990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

benefit trust or private foundation) Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public rternal Revenue Service For the 2012 calendar year, or tax year beginning Inspection 2012, and ending Check if applicable: 20 C Name of organizatioNEST NASHVILLE SPORTS LEAGUE INC D Employer identification no. Address change Doing Business As Name change 62-1720706 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return E Telephone number P O BOX 50710 (615)390-0328 Terminated City, town or post office, state, and ZIP code Amended return NASHVILLE, TN 37205-0710 1,169,320 Application pending G Gross receipts \$ Name and address of principal officer: SCOTT TYGARD 6504 RADCLIFF DRIVE, NASHVILLE, TN 37221 Is this a group return for affiliates? H(a) X 501(c)(3) Tax-exempt status: 501(c) (Yes) 4 (insert no.) 4947(a)(1) or Are all affiliates included? Yes
If "No," attach a list. (see instructions)
Group exemption number Website: WWW.WNSL.ORG H(c) Form of organization: X Corporation L Year of formation: 1997 Part I Summary M State of legal domicile: TN Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S SOLE PURPOSE IS TO OPERATE YOUTH SPORTS AND RECREATION LEAGUES IN THE NASHVILLE, TENNESSEE AREA. Activities & Governance CURRENTLY HAS FIVE PROGRAMS CONSISTING OF WINTER AND SUMMER BASKETBALL, SPRING AND FALL THE ORGANIZATION BASEBALL AND FLAG FOOTBALL. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 3 13 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 4 10 Total number of volunteers (estimate if necessary) 5 2 7a Total unrelated business revenue from Part VIII, column (C), line 12 6 b Net unrelated business taxable income from Form 990-T, line 34 7a 0 0 Contributions and grants (Part VIII, line 1h) Current Year Program service revenue (Part VIII, line 2g) 35,158 124,710 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 990,722 1,032,109 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 226 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,880 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,025,880 1,161,925 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 Professional fundraising fees (Part IX, column (A), line 11e) 105,569 105,345 Total fundraising expenses (Part IX, column (D), line 25) 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 952,207 891,749 Revenue less expenses. Subtract line 18 from line 12 1,057,776 997.094 (31,896 164,831 Total assets (Part X, line 16) 20 Beginning of Current Year End of Year Total liabilities (Part X, line 26) Fund Net As 21 325,479 488,630 22 Net assets or fund balances. Subtract line 21 from line 20 1,680 0 Part II Signature Block 323,799 488,630 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. SCOTT TYGARD Sign Signature of officer Here Date SCOTT TYGARD, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check X ROBERT S DIXON if ROBERT S DIXON eparer Firm's name self-employed P01387764 R SCOTT DIXON CPA Use Only Firm's EIN Firm's address 812 18TH AVENUE S STE 12 Nashville TN 37203 May the IRS discuss this return with the preparer shown above? (see instructions) 615-256-2260

Yes

P	rm 990 (2012) WEST NASHVILLE SPORTS LEAGUE INC Part III Statement of Program Service Accomplishments	62-1720706	Pa
	Check if Schedule O contains a response to any question in this Boot III		
1	Briefly describe the organization's mission:		
	THE ORGANIZATION'S SOLE PURPOSE IS TO OPERATE HOUSE		
	THE ORGANIZATION'S SOLE PURPOSE IS TO OPERATE YOUTH SPORTS AND RECREATION LEAGUES NASHVILLE, TENNESSEE AREA. THE ORGANIZATION CURPENTLY HAS DEVELOPED AND RECREATION LEAGUES	IN THE	
	NASHVILLE, TENNESSEE AREA. THE ORGANIZATION CURRENTLY HAS FIVE PROGRAMS CONSISTING AND SUMMER BASKETBALL, SPRING AND FALL BASEBALL AND FLAG FOOTBALL.	NG OF WINTER	
2			
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
	P	Пусс	٦.,
3		· · · · · · · · · · · · · · · · · · ·	No
,	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
			1
			No
1	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to the control of the services are required to the services are required		
		ired by	
	the total expenses, and revenue, if any, for each program service reported.	others,	
a	(Code:) (Expenses \$ 295.877 including greats of the		
	PROMOTION OF SPORTSMANSHIP THROUGH YOUTH WINTER BASKETBALL PROGRAM (Rev	enue \$509,	714)
	INCOGN TOUTH WINTER BASKETBALL PROGRAM		
)	(Code:) (Expenses \$ 262,033 including grants of		
	PROMOTION OF SPORTSMANSHIP THROUGH YOUTH SPRING BASEBALL PROGRAM (Rever	nue \$295,6	93)
	THROUGH YOUTH SPRING BASEBALL PROGRAM	22370)
1			
1			
_			
-			
	Code: (Expenses \$ 83,501 including grants of \$) (Beyen		
I	PROMOTION OF SPORTSMANSHIP THROUGH YOUTH FLAG FOOTBALL PROGRAM	ue \$ 127,58	5)
	- FLAG FOOTBALL PROGRAM		_ /
_			
-			
-			
-			
-			
_			
_			
_	ther program and in a 12 miles		
Ot	riei program services. (1) escribe in Schodulo (1)		
Ot (E	ther program services. (Describe in Schedule O.) xpenses \$ 75,742 including grants of \$) (Revenue \$ 9		

Part IV Checklist of Required Schedules

	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Ye	es I
		complete Schedule A			
	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 1		
	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- 2	X	
		calididates for public office? If "Yes," complete Schedule C, Part I	1 -		1.
	4	or (a)(b) or garrizations. Did the organization engage in lobbying activities or have a section 501/h)	- 3	+	}
		election in elect during the tax year? If "Yes," complete Schedule C. Part II			
	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues	- 4	-	Σ
		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C			
		ratili	_		
	6	and significant maintain any donor advised funds or any similar funds or accounts for which denotes	- 5		-
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		res, complete Schedule D, Part I			
	7	Did the organization receive or hold a conservation easement, including easements to present a present approximation and the conservation easement.	- 6	-	X
		the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Port II	-		١
	8	Did the organization maintain collections of works of art, historical treasures, or other similar accepts a fill the similar acce	- 7	-	X
		complete Scriedule D, Part III			
	9	bid the organization report an amount in Part X, line 21, for escrow or custodial account liability, contains	. 8	-	X
		custoular for amounts not listed in Part X; or provide credit counseling, debt management, gradit repair, as			
		dest negotiation services? If "Yes," complete Schedule D. Part IV			
	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	. 9		X
		endownients, permanent endowments, or quasi-endowments? If "Yes " complete Schedule D. Bort V.	10		37
	11	if the organizations answer to any of the following questions is "Yes," then complete Schedule D. Parte VI	10		X
		vii, viii, ix, or x as applicable.			
		a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Partie	HIER	2000
		complete schedule D, Part VI	110	X	1
		b Did the organization report an amount for investments - other securities in Part X line 12 that is 59/ or mark	11a	Λ	
		or its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	1116		V
		Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	11b		X
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		V
		Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		X
		reported in Fart X, line 16? If "Yes," complete Schedule D. Part IX	11d		X
	f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		and the organization's separate or consolidated financial statements for the toy year include.	Tie		Α
	12a	and the state of t	11f		X
	Lu	and the organization obtain separate, independent audited financial statements for the terror of the			Λ
	b	Concodic D, Faits Al alid Ali	12a	X	
	-	and organization included in consolidated, independent audited financial statements for the toward of the toward o			
	13	significant answered two to line 12a, then completing Schedule D. Parts XI and XII is entired.	12b		X
	14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program continue and continue			
		fundraising, business, investment, and program service activities outside the United States, or aggregate			
	15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A) line 3, and 10 organization report of the 10 organizat	14b		X
		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			
	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
		to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			
	7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
1	8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
		Tart VIII, lines To and oa? If Yes, complete Schedule G. Part II			
1	9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
		1 103, complete scriedule G, Part III			
2	0a	Did the organization operate one or more hospital facilities? If "Yes " complete Schodulo H	19		X
_	b	Tes to line 20a, did the organization attach a copy of its audited financial statements to this return 2	20a		X
E	EA	and the statements to this return?	20b		

Form 990 (2012)
Part IV (Checklist of Required Schedules (continued)

2	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Ye	es No
	"The Office States of Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts Land II	1		17
6	2 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United Other	. 2	-	X
2	on Far IX, column (A), line 2? if "Yes," complete Schedule I. Parts Land III	. 22	2	X
~	Tes to Fait VII, Section A, line 3. 4. or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
2	4a Did the organization have a tay-exempt hand issue with an action in	. 23	3	X
	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 Peacether 84, 2000,000 as of the last day of the year.			
	\$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 25			
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C. Did the organization resistation	. 24	а	X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24	0	
	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?	240	3	
25	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240	i	
	a stoqualified person during the year? If "Yes," complete Schedule 1 Part I			
	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a vicinity of the control of the con	25a	4_	X
	your, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 F70			
	11 Tes, complete scriedule L, Part I			
26	a loan to or by a current of former officer, director, trustee, key employee, highest company to the	25b	-	X
-	and person outstailiding as of the end of the organization's tay year? If "Voc." complete Calculations			
27	and organization provide a grant or other assistance to an officer director trustee key employee	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 25% controlled			
28	charge of family member of any of these persons? If "Yes," complete Schedule I. Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	10000	Α.
	tart variable details for applicable filling thresholds, conditions, and exceptions).			
ŀ	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	200000	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28b	X	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
	res, complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N	30		X
00				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
33	our piete derieddie N, Fait II	20		v
55	Land the state of	32		X
34	The state of the s	33		X
A STREET, S		00		
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	Fig. 1. The find of the find of section 512(b)(13)?	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		X
	1 105, Complete Schedule R. Part V line 2			
37	Did the organization conduct more than 5% of its activities through an optify that is not	36		X
	as a partiership for regeral income tax numbers? If "Voc " complete Called the Called th			
38		37		X
	The second secon	05	V	
EEA		38	X	

WEST NASHVILLE SPORTS LEAGUE INC Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Yes Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 92 Did the organization comply with backup withholding rules for reportable payments to vendors and 0 reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax X 1c 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 2b Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O b 3a X At any time during the calendar year, did the organization have an interest in, or a signature or other authority 3b over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: b 4a X See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? X Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 5c organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or X Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year 7c X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q 7f X h X 7g Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 X organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 8 Did the organization make any taxable distributions under section 4966? a Did the organization make a distribution to a donor, donor advisor, or related person? 9a 10 Section 501(c)(7) organizations. Enter: 9b Initiation fees and capital contributions included on Part VIII, line 12 a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

.........

Did the organization receive any payments for indoor tanning services during the tax year?

EEA

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

Form 990 (2012) WEST NASHVILLE SPORTS LEAGUE INC Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Page 6 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year Yes No If there are material differences in voting rights among members of the governing body, or 13 If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 1b 10 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7a X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 X the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) X Did the organization have local chapters, branches, or affiliates? No If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10a X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 10h Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12a X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12b describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 12c X Did the organization have a written document retention and destruction policy? 14 13 X Did the process for determining compensation of the following persons include a review and approval by 15 X 14 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15a X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) X 15b 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 16a X participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN 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, 19 and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SANDI TYGARD (615)390-0328

Form	ana	1001	01
$-\alpha$	44()	12111	2)

WEST NASHVILLE SPORTS LEAGUE INC

62-1720706 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor a	(B)				(C)	The street	(D)		
Name and Title	Average hours per week (list ar hours for	y		Po heck	sition	n e than one n is both an	Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organization below dotted line)	5	d I n s t t t t t t t t t t t t t t t t t t	t O f f u f i c e	K e y e m p l o y e e	or/trustee) Hc e F i o m o g m p r h p l m e e o e s n y r t s e t e d	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ALLISON DUFFEY									
DIRECTOR		X					0	0	
(2) ANDREW TRAPNELL								0	0
DIRECTOR		X					0	0	
3) ANDY NEUMAN		5						0	(
VICE PRESIDENT		X		X			0	0	
4) BOB NOTESTINE								0	0
DIRECTOR 5) BOR GENEVARIA		X					0	0	0
5) BOB STARNES DIRECTOR									
6) DEBBIE SANDWITH		X					0	0	0
DIRECTOR									0
7) JOHN BYRD		X					0	0	0
DIRECTOR									0
B) JOHN HARTONG		X					0	0	0
DIRECTOR									0
9) LYLE BEASLEY		X					0	0	0
DIRECTOR									-
10) MARNE ADAMS		X		_			0	0	0
DIRECTOR		**							
1) RICHARD CUMMINGS		X	-	-	-		0	0	0
DIRECTOR		v							
2) SCOTT OATSVALL		X	-	-	-		0	0	0
SECRETARY TREASURER		X		V					
3) SCOTT TYGARD		Δ	-	X	+		0	0	0
PRESIDENT	40.00	v		V					
4)	40.00	X		X	-		60,000	0	0

Part VII Section A. Officers, Direct	tors, Trustees, Key Emplo	yees	, an	d Hi	ghe	est Co	mpe	nsated Employee	62-1720	706		Pag
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per eek (list any hours for					one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	m a	Estin amou	F) nated unt of her
	related organizations below dotted line)	It d nri dur ise vt c i e t de o u r ao	n r s u t s i t e u e	f i c e	Key employee	H c e i o m p n p o o s n s e e t e d	o r m	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organ	nsation the ization elated zations
(15)										-		
(16)										-		
(17)										-		
(18)										_		
(19)												
(20)		-	-	-			-					
(21)			-	-								
(22)		-		1								
(23)			-	1								
(24)		1	1		1							
(25)				1								
1b Sub-total												
c Total from continuation sheets to Par			 		: :		-					
2 Total number of individuals (including but	not limited to those listed abo	ove) w	· · ·	ecei	· ·	more t	han S	60,000 6100,000 of	0			0
paradar nom the organiz	ation		_	_					0			
3 Did the organization list any former office employee on line 1a? If "Yes," complete S											Yes	No
organization and related organizations gre	um of reportable component	ion on	nd ot	her o	comp	pensat	ion fr	om the		3	p-line	X
5 Did any person listed on line 1a receive or	accrue companyation from	٠								4		X
Section B. Independent Contractors	res, complete Schedule	J for s	such	pers	on					5		X
1 Complete this table for your five highest co- compensation from the organization. Repo- year.	mpensated independent con rt compensation for the caler	itracto ndar y	rs th	at re	ceiv	red mo	re tha	an \$100,000 of the organization's t	ax			
(A) Name and busin							T	(B)		(C)	
								Description of serv	rices		ensation	
Total number of independent contractors (in received more than \$100,000 of compensate)	cluding but not limited to the	se liste	ed a	bove	e) wh	10			E CONTRACTOR DE LA CONT			

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e to arr	y question in this Pan	(A)	(B)		
					Total revenue	Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
nts	1	a Federated campaigns	1a			revenue		512, 513, or 514
irar		b Membership dues	1b					
S, G		c Fundraising events	1c	9,556				
ar	.0	d Related organizations	1d	7,000				
E's		e Government grants (contributions)	1e					
tion Sr S		f All other contributions, gifts, grants,						
but		and similar amounts not included above	1f	115,154				
Contributions, Gifts, Grants and Other Similar Amounts	1	g Noncash contributions included in lines 1a-	1f: \$	225/252				
aco		h Total. Add lines 1a-1f			124,710			
			Business Code	124,710	and the second second			
ent	28	WINTER BASKETBALL		711210	509,714			
ever	l i	SPRING BASEBALL		711210	295,693	509,714		
Ce H	0	FLAG FOOTBALL		711210	127,585	295,693	100	
Program Service Revenue	(FALL BASEBALL		711210	51,403	127,585		
ram	6	SUMMER BASKETBALL		711210	47,714	51,403		
Prog	f	All other program service revenue			47,714	47,714		
	Ç	Total. Add lines 2a-2f			1,032,109		Walter Brown	
	3	Investment income (including dividends, inter	est		1,032,109			
		and other similar amounts)			226			
	4	Income from investment of tax-exempt bond	proceed	ds	220	226		
	5	Royalties						
		(i) Rea		(ii) Personal				State of the state
		Gross rents		(1)				
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securit		(ii) Other	C10120101000000000000000000000000000000			
		assets other than inventory		18				
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)			THE REAL PROPERTY AND ADDRESS OF THE PERSON			
enne	8a	Gross income from fundraising				AUGS/GERSEN RES		
eve		events (not including \$ 9,55	6					
Other Rev		of contributions reported on line 1c).						
the		See Part IV, line 18	a	12,275				
0	b	Less: direct expenses		7,395				
	С	Net income or (loss) from fundraising events		>	4,880			
	9a	Gross income from gaming activities.			2,000			4,880
		See Part IV, line 19	a					
	b	Less: direct expenses						
	С	Net income or (loss) from gaming activities						
	1	Gross sales of inventory, less returns and allowances	a					
		Less: cost of goods sold	b					
	C	Net income or (loss) from sales of inventor						
1		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c _							
		All other revenue						
	e 7	Total. Add lines 11a-11d			1000		S1000000000000000000000000000000000000	
	12 1	Total revenue. See instructions			1,161,925	1,032,335	0	4 880
Α								

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in			and and a second	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4					
5	Benefits paid to or for members				
,	Compensation of current officers, directors,				
	trustees, and key employees	58,556		58,556	
ò	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	30,000		30,000	
	Pension plan accruals and contributions (include			50,000	
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
)	Payroll taxes	16,789		16 700	
	Fees for services (non-employees):	1.75		16,789	
a	Management				
b	Legal				
C	Accounting	5,265			
d	Lobbying	3,203		5,265	
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount list line 11g expenses on Schodule (C)				
	Advertising and promotion				
	Office expenses	12,052	9,160	2,892	
	Information technology	4,129	1,306	2,823	
	Royalties	4,761		4,761	
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	20,693		20,693	
	Insurance	18,430		18,430	
	Other expenses. Itemize expenses not covered				Designations
	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.)				
	CONTRACT LABOR	385,027	314,801	70 226	
	UNIFORMS	126,557	126,145	70,226	
	GYMNASIUM AND FIELD RENTAL	72,979	72,979	412	
	CONCESSIONS EXPENSE	59,430	59,430		
	All other expenses	182,426	133,332	42 256	
-	Total functional expenses. Add lines 1 through 24e .	997,094	717,153	42,256	6,83
•	Joint costs. Complete this line only if the		717,133	273,103	6,838
f	rom a combined educational campaign and undraising solicitation. Check here Info				

Part X **Balance Sheet**

		Check if Schedule O contains a response to any question in this Part X			
			(A)	ΤŤ	(B)
	_		Beginning of year		End of year
	1	Cash - non-interest-bearing	53,205	1	109,212
	2	Savings and temporary cash investments	218,988	2	330,748
	3	Pledges and grants receivable, net		3	330,740
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	
	10a	The state of the s			Control of the second
		other basis. Complete Part VI of Schedule D 10a 155,434			
	b	106,764	53,286	10c	48,670
	11	Investments - publicly traded securities		11	40,670
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	325,479	16	488,630
	17	Accounts payable and accrued expenses		17	400,030
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,	Marie Sales		
pilli		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26		1,680	25	
	20	Total liabilities. Add lines 17 through 25	1,680	26	0
S		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
nce	27				
ala	28	Unrestricted net assets Temporarily restricted net assets	323,639	27	467,273
0	29		160	28	21,357
=		Organizations that I are a second		29	
0		complete lines 30 through 34.			
Net Assets of Fund Balances		Canital stock or trust principal as a second for			
133	31	Paid in or capital curplus or land building		30	
la	32	Retained earnings, endowment, accumulated income, or other funds		31	
2	33			32	
		Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances	323,799	33	488,630
A		***************************************	325,479	34	488,630

_	m 990 (2012) WEST NASHVILLE SPORTS LEAGUE INC Reconciliation of Net Assets 62	-172070	5	F	age 1
	Check if Schedule O contains a response to any question in this Part XI				
1	Total research (tt				
2	Total expenses (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1	1	,161	,925
3	D	2		997	,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		164	,831
5	Net unrealized gains (losses) on investments	4		323	,799
6	Donated services and use of facilities	5			
7	Investment expenses	6			
8	Prior period adjustments	7			
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			0
	33, column (B))				
Pa	rt XII Financial Statements and Reporting	10		488,	630
	Check if Schedule O contains a response to any question in this Part XII				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • •			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		Blaces	Yes	No
	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?			PER SH	77
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a	11-10-00	X
	reviewed on separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		01	77	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	X	NA COLUMN CO.
	separate basis, consolidated basis, or both:				
	X 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 oversight				
	or the audit, review, or compilation of its financial statements and selection of an independent accountant?		0-	v	1911(89)
	If the organization changed either its oversight process or selection process during the tax year, explain in		2c	X	B- 48
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		2-		v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a		X
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		01		
Α	The state of the distribution of the state o		3b	990 (2	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

lame of the organization Employer identification number WEST NASHVILLE SPORTS LEAGUE INC 62-1720706 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally integrated d Type III-Non-funtionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11q(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the organization (vii) Amount of monetary (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S. ? Yes No Yes No Yes (A) (B) (C) (D) (E)

Total

WEST NASHVILLE SPORTS LEAGUE INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

	Part III. If the organization ection A. Public Support			20.011,	produce comple	te rait III.)	
.l	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(0) 2010	(n = .
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				(4) 2011	(e) 2012	(f) Tota
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	De la company					
	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						
Sec	etion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(1.) 2000				
7	Amounts from line 4	(a) 2000	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10 .	Paris Land					
2	Gross receipts from related activities, etc. (see in	nstructions)					
3	First five years. If the Form 990 is for the are	ronimation to C	socond third to		• • • • • • • • [12	
	organization, check this box and stop here ion C. Computation of Public Supp	• • • • • • •	, second, tilita, loui	th, or fifth tax year	as a section 501(c)(3)	
ect	ion C. Computation of Public Supp	oort Percent	age				
•	Public support percentage for 2012 (line 6, colur	mn (f) divided by	line 11 column (f))				
,	Public support percentage from 2011 Schedule	A. Part II. line 14				14	%
ia	33 1/3% support test - 2012. If the organizati	ion did not chec	k the box on line 13	and line 14 is on	1/20/	15	%
	i di	as a Dudiiciv si	Innorted organizati	O m			
D	33 1/3% support test - 2011. If the organizati	on did not check	k a hoy on line 12	r 160 and 11- 45	io 22 1/20/		▶
	The organization	m qualifies as a	Dublichy supported	overeinet'-			
-	1070-1acts-and-circumstances test - 2012.	the organization	n did not check a h	0 0 0 line 40 40	A CONTRACT OF THE PARTY OF THE		🕨
	The organization meets the	e lacis-and-circ	"Ilmetanooe" toot o	hands the total		l is	
(organization	u-circumstances	test. The organizat	on qualifies as a pu	blicly supported		
b 1	organization	the organization	n did not obselve i	• • • • • • • • •	• • • • • • • • •		▶ □
	15 is 10% or more, and if the organization mee					ne	
	the organization meets the	facts-and-circu	mstances" test. The	organization qualific	00 00 0 00 00 00		
							▶ □
	Private foundation. If the organization did not natructions	check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

(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.)

	ction A. Public Support						
ıle	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,347	63,612	172,885	35,15		
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	908,038	974,641	966,434			
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513		27.27012	900,434	990,72	1,036,617	4,876,4
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	942,385	1,038,253	1 120 210			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	742,363	1,038,253	1,139,319	1,025,881	1,169,094	5,314,93
	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
ect	tion B. Total Support						5,314,93
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(-) 2010	(A-1-)
9	Amounts from line 6	942,385	1,038,253	1,139,319	1,025,881	(e) 2012	(f) Total
Į.	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	831	2,588	772	1,025,881	1,169,094	5,314,93
S	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					226	4,41
C A	Add lines 10a and 10b	831	2,588	772		225	
а	let income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					226	4,41
lo	Other income. Do not include gain or oss from the sale of capital assets Explain in Part IV.)						
а	otal support. (Add lines 9, 10c, 11, nd 12.)	943,216	1,040,841	1,140,091	1,025,881	1 150 000	
14 F	irst five years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec	ond, third, fourth,	STORY TO STORY		1,169,320	5,319,349
				•••••	a section 50 1(c)(.	• • • • • • • • •	▶□
	on C. Computation of Public Suppublic support percentage for 2012 (line 8, column						
6 P	ublic support percentage from 2011 Schedule A	Part III line 15				15	99.92 %
ecti	on D. Computation of Investment	Income Perce	ntage			16	99.91 %
7 In	vestment income percentage for 2012 (line 1)	Oc. column (f) divid	ed by line 13 colu	mn (f))		17	
	vestment income percentage from 2011 Sche	edule A, Part III, line	e 17			17	0.08 %
a 33	3 1/3% support tests - 2012. If the organizati is not more than 33 1/3%, check this box an	on did not check the	e box on line 14, a	and line 15 is more	than 33 1/3%, ar	nd line	%
lin	e 18 is not more than 33 1/3%, check this bo	on did not check a	box on line 14 or li	ne 19a, and line 1	6 is more than 33		▶⊠
0 Pr	ivate foundation. If the organization did not	check a box on line	14 100 0 10	ames as a publici	y supported organ	nization	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

lame of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

WEST NASHVILLE SPORTS LEAGUE INC	Employer identification number
	62-1720706
The similar File of Congression of C	inds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.	The state of the
(a) Donor advised funds	(h) Funds and ather and
1 Total number at end of year	(b) Funds and other accounts
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization's property orbitate to the	radvised
funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all greaters, denote and described in the organization inform all greaters, denote and described in the organization inform all greaters.	· · · · · · · · · · · · · · · · · · ·
organization in form all grantees, donors, and donor advisors in writing that grant funds as	an be used
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	r purpose
conferring impermissible private benefit? Part II Conservation Easements Complete if the organization	Yes
"Vec"	to Form 990. Part IV line 7
processor validit easements neid by the organization (check all that apply)	22,1 3007, 1110 7.
Preservation of land for public use (e.g., recreation or education) Preservation	n of an historically important land area
Protection of natural habitat	n of a certified historic structure
in reservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the feasement on the last day of the toy year.	form of a concernation
easement on the last day of the tax year.	iom of a conservation
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	· · · · · · · 2c
HISTORIC SITURNIE LISTED IN the Metional Desister	
Number of conservation easements modified transferred released in the National Register	• • • • • • 2d
Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	by the organization during the
Number of states where property subject to conservation easement is located Does the organization have a written policy or state of the conservation between the conservation and the conservation between the conservation and the conservation are conservation as a conservation between the conservation and the conservation are conservation as a conservation and the conservation are conservation as a conservation and the conservation are conservation as a conservation and the conservation are conservation and the conservation are conservation as a conservation and the conservation are conservation and the conservation are conservation as a conservation and the conservation are conservation as a conservation and the conservation are conservation as a conservation and the conservation are conservation and the conservation are conservation as a conservation are conservation.	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling	g of
violations, and enforcement of the conservation easements it holds?	Yes No
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement	its during the year
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du • \$	uring the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section (i) and section 170(b)(4)(P)(ii) 2	170(h)(4)(B)
(7 and decider 170(II)(4)(B)(II)?	
and organization reports conservation easements in its revenue	The state of the s
a depricable, the text of the loothote to the organization's financial state	ements that describes the
5 descending for conservation easements	
Organizations Maintaining Collections of Art, Historical Treasu	Ires or Other Cimilan A
if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reverse	otomont 11 1
motorious d'oussiles, or other similar assets held for nublic avhibition advisation	
in all All, the text of the footnote to its tinancial statements that it	
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem works of art, historical treasures, or other circles coasts level (these items.
works of art, historical treasures, or other similar assets held for public exhibition, education, or rese	nent and balance sheet
public service, provide the following amounts relating to these items:	earch in furtherance of
(i) Revenues included in Face and	
	····· s
(II) Assets included in Form 990, Part X If the organization received or held works of out historical to	
or other similar accets for fine	cial gain, provide the
Bevenues included in Form 000 Perhalting to these items:	
Assets included in Form 990, Part VIII, line 1	s

Pa	art III Organizations Maintaining C Using the organization's acquisition, accession, and	ollectio	ns of	Art His	storical T	roacuras	0× 0::	62-172	0706		Pa
3	Using the organization's acquisition, accession, an	d other rec	ords ch	neck any o	of the following	reasures,	or Oth	ner Similar As	sets (c	ontin	ued
	collection items (check all that apply):	00101100	orus, cr	leck arry c	i tre followir	ig that are a s	ignificant	t use of its			
а		4	Пи	oon or ove	h						
b	Scholarly research	0		ther	hange progr	ams					
C	Preservation for future generations	е	Ц 0	trier							
4	Provide a description of the organization's collection	ne and ave	المأم المنا								
	Provide a description of the organization's collection XIII.	ris and exp	iain nov	v tney furt	her the organ	nization's exer	mpt purp	ose in Part			
5	During the year did the organization solicit or respi	un dessette									
	During the year, did the organization solicit or recei	ve donation	ns of art	, historica	treasures, c	r other similar					
Pa	assets to be sold to raise funds rather than to be m	aintained a	s part o	the orga	nization's col	lection?			[Yes	
	rt IV Escrow and Custodial Arrang line 9, or reported an amount o	p Form (. Cor	nplete i	the orga	nization ar	nswere	ed "Yes" to For	m 990,	Part I	IV.
la		III UIIII S	1711	an x II	ועי בח						
	Is the organization an agent, trustee, custodian or cincluded on Form 990, Part X?	uner interm	ediary t	or contribi	utions or othe	er assets not					
b			• • • •						🗆	Yes	П
	If "Yes," explain the arrangement in Part XIII and co	implete the	followir	ng table:							
С	Beginning balance							A	mount		
d	Additions during the year		• • • •				10	C			
e	Distributions during the year	• • • • •					10	d			
f	Ending balance	• • • • •					16	9			
a		• • • • •					11				
	Did the organization include an amount on Form 99	0, Part X, li	ne 21?							Yes	П
ar	If "Yes," explain the arrangement in Part XIII. Check t V Endowment Funds Complete it	here if the	explana	ation has t	peen provide	d in Part XIII					П
	t V Endowment Funds. Complete in	the orga	anizat	ion ans	wered "Ye	es" to Forn	n 990,	Part IV, line 10).	-	
1	Beginning of year balance	(a) Curren	t year	(b) F	Prior year	(c) Two year		(d) Three years bac		our years	c ho
,	Contributions								(6)	or years	s Dat
200											
2	Net investment earnings, gains, and										
d	losses										
	Grants or scholarships										_
	Other expenditures for facilities and										
	programs										
	Administrative expenses										_
	End of year balance										
	Provide the estimated percentage of the current year	end balan	ce (line	1g, colum	n (a)) held a	S:					
6 1	board designated or quasi-endowment		%								
	Permanent endowment										
	Temporarily restricted endowment	%									
,	The percentages in lines 2a, 2b, and 2c should equal	100%.									
-	Are there endowment funds not in the possession of	the organiz	ation th	at are held	d and admini	stered for the					
(organization by.									V-	
(i) unrelated organizations								0-(1)	Yes	No
	ii) related organizations								3a(i)		_
1	f "Yes" to 3a(ii), are the related organizations listed as	s required o	n Sche	dule R?					3a(ii)		
L	Describe in Part XIII the intended uses of the organization	ation's endo	wment	funds					3b		
π	VI Land, Buildings, and Equipmer	nt. See F	orm 9	990, Pa	rt X, line 1	0.					
	Description of property	(a) Co	st or othe	er basis	(b) Cost or			ccumulated	(d) Boo	k value	
L	and				(01	ner)	dep	preciation			
В	Buildings										
	easehold improvements										
	quipment					16,871		1,631		15	,24
E											
	Other					138,563		105,133		33,	,43

Part X, col. (B) line 12.) ts - Program Related	(b) Book value See Form 990, Part X, line 13 (b) Book value	(c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value
Part X, col. (B) line 12.) ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
ts - Program Related	See Form 990, Part X, line 13	(c) Method of valuation:
		(c) Method of valuation:
investment type	(b) Book value	
		Cost or end-of-year market value
Part X, col. (B) line 13.)	>	
ts. See Form 990, Par	t X, line 15.	
	(a) Description	(b) Book value
orm 990. Part X col. (B) lin	e 15)	
ties. See Form 990, P	art X. line 25.	
n of liability		
t	ies. See Form 990, P	orm 990, Part X, col. (B) line 15.) ies. See Form 990, Part X, line 25. of liability (b) Book value art X, col. (B) line 25.) Part XIII, provide the text of the footnote to the organization's financial

		62-1720706	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,164,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	11,268
3	Subtract line 2e from line 1	3	1,152,739
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	9,186
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,161,925
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		2/202/323
1	Total expenses and losses per audited financial statements	1	1,066,976
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		270007570
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	77,868
3	Subtract line 2e from line 1	3	989,108
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		303,100
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	7,986
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	997,094
Pai	t XIII Supplemental Information		991,094
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;		
	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona		
	nation.		
Ot	ner revenues non included on Form 990 (Part XI, line 2d)		
	The zu		
CHAN	IGE IN DEFERRED REVENUE 3,268		
EEA		Orbert	D (Farm 800) 2011
		schedule	D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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.

See separate instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

WEST NASHVILLE SPORTS LEAGUE IN					62-172	0706
Part I Fundraising Activities Form 990-EZ filers are no	. Complete if	the organi	ization and	swered "Yes" to F	orm 990, Part IV,	line 17.
Indicate whether the organization raise A Mail solicitations Internet and email solicitations Phone solicitations	ed funds through a	any of the follo	Solicitation of	s. Check all that apply. of non-government grants of government grants raising events		
 d In-person solicitations 2a Did the organization have a written or or key employees listed in Form 990, F b If "Yes," list the ten highest paid individed compensated at least \$5,000 by the organization. 	Part VII) or entity in uals or entities (fu	th any individu	ual (including with professio	officers, directors, trust	s? \ \ \ \ \ \ \ \ \ \ \ \ \	es 🗌 No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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
1		Yes	No		501. (I)	
2						
3						
4						
5						
6						
7						
8						
9						
0						
3 List all states in which the organization is registration or licensing.	registered or licer	nsed to solicit	contributions	or has been notified it	is exempt from	

Pa	art II	Fundraising Events. Com	plete if the organization	answered "Yes" to Form	n 990, Part IV, line 18, o	or reported more
		than \$15,000 of fundraising gross receipts greater than	\$5,000.	nd gross income on Form	990-EZ, lines 1 and 6b	. List events with
			(a) Event #1 COOKIE DOUGH	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	12,275			12,275
ш	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	12,275			12 275
						12,275
	4	Cash prizes				
	_					
	5	Noncash prizes				
S	6	Rent/facility costs				
ense		, , , , , , , , , , , , , , , , , , , ,				
Expe	7	Food and beverages				
Direct Expenses						
	8	Entertainment				
	9	Other direct expenses				
	9	Other direct expenses	7,395			7,395
	10	Direct expense summary. Add lines 4	through 9 in column (d)			(7.205)
	11	Net income summary. Combine line 3				(7,395) 4,880
Pa	rt III		rganization answered "	Yes" to Form 990, Part I	V, line 19, or reported m	nore
_	_	than \$15,000 on Form 990-	-EZ, line 6a.			
ant			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				angerprogramme bringe		col. (a) through col. (c))
H	1	Gross revenue				
S	2	Cash prizes				
benses	3	Noncash prizes				
Exp	٠	Noncash prizes				
Direct Ex	4	Rent/facility costs				
4	5	Other direct expenses				
	•	V-1 1 -	Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	∐ No	□ No	No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			,
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a noogh o ar coldini (a)			()
	8	Net gaming income summary. Combin	ne line 1, column d, and line	7		
9		er the state(s) in which the organization				
a b		e organization licensed to operate gan lo," explain:				· · · U Yes No
~		e, explain.				
10a		e any of the organization's gaming lice	nses revoked, suspended	or terminated during the tax ye	ear?	· · · · · Yes No
b	If "Y	es," explain:				
EΔ						

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service lame of the organization

or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

WEST NASHVILLE SPORTS	LEAGUE INC								ntification	numbe	er		
Part I Excess Bene	fit Transactions	s (section (501	(c)(3) a	and sec	tion 501(c	(4) ora	oniti I	17207					_
Complete if th	e organization a	nswered "Yes	on Fo	rm 990,	Part IV, Ii	ine 25a	or 25b, or For	n 990	EZ. P	art V	line (40h	
1 (a) Name of disqualified p	erson	(b) helalionship be	itween aiso	qualified per	rson and						,	William Co.	rrected
			organizati	ion			(c) Description	on of tran	saction			Yes	
(1)													
(2)													
(3)													
 Enter the amount of tax in under section 4958 Enter the amount of tax, if 						ng the ye	ar			\$			
Part II Loans to and	or From Interest organization and eported an amount	ited Persons.	on For	m 990-1	E7 Port V	, line 38	3a or Form 990	, Part		e 26,	or if t	he	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo	oan to or m the nization?	(e) Orig	ginal	(f) Balance due	(g) In	(g) In default?				ritten ment?
(1)			То	From				Yes	No	Yes	No	Yes	No
(1)								-					
(2)													
(3)													
(4)													
(5)													
otal						> \$						2000	DAME:
Grants or Ass	istance Benefit	ing Interested	Perso	ons									
(a) Name of interested person		between interested		m 990, I			Type of assistance	_					
(1)	person and	the organization) p = 4 40000143100		(e)	Purpose	e of assis	itance	
(1)													
(2)													
(3)													
4)													_

(5)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sho	
				Yes	No
(1) SANDI TYGARD	WIFE OF PRESIDENT	30,000	SALARY BOOKKEEPER	100	X
(2)					-
(3)					
(4)					
(5)					
Part V Supplemental Information Complete this part to provid	n le additional information for resp	onses to questions	on Schedule L (see instruction	ons).	
			2 (dee monden	J115).	
					_
					_
					_
					_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2012

Open to Public Inspection

WEST NASHVILLE SPORTS LEAGUE INC.

Employer identification number

WEST NASHVILLE SPORTS LEAGUE INC	62-1720706
01. Form 990 governing body review (Part	VI, line 11)
THE TAX RETURN AND AUDITED FINANCIAL STATEMENTS ARE PRESENTED	TO THE BOARD OF DIRECTORS
AND MADE PART OF THE MINUTES OF THE MEETINGS. THE FORM 990 IS	REVIEWED BY THE BOARD PRIOR
TO FILING.	
02. CEO, executive director, top managemen	nt comp (Part VI, line 15a)
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S	PRESIDENT AND PRINCIPAL
OFFICER INCLUDES A REVIEW BY THE ORGANIZATION'S BOARD OF DIRECT	TORS AND USES COMPARABILITY
DATA OF LOCAL ORGANIZATIONS OF SIMILAR SIZE AND NATURE OF ACTIV	VITIES.
03. Governing documents, etc, available to	INTEREST POLICIES AND
FINANCIAL STATEMENTS TO THE GENERAL PUBLIC TO THE EXTENT IT IS	LEGALLY REQUIRED TO DO SO.
THE FORM 990 AND ALL ATTACHMENTS ARE OF COURSE AVAILABLE TO THE	GENERAL PUBLIC, VIA
ELECTRONIC MEANS.	
04. List of other expenses (Part IX, line	24->
PROGRAM SERVICE EXPENSE	240)
PROPHIES AND MEDALLIONS 23,272	
UES FEES SUBSCRIPTIONS 6,105	
RINTING AND REPRODUCTION 11,983	
EPAIRS AND MAINTENANCE 10,329	
UPPLIES 30,079	
LINICS EXPENSE 4,900	
EGISTRATION MANAGEMENT AND CC FEES 41,211	

WEST NASHVILLE SPORTS LEAGUE INC		Employer identification number
		62-1720706
GASOLINE	3,749	
MEALS AND DWEEDERS		
MEALS AND ENTERTAINMENT	704	
TEAM SPONSORSHIPS	1,000	
	27000	
TOTAL	133,332	
MANAGEMENT AND GENERAL		
DUES FEES AND SUBSCRIPTIONS	5 704	
	5,726	
PRINTING AND REPRODUCTION	2,059	
REPAIRS AND MAINTENANCE	5 671	
	5,671	
SUPPLIES	2,711	
TILITIES	12,974	
	12,514	
HARITABLE CONTRIBUTIONS	2,235	
ASOLINE	2,526	
HICTNINGS CTURE		
USINESS GIFTS FLOWERS	700	
EALS AND ENTERTAINMENT	2,013	
AVES I TOPMORE DEPLICA		
AXES LICENSES PERMITS	2,005	
ZAM SPONSORSHIPS	1,000	
ETINGS EXPENSE		
and	2,636	
TAL		
	42,256	
NDRAISING		
P. MALIDANA		
F TOURNAMENT EXPENSES	4,829	
TION EXPENSES	2,009	
	-,003	
AL	6,838	

Statement of Program Service Accomplishments

2012 01

Name(s) as shown on return

WEST NASHVILLE SPORTS LEAGUE INC

Your Social Security Number

62-1720706

FORM 990, PART III(A)

PROGRAM SERVICE CODE
PROGRAM SERVICE EXPENSES
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$99117

EXPLANATION

OTHER PROGRAM SERVICES CONSIST OF NON-SEPARATELY REPORTED PROGRAM SERVICES. THESE ARE PROGRAMS FOR FALL BASEBALL AND SUMMER BASKETBALL.

990	Overflow Statement	2012
Name(s) as shown on return		FEIN FAGE 1
WEST NASHVILLE SPORTS	S LEAGUE INC	62-1720706

ALL OTHER CONTRIBUTIONS, GIFTS AND OTHER

Description SPONSORSHIPS		Amount
CONTRIBUTIONS UNRESTRICTED		\$ 49,024
CONTRIBUTIONS RESTRICTED		52,531
TOTAL RESTRICTED		13,599
	Total:	\$ 115,154

OTHER FUNCTIONAL EXPENSES, PROGRAMS

Description		
TROPHIES AND MEDALLIONS	Amount	
DUES FEES SUBSCRIPTION	\$	23,272
PRINTING AND REPRODUCTION		6,105
REPAIRS AND MAINTENANCE	_	11,983
SUPPLIES		10,329
CLINICS EXPENSE		30,079
REGISTRATION MANAGEMENT AND CREDIT CARD FEES		4,900
GASOLINE GASOLINE		41,211
MEALS AND ENTERTAINMENT		3,749
TEAM SPONSORSHIPS		704
		1,000
Total:	\$	133,332

OTHER FUNCTIONAL EXPENSES, MANAGEMENT AND GENERAL

Description		
DUES FEES SUBSCRIPTION	Amount	
PRINTING AND REPRODUCTION	\$	5,726
REPAIRS AND MAINTENANCE		2,059
SUPPLIES		5,671
UTILITIES		2,711
CHARITABLE CONTRIBUTIONS	-	12,974
GASOLINE		2,235
BUSINESS GIFTS, FLOWERS		2,526
MEALS AND ENTERTAINMENT	-	700
TAXES LICENSES AND PERMITS		2,013
TEAM SPONSORSHIPS		2,005
MEETINGS EXPENSE		1,000
		2,636
Total:	\$	42,256