN, CONNECT, AND SUPPORT ATHLETIC COACHES IN THEIR WORK TO BUILD EXCELLENT PROGRAMS THAT TRANSFORM THE LIVES OF THEIR PLAYERS AND ENABLE THEM TO PERFORM TO THEIR GREATEST PHYSICAL POTENTIAL.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE RETURN IS REVIEWED BY THE BOARD MEMBERS BEFORE BEING SUBMITTED TO THE PROPER GOVERNING BOARDS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.