990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 calend	ar year, or t	ax year begin	ning		, 2018, and en	nding		, 20
В	Check if a	pplicable:	C Name of orç	ganization WEST	NASHVILLE SP	ORTS LEAGUE I	NC			Employer identification no.
	Address cl	hange	Doing busin	iess as						62-1720706
	Name cha	inge	Number and	d street (or P.O. bo	x if mail is not delivered to s	street address)		Room/suite		E Telephone number
_	Initial retur	-		OX 50710		,				(615)390-0328
=		n/terminated			, country, and ZIP or foreign	nostal code			1	Gross receipts
=			· ·	•		postar code			l`	
=	Amended				37205-0710					\$ 1,364,189
	Application	n pending		address of principa				H(a) Is this a group		
				_	DRIVE, NASHVII			- ' '		s included? Yes No
	Tax-exem		501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or 5	527	If "No,"	attach a	list. (see instructions)
J	Website:		WNSL.OR	₹ <u>G</u>				H(c) Group exe	emption	number >
-		rganization: X	Corporation	Trust Ass	ociation Other >	L	Year of formation: 1	997 M State	of lega	I domicile: TN
Pa	art I	Summar	у							
	1	Briefly descr	ibe the organ	nization's miss	ion or most significan	t activities: THE	ORGANIZATION	N'S SOLE PU	RPOS	E IS TO OPERATE
4		YOUTH SP	ORTS AND	RECREATI	ON LEAGUES IN	THE NASHVILL	E, TENNESSEE	E AREA. TH	E OR	GANIZATION
Governance		CURRENTL	Y HAS SE	VEN PROGR	AMS CONSISTING	G OF WINTER A	ND SUMMER BA	ASKETBALL,	SPRI	NG AND FALL
ra		BASEBALL	, FLAG F	OOTBALL,	INDOOR SOCCER	, AND JUNIOR	GOLF.			
Š	2	Check this b	ox ▶ ☐ if th	ne organization	n discontinued its oper	rations or disposed o	of more than 25% of	of its net assets.		
Ö				ū	rning body (Part VI, I	•			3	13
∞ŏ ″0			-	_	s of the governing bo				4	12
Activities				-	n calendar year 2018				5	61
Ξ̈́				. ,	•	,			6	01
ĕ				rs (estimate if	• ,					
					Part VIII, column (C),				7a	0
	р	Net unrelate	d business ta	axable income	from Form 990-T, lin	e 38			7b	0
								Prior Year		Current Year
	8	Contributions	s and grants	(Part VIII, line	1h)			55	,431	52,062
Revenue	9	Program ser	vice revenue	e (Part VIII, line	e 2g)			1,215	,687	1,311,484
ě	10	Investment in	ncome (Part	VIII, column (A	A), lines 3, 4, and 7d)				135	244
æ	11	Other revenu	ue (Part VIII,	column (A), lir	nes 5, 6d, 8c, 9c, 10c,	10	,401	399		
	12	Total revenu	e - add lines	8 through 11 (must equal Part VIII,	column (A), line 12)		1,281	,654	1,364,189
	13	Grants and s	similar amour	nts paid (Part I	IX, column (A), lines 1	-3				0
	14	Benefits paid	d to or for me	embers (Part I)				0		
		•		•	e benefits (Part IX, co		-	332	2,802	411,752
Ses	16a	•	•		column (A), line 11e)	, , , , ,			,,,,,,,	0
Expenses	h		•	•	lumn (D), line 25)		0			
쭚	17		• .	•	nes 11a-11d, 11f-24e)			0.25	,820	964 612
_	1	•		` ''						
		•		,	equal Part IX, column	, ,	_	1,260		
		Revenue les	s expenses.	Subtract line	18 from line 12	<u> </u>			,032	
sor			(5				F	Beginning of Curren		End of Year
Sset	20		,	,			_		419	
Net Assets or	21		•	•			_		.,747	
_				ces. Subtract	line 21 from line 20			300	,672	388,497
	art II		re Block							
					rn, including accompanying icer) is based on all informa			nowledge and belief,	it is	
							,			
٠.		SCOT	T TYGARD)						
Sig	jn	Signatur	re of officer						Date	
He	re	SCOT	T TYGARD	, PRESIDE	NT					
		-	print name and t							
	1	Print/Type pre	eparer's name		Preparer's signature		Date	Check X	if I	PTIN
Pai	id	R SCOTT	•		. 5		11-11-2019	self-employ		P01387764
	eparer		► DIAGN	R ደሮስሞሞ	DIXON CPA			Firm's EIN		
	e Only				CH STREET SUI	ጥፑ 2000		Phone no.		
- 3	Comy	riiiis addres	5 F			1E 2000			15 ^	E6_2260
N /	, the IDC	diagras #5'-	rotum ville (.E TN 37219 nown above? (see ins	tructions)		6	15-2	56-2260 ⊠ Yes
ıvı7\	, me iks	ว นเธนนธรี INIS	retum With th	ne preparer sr	iown above? (see Ins	uucuons)				I Tes I NO

Part IV

62-1720706

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 Χ assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 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 Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 13 14a 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ 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 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 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 Χ

Part IV

WEST NASHVILLE SPORTS LEAGUE INC 62-1720706 Checklist of Required Schedules (continued)

			Yes	No
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	22		_X_
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			3.7
	employees? If "Yes," complete Schedule J	23		_X_
24a	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			3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
d 252		24d		
25a	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	25a		Х
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		Λ
b	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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	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		
36	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		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
Dari	19? Note. All Form 990 filers are required to complete Schedule O. Statements Boggarding Other IPS Filings and Tay Compliance	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any life in this Part V		Yes	NI.
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	X	
	. op o . ooc o gommer g / gommer g / training to prize training.		77	

18) WEST NASHVILLE SPORTS LEAGUE INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

22 Enter the number of employees exported on Form W.S. Transmitted of Wage and Tax Statements, Riefor the calendary ware ending with or within the year covered by this return. 2				Yes	No
b If a least one is reported on line 2a, did the organization file all required feedinal employment as returns? Note, If the sum of lines 1s and 2a is greater than 250, you may be required to effice (see instructions) **Note (if the sum of lines 1s and 2a is greater than 250, you may be required to effice (see instructions) **Note (if the sum of lines 1s and 2a is greater than 250, you may be required to effice (see instructions) **Note (if the sum of lines 1s and 2a is greater than 250, you may be required to effice (see instructions) **A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Financial account in a foreign country (such as a bank account, securities account, or other financial accountry) **Note If "Yes" (such the name of the foreign country) **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements for foreign Bank and Financial Accounts (FBAR). **See instructions for filing requirements foreign Bank and Financial Accounts (FBAR). **See instructions foreign foreign Bank and Financial Accounts (FBAR). **See instructions foreign foreign Bank and Financial Accounts (FBAR). **See i	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) Joint the organization have unrelated business gross income of \$1,000 or more during the year? At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions from 150 or 150 o		Statements, filed for the calendar year ending with or within the year covered by this return 2a 61			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year; bit "Yes," short is filed a Form 990-71 for this year if "Who * file #85, provided an explanation in Schedule O. by It "Yes," and is filed a Form 990-71 for this year if "Who * file #85, provided an explanation in Schedule O. constitutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)? 4a X by It "Yes," and the file and the foreign country. 5b Was the organization aparty to a prohibited tax schetter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in Fine #886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in file more tax deductibles a charitable contributions? 5c Does the organization include with every solicitation an express statement that such contributions or grid were not tax deductibles and schedulated as a charitable contributions? 6c Doganization start may receive deductible contributions under section 170(c). by It "Yes," did the organization include with every solicitation an express statement that such contributions or grid were not tax deductibles as payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Organization start may receive deductible contributions under section 170(c). by It was," did the organization only the dornor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise depose of targile personal property for which it was required to file Form \$8282? 7c X by It "Yes," did the organization necessa to provide the special payor? 7d It was a service of the Form \$8282? 7e Did the organization received a contribution of qualified intellectual property, did the organization like form 1899 as required? 7d X by It is experimentally a service of the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
b If Vess_* has it filled a Form 990-T for this year? If 'No'n in line 3b, provide an explanation in Schedule O All any time dusing the calendar year, old the organization have an interest in, or a signature or other automotity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? All If 'Yess_* enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructors for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructors for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in the set or specification a party to a prohibited tax sheller transaction? So If Yess_* to list the set of the foreign organization that was or is a party to a prohibited tax sheller transaction? So If Yess_* to list the set of So, did the organization file Form 8866-T7 So If Yess_* to list the organization file Form 8866-T7 So If Yess_* to list the organization file Form 8866-T7 So If Yess_* to list the organization file Form 8866-T7 So If Yess_* to list the organization file Form 8866-T7 So If Yess_* to list the organization file Form 8866-T7 So If Yess_* to list the organization file Form 8866-T7 So If Yess_* to list the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Organization receive a payment in excess of \$75 made partly as a contribution or under services provided? To If Yess_* indicate the number of Forms 8828 filed during the year If Yess_* to list the organization receive and contribute of undertity or paymentums on a personal benefit contract? To If Yess_* indicate the number of Forms 8828 filed during the year If I		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, seculities account, or other financial account)? 4b If "Yes," enter the name of the foreign country. 5c If "Yes is on the source of the properties of the propertie	3a		3a		X
a financial account in a foreign country (such as a bark account, securities account, or other financial account)? by H *Yes,** instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 50 Was the organization a party to a prohibited tax shetler transaction at any time during the tax year? 51 Was the organization a party to a prohibited tax shetler transaction? 52 Did any texable party notify the organization file Form 8888-77 53 Does the organization between arrulal gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible? 64 If *Yes,** foll the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible? 65 Did the organization receive an approment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 66 Did the organization endors the approment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 76 Did the organization endors and payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 77 Did the organization of the value of the goods or services provided? 78 Did the organization of the donor of the value of the goods or services provided? 79 Did the organization of the payor? 70 Did the organization of the payor of the value of the goods or services provided? 70 Did the organization of the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 Did the organization during the year payment in excess satisfacts on the payor with the payment of the payor and the payor payment in excess satisfacts and payor to did the organization file form 8289 as required? 71 Did the organization during the year payment in excess satisfacts and payor to organization file form 8280 as requ	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b If "Yes," either the name of the foreign country; ► See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization aparty to a prohibited tax shafter transaction at any time during the tax year? 59 Was the organization to lies of 50, did for degraziotation life from 8886-77 to a prohibited tax shafter transaction? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that was not tax deductibles as charitable contributions? 60 Was the organization social any contributions that was not tax deductibles as charitable contributions? 61 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the x deductibles as charitable contributions or gifts were not tax deductibles on the x deductibles as charitable contributions or gifts were not tax deductible on the x deductible shadows a charitable contributions or gifts were not tax deductible on the x deductible of the x defaults are contribution and parity for goods and services provided to the payor? 60 Organizations that may receive deductible contributions under section 170(e). 61 Uf the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 62 Did the organization receive a payment in excess of \$75 made parity as a contribution of quarty as a contribution of quarty as a contribution of quarty and the area of the x deduction of the x dedu	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5 Lid any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction? 5 Lid any taxable party notify the organization file Form 8986-17 6 Does the organization have amount gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or offits were not tax deductible? 6 Life organization solicit any contributions that the vast of the development of the organization include with every solicitation an express statement that such contributions or offits were not tax deductible? 6 Did the organization state may receive deductible contributions under section 170(c). 8 Did the organization state may receive deductible contributions under section 170(c). 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or offits were not tax deductible? 9 If "Yes," did the organization only the donor of the value of the goods or services provided? 7 To 10 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization and provided for the payor? 7 To 11 Life organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To 12 Life organization of the number of Forms 8282 filed during the year 13 Did the organization of unique they pay premiums, directly or indirectly, on a personal benefit contract? 7 To 8 Sponsoring organization and seed in the provided funds. 14 If the organization of the organization in the provided funds and provided funds in the organization funds or the provided funds. 15 Did the sponsoring organization make any taxable during the year? 16 Section 501(c)(7) organizations. Enter: 17 Life organization section a		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 56, dit the organization file Form 886-017 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? 6 A X 8 If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 D Comparization statement that such contributions or gifts were not tax deductible? 7 D Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 D If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 D Id the organization notify the donor of the value of the goods or services provided? 7 D C D Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Siled during the year 9 D Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Siled during the year 10 D Id the organization received any funds, directly or indirectly, on a personal benefit contract? 10 D Id the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 12 Sponsoring organization have excess business holdings at any time during the year? 13 Sponsoring organization make a distribution of a donor, donor advised funds 14 D Id the sponsoring organization make any taxable distributions under section 4966? 15 Section 501(c)(20) qualified nonprofit health insurance issuers. 16 In Initiation fees and capita					
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclicit any contributions that were not tax deductible as charitable contributions? 6	5a				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
	16		16		Х
		-			

Form 990 (2018) 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"

Castian A	Check if Schedule O contains a response or note to any line in this Part VI	_
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
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		Χ
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			
٠	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		25
•	the year by the following:			
•		8a	Χ	
a	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	OD	Λ	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
500	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
	This Section B requests information about policies not required by the internal Nevenue Code.)		Yes	No
10a	Did the erganization have local charters branches or affiliates?	10a	res	No X
b	Did the organization have local chapters, branches, or affiliates?	IVa		21
D	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 filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
12a	The state of the s	12a	Х	
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ	
С	describe in Schedule O how this was done	12c		Х
12		13		X
13 1 <i>4</i>				X
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14		Λ
IJ				
9	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Χ	
a b	Other officers or key employees of the organization	15a	77	Х
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Δ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	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	ıva	Λ	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b	Χ	
Sec	organization's exempt status with respect to such arrangements?	100	Λ	
17 18	· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Description: Indicate how you made these available. Check all that apply. Other (explain in Schedule O)			
10				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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:			
	SANDI TYGARD (615)390-0328, 6504 RADCLIFF DRIVE, NASHVILLE, TN 37221			

EEA

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated employee or director Individual trustee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) SCOTT TYGARD	40.00	37		37				_	
PRESIDENT/DIRECTOR		Х		Χ			65,291	0	0
(2) BOB NOTESTINE		Х							•
DIRECTOR		Λ					0	0	0
(3) ANDREW KELSO		X					7,978	0	0
DIRECTOR (4) DEPRIE CANDWITH		Λ					7,970	U	<u> </u>
(4) DEBBIE SANDWITH DIRECTOR		X					O	0	0
(5) JOHN HARTONG		21						0	
DIRECTOR		X					O	0	0
(6) ALLISON DUFFEY									
DIRECTOR		X					3,997	0	0
(7) BOB STARNES									
VICE PRES/DIRECTOR		X		Χ			0	0	0
(8) MELISSA SMITH									
DIRECTOR		X					0	0	0
(9) TILLMAN PAYNE									
DIRECTOR		X					0	0	0
(10)RICHARD NICKELS									
DIRECTOR		Х					0	0	0
(11)BILL EASTERLY									
DIRECTOR		Х					0	0	0
(12)SCOTT_OATSVALL									
SEC TREASURER/DIRECTOR		X		Χ			0	0	0
(13)RICHARD CUMMINGS	L								
DIRECTOR		X					0	0	0
(14)									

Form 990 (2018)

62-1720706 Pag

Part	VII Section A. Officers, Directors, Trustees	ees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ι	unless r and a	perso	ion re th on is	an one both an trustee) Highest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) stimated mount of other npensatio from the ganization d related anization	on n d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total												
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)							•	77,266	0			0
2	Total number of individuals (including but not limited												- 0
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nploy	yee,	or h	highes	st cor	mpensated			100	110
	employee on line 1a? If "Yes," complete Schedule										3		X
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue or			-			-				_		v
Section	for services rendered to the organization? <i>If "Yes,"</i> on B. Independent Contractors	complete St	cneaui	e J ic	or su	icn _i	persoi	n .	· · · · · · · · · · · · · · · · · · ·		5		X
1	Complete this table for your five highest compensate compensation from the organization. Report compensation.												
	(A) (B) Name and business address Description of services								(C) pensation	n			
	reamo and basinoss address Description of services									COITI	ronoaliUl		
2	Total number of independent contractors (including			ose I	istec	d ab	ove) v	who					
	received more than \$100,000 of compensation from	the organiza	ition	>									

62-1720706

Form 990 (2018) WEST NASHV
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in thi	s Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŅŅ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
Gifts Iar /	d	Related organizations	1d					
ıs, e imi	е	Government grants (contributions)	1e					
utio	f	All other contributions, gifts, grants,						
of t		and similar amounts not included above	1f	52,062				
Son	g	Noncash contributions included in lines 1a	-1f: \$					
	h	Total. Add lines 1a-1f			52,062			
				Business Code				
eune	2a	WINTER BASKETBALL		711210	483,102	483,102		
Rev	b	SPRING BASEBALL		711210	353,513	353,513		
Program Service Revenue		FLAG FOOTBALL		711210	259,734	259,734		
Ser		FALL BASEBALL		711210	88,659	88,659		
Jr am	l .	SUMMER BASKETBALL		711210	60,823	60,823		
Prog	f	All other program service revenue			65,653	65,653		
	g	Total. Add lines 2a-2f		• • • • • • •	1,311,484			
	3	Investment income (including dividends, inte						
		and other similar amounts)			244	244		
	4	Income from investment of tax-exempt bond	•					
	5	Royalties						
	_	(i) Rea	l	(ii) Personal				
	6a	Gross rents						
		Rental income or (loss)						
		Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	es	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
nue	8a	Gross income from fundraising						
Ven		events (not including \$						
Other Reve		of contributions reported on line 1c).						
her		See Part IV, line 18	. а					
δ		Less: direct expenses						
	С	Net income or (loss) from fundraising event	s.					
	9a	Gross income from gaming activities.						
		See Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	. а					
	b	Less: cost of goods sold	. b					
		Net income or (loss) from sales of inventor		<u></u> . >				
		Miscellaneous Revenue		Business Code				
	11a	MISC GENERAL RECEIPTS		711210	399	399		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	399			
	12	Total revenue. See instructions			1,364,189	1,312,127	0	C

62-1720706

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 or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 65,291 65<u>,291</u> 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 316,240 96,982 219,258 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 30,221 8,242 21,979 11 Fees for services (non-employees): b Legal...... 5,500 5,500 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 9,292 4,575 4,717 13 5,163 783 4,380 14 6,353 6,353 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 16,811 16,209 602 20 21 22 Depreciation, depletion, and amortization 13,505 13,505 23 30,575 30,575 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.) a CONTRACT LABOR 250,882 250,882 b UNIFORMS 157,912 157,912 86,541 C GYMNASIUM AND FIELD RENTAL 86,541 d CONCESSIONS EXPENSE 80,212 80,212 All other expenses е 201,866 155,829 46,037 Total functional expenses. Add lines 1 through 24e 25 1,276,364 858,167 418,197 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 316,518 331,885 2 2 201,316 280,559 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(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 7 Notes and loans receivable, net 7 8 8 9 Prepaid expenses and deferred charges 90,767 9 94,603 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 248,008 b Less: accumulated depreciation 10b 154,219 93,736 10c 93,789 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 20,082 15 21,284 16 722,419 822,120 17 17 34,620 20,507 18 18 19 19 355,880 407,093 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 6,023 31,247 26 421,747 26 433,623 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 300,672 388,497 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 300,672 388,497 Total liabilities and net assets/fund balances 34 34 722,419 822,120

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1,3	364,1	189
2	Total expenses (must equal Part IX, column (A), line 25)	1,2	276,3	364
3	Revenue less expenses. Subtract line 2 from line 1		87,8	825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	300,6	672
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O) 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	3	388,4	497
Pa	rt XII Financial Statements and Reporting			
	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: Cash X Accrual Other			
	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 or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	, ,	2b	X	
	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			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2018)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		ASHVILLE SPORTS LEAGUE II					62-17207		_			
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	IS.				
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.)						
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)						
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	ı)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the					
		hospital's name, city, and state:	•	·		` '						
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a d	overnmen	tal unit described in					
·	ш	section 170(b)(1)(A)(iv). (Complete		anivorony emilia er opere	alou by a s	,0 1011111011	ar arm accombac in					
				nit described in eastles	470/b\/4\	(A)()						
6	H	A federal, state, or local government	=				and the management and the					
7		An organization that normally receive	•		/ernmentai	unit or fro	m 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	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9												
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or					
	_	university:										
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its					
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	n 511 tax) f	rom businesses					
		acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)						
11		An organization organized and opera	ited exclusively to	test for public safety. Se	e section	509(a)(4).						
12		An organization organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpos	es				
		of one or more publicly supported org	ganizations describ	oed in section 509(a)(1)	or sectio	n 509(a)(2). See section 509(a)(3).				
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.				
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by gi	ving				
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the o	lirectors or	trustees of the	•				
		supporting organization. You mu			•							
	b	Type II. A supporting organizatio	•		ith its supr	orted orga	anization(s), by havin	α				
	-	control or management of the sup	•			•	• • •	~				
		organization(s). You must comp		•	ioono mac	30111101 01 1	nanago ino capporto	u				
	С	Type III functionally integrated			naction w	ith and fu	nctionally integrated	with				
	·	its supported organization(s) (see		•				vviti i,				
	a		•	•				ion(a)				
	d	Type III non-functionally integr						` '				
		that is not functionally integrated.		•		•	it and an attentivenes	S				
		requirement (see instructions). Y	•	·			T II. T III					
	е	Check this box if the organization				sa Type I,	Type II, Type III					
		functionally integrated, or Type III			anization.				\neg			
	Ť	Enter the number of supported organi						• • • • • •				
	g	Provide the following information about	' '	` ,								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the c	rganization r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))	docum		instructions)	instructions)				
					Yes	No						
(A)												
(B)												
												
(C)												
												
(D)												
(U)												
(E)												
(-)												
Tota	I											

62-1720706 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Comple	ete only if you checked the box on line 5, 7,	or 8 of Part I or if	the organization	failed to qualify unde
Part III	If the organization fails to qualify under the	tests listed below	please complete	Part III)

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Sec	Public support. Subtract line 5 from line 4 tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(u) 2014	(8) 2010	(0) 2010	(u) 2011	(6) 2010	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the corganization, check this box and stop here						▶ 🗆
Sec	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2018 (line 6, c					14	%
15	Public support percentage from 2017 Sched	ule A, Part II, line	14			15	%
16a	33 1/3% support test - 2018. If the organiz			•	•		
	box and stop here. The organization qualifi						▶ ⊔
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization qu						▶ ⊔
17a	10%-facts-and-circumstances test - 2018	•					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		_				. \square
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	ŭ		•		ı iine	
	15 is 10% or more, and if the organization r				•	alv	
	Explain in Part VI how the organization mee			_		-	⊾ □
18	supported organization						
	instructions						▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			, ,	•		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46.593	51 - 858	47.785	55.431	52.062	253.729
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	1,020,902		1,186,520		1,311,484	5,898,333
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	1,067,495	1,215,598	1,234,305	1,271,118	1,363,546	6,152,062
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						6,152,062
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,067,495	1,215,598	1,234,305	1,271,118	1,363,546	6,152,062
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	358	269	208	135	244	1,214
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	358	269	208	135	244	1,214
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.)		720	9,119	10,401	399	20,639
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,067,853	1,216,587	1,243,632	1,281,654	1,364,189	
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	
Se							
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f))		15	99.65 %
						16	99.63 %
Se	-						
17 18		ryear (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fiscal year hospital) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total year (or fisc					
19a							▶ 🏻
b 20	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	n qualifies as a pub	olicly supported org	ganization	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- **3a** 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.
- c 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 12a or 12b 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** 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		
	2		
	3a		
	3b		
	JU		
	3с		
	4a		
	4b		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	30		
	9с		
	10a		
	_		
	10b		
A (Fo	rm 990	or 990-E	Z) 2018

Pa	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Management of the consequent and discourse of management of the terror of the discourse		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			
<u></u>	the supported organization(s).	1		
Sec	tion 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		162	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	instruc	tions)).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.		,	-
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С		/ (see in	struct	tions)
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

62-1720706

<u>Pal</u>	Check here if the organization satisfied the Integral Part Test as a qualifying			nin in Part VI) See
•	instructions. All other Type III non-functionally integrated supporting organization			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(0) 11011211/
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			
со	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (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,			
se	e instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	g organization (see
	instructions).			

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-	le A (Form 990 or 990-EZ) 2018 WEST NASHVILLE SPORTS LEX		62-172	20706 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets	11 0		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.	3	-	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
5	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
		Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
: -	Carryover from 2013 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
 _	Distributions for 2018 from			
7	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
 5	Remaining underdistributions for years prior to 2018, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
0				
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j			
7				
	and 4c.	1		

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8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

WEST NASHVILLE SPORTS LEAGUE INC 62-1720706 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number 62-1720706

WEST NASHVILLE SPORTS LEAGUE INC

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAND O FROST 670 2ND STREET NORTH SUITE B SAFETY HARBOR, FL 34695	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2018

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization	Employer identification number
WES	T NASHVILLE SPORTS LEAGUE INC	62-1720706
Pai		nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of 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 advised	
_	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	v important land area
	Protection of natural habitat Preservation of a certified h	•
	Preservation of open space	isione structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	eservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
2	Total number of conservation easements	
a b	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
c d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u		. 2d
3	historic structure listed in the National Register	
3		iization dufing the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
Ü	Stair and volunteer rious devoted to monitoring, inspecting, manding or violations, and emorcing conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
•	► \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	R)(i)
Ū	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	•
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	provide the
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
a h	Assets included in Form 990. Part X	

62-1720706

Pai	rt III Organizations Maintaining Colle	ctions of Art	, Historical T	reasures, or (Other Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and o	ther records, che	ck any of the follo	wing that are a sig	nificant use of its	
	collection items (check all that apply):	_				
а	Public exhibition	d Loan o	or exchange prog	rams		
b	Scholarly research	e U Other				
С	Preservation for future generations					
4	Provide a description of the organization's collections	and explain how	they further the o	rganization's exen	npt purpose in Part	
	XIII.					
5	During the year, did the organization solicit or receive	donations of art,	historical treasure	es, or other similar		
	assets to be sold to raise funds rather than to be mai		the organization	s collection?		🗌 Yes 🗌 No
Pai	t IV Escrow and Custodial Arrangem					
	Complete if the organization answe 990, Part X, line 21.	ered "Yes" on I	Form 990, Pa	rt IV, line 9, or	reported an amou	nt on Form
1a	Is the organization an agent, trustee, custodian or other	er intermediary for	contributions or	other assets not		
		-				🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and com	plete the following	g table:			
			•		Am	ount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form 990,	Part X, line 21, fo	r escrow or custo	dial account liabili	ty?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Check I	nere if the explana	ition has been pro	ovided on Part XIII		
Pai	rt V Endowment Funds.					
	Complete if the organization answe	red "Yes" on I	Form 990, Pa	rt IV, line 10.		
	(a	Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current year	end balance (line	1g, column (a)) h	neld as:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should equal	100%.				
3a	Are there endowment funds not in the possession of	the organization t	hat are held and a	administered for th	e	
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i)
	(,					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations lis					. 3b
4	Describe in Part XIII the intended uses of the organiz		nt funds.			
Pai	t VI Land, Buildings, and Equipment.					
	Complete if the organization answe	red "Yes" on I	Form 990, Pa	rt IV, line 11a.	See Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or other b	` '	or other basis	(c) Accumulated	(d) Book value
		(investment)		(other)	depreciation	
1a	Land					
b	Buildings					
С	Leasehold improvements			86,593	15,209	71,384
d	Equipment			161,415	139,010	22,405
<u>e</u>	Other					
Tota	I. Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X,	column (B), line	10c.)	▶	93,789

Part VII	Investments - Other Securities. Complete if the organization answers	ed "Yes" on Form 990 Pa	rt IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
(4) Financial	(including name of security)		Cost or end-of-year market value
` '	derivatives		
(3) Other	eru equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of infocutions	(2) 255% (4.55	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, Part X, line 15
	(a) !	Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	on (h) mount agual Farma 000. Bort V. and (B) line of	(F.)	
Part X	n (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities.	5.)	
FaitA		od "Vos" on Form 000 Por	rt IV, line 11e or 11f. See Form 990, Part X,
	line 25.	ed Tes Off Form 990, Fai	Try, line Tre of Th. See Form 990, Fart A,
1.		(h) Parlameter	
	(a) Description of liability income taxes	(b) Book value	
		71	
	LL TAXES PAYABLE		
	O MIRACLE LEAGUE	5,952	
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>	15 000 B 17 15 15 15 15 15 15 15 15 15 15 15 15 15		
	nust equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the te	6,023	tions financial statements that reports the

Pai	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F		-	Return	•
1				1	1,372,189
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,3,2,20
- а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	8,000	-	
С	Recoveries of prior year grants	2c	3,000	-	
d	Other (Describe in Part XIII.)	_		-	
e	Add lines 2a through 2d			2e	8,000
3	Subtract line 2e from line 1			3	1,364,189
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				2,301,103
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		-	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,364,189
	rt XII Reconciliation of Expenses per Audited Financial State			_	
. u	Complete if the organization answered "Yes" on Form 990,			01 11010	••••
1	Total expenses and losses per audited financial statements			1	1,284,364
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • •		•	1,201,301
a	Donated services and use of facilities	2a	8,000		
b	Prior year adjustments	2b	8,000	-	
C	Other losses	2C		-	
d	Other (Describe in Part XIII.)			-	
-	Add lines 2a through 2d			2e	0.000
е 3	Subtract line 2e from line 1			3	8,000 1,276,364
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	1,2/0,304
	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a	Other (Describe in Part XIII.)	4a		-	
b	Add lines 4a and 4b			10	
C E				4c 5	1 000 204
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • •		5	1,276,364
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	41	and Oh. Dart V. line 4. Da		
	trices 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			rt A, iirie	
_,	te 74, into 20 and 45, and 1 are 741, into 20 and 45. Also complete this part to provide any	additio	mai imormation.		

EEA Schedule D (Form 990) 2018

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

▶ Attach to Form 990 or Form 990-EZ.

2018

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number

WEST NASHVILLE SPORTS LEAGUE INC 62-1720706 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the with organization principal amount by board or agreement? organization? committee? Yes Yes No Yes No (1) (2) (3) (4) (5) **Total Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4)

(5)

Part IV		Involving Interested Persons. tion answered "Yes" on Form 990), Part IV, line 28a	, 28b, or 28c.	T	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation nues?
					Yes	No
(1) SANDI	TYGARD	WIFE OF PRESIDENT	50,541	SALARY BOOKKEEPER		Х
(2)						
(3)						
(4)						
(5)						
Part V	Supplemental Information					
	Provide additional informa	tion for responses to questions o	n Schedule L (see	e instructions).		
<u></u>					·	

SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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 management 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 DIRECTORS AND USES COMPARABILITY DATA OF LOCAL ORGANIZATIONS OF SIMILAR SIZE AND NATURE OF ACTIVITIES. 03. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF 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 24e) PROGRAM SERVICE EXPENSE TROPHIES AND MEDALLIONS 22,148 DUES FEES AND SUBSCRIPTIONS 1,694 MEALS AND ENTERTAINMENT 966 PRINTING AND REPRODUCTION 14,513 REPAIRS AND MAINTENANCE 27,274 SUPPLIES 25,247 REGISTRATION MGT AND CREDIT CARD FEES 37,553

Schedule O (Form 990 or 990-EZ) (2018) Page 2

Schedule O (Form 990 or 990-EZ) (2018)			Page 2
Name of the organization WEST NASHVILLE SPORTS LEAGUE INC		Employer identification num	iber
		702 2720700	
GASOLINE	4,517		
TEAM SPONSORSHIPS	3,851		
UTILITIES	7,032		
BACKGROUND CHECKS	8,470		
TAXES LICENSES AND PERMITS	287		
MISCELLANEOUS PROGRAM EXPENSES	2,277		
TOTAL	155,829		
MANAGEMENT AND GENERAL			
UTILITIES AND TELEPHONE	15,145		
PRINTING AND REPRODUCTION	214		
REPAIRS AND MAINTENANCE	3,164		
SUPPLIES	540		
TAXES LICENSES AND PERMITS	489		
CHARITABLE CONTRIBUTIONS	7,116		
BANK CHARGES AND REGISTRATION FEES	1,368		
DUES FEES AND SUBSCRIPTIONS	1,363		
MEALS AND COACHES APPRECIATION DINNERS	9,802		
STORAGE	6,150		
MISCELLANEOUS GENERAL EXPENSES	686		
TOTAL	46,037		
TOTAL	10,007		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2018

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

WEST NASHVILLE SPORTS LEAGUE INC 62-1720706 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) Legal dom. (state (d) (f) Direct controlling (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity (1) (2) (3)(4) (5)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had

Part II one or more related tax-exempt organizations during the tax year. (g) (c) (e) (f) Sec. 512(b)(13) Direct controlling Name, address, and EIN of related organization Primary activity Legal dom. (state **Exempt Code section** Public charity status controlled entity? or foreign country) (if section 501(c)(3)) Yes No (1) MIRACLE LEAGUE OF MUSIC CITY, 47-4748325 6504 RADCLIFF DRIVE BASEBALL FIELD FOR NASHVILLE, TN 37221-3717 DISABLED CHILDREN 501(C)(3) 10 N/A TN Χ (2) (3)(4) (5)

Part III	Identification of Related Organiz because it had one or more related						ered "Yes" oı	n Form	n 990, Par	t IV, line	34,	
	(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations? Yes No	amount in b of Schedule (Form 10	oox 20 m le K-1 ((j) Gen. or nanaging partner? Yes No	ship
(1)												
(2)												
(3)												
(4)												
(5)												
Part IV	Identification of Related Organiz line 34, because it had one or mor							d "Yes	on Form	990, Pa	art IV,	,
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tot		(g) Share of I-of-year assets	(h) Percentage ownership	Sec.51 cont	(i) 12(b)(13) trolled tity?
(1)											Yes	No
(2)												
(3)												
(4)												
											_	-

Par	Transactions with Related Organizations. Complete if the organization answ	vered "Yes" on Form	990, Part IV, line 34	4, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed in Part	s II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		Х
	Sift, grant, or capital contribution to related organization(s)				1b		X
	Sift, grant, or capital contribution from related organization(s)				1c		X
	oans or loan guarantees to or for related organization(s)				1d		X
	oans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
g :	Sale of assets to related organization(s)				1g		X
h I	Purchase of assets from related organization(s)				1h		X
i l	exchange of assets with related organization(s)				1i		X
j l	ease of facilities, equipment, or other assets to related organization(s)				1j		X
k	ease of facilities, equipment, or other assets from related organization(s)				1k		Х
1 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n :	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1р	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	X	
	Other transfer of cash or property to related organization(s)				1r	X	
S	Other transfer of cash or property from related organization(s)				1s		X
2	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relations	hips and transaction thres	sholds.			
	(a)	(b)	(c)	(d)	I)		
	Name of related organization	Transaction	Amount involved	Method of determining	amount	involved	ı
		type (a-s)					
(1)							
(0)							
(2)							
(2)							
(3)							
(4)							
(4)							
<i>(</i> 5)							
(5)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

domicile income (related, section section unrelated, excluded 501(c)(3) assets alloca- of S	de V-UBI Gen. of manag partner orm 1065) Yes	ner? ship
(2)		
(4) (6) (7)		1
4) 5) 6) 7)		
5) 6) 7)		
6) 7)		
(8)		
(9)		
(0)		
11)		
12)		

EEA

Statement of Program Service Accomplishments Name(s) as shown on return WEST NASHVILLE SPORTS LEAGUE INC Statement of Program Service Accomplishments PG01 Your Social Security Number 62-1720706

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$65694

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$88659

EXPLANATION

PROMOTION OF SPORTSMANSHIP THROUGH YOUTH FALL BASEBALL PROGRAM

Statement of Program Service Accomplishments 2018 PG01 Name(s) as shown on return WEST NASHVILLE SPORTS LEAGUE INC 62-1720706

FORM 990-PART III(B)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$48395

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$60823

EXPLANATION

PROMOTION OF SPORTSMANSHIP THROUGH YOUTH SUMMER BASKETBALL PROGRAM

Statement of Program Service Accomplishments 2018 PG01 Name(s) as shown on return WEST NASHVILLE SPORTS LEAGUE INC 62-1720706

FORM 990-PART III(C)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$20002

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$57333

EXPLANATION

PROMOTION OF SPORTSMANSHIP THROUGH YOUTH SOCCER PROGRAM

Statement of Program Service Accomplishments Page 1 Name(s) as shown on return WEST NASHVILLE SPORTS LEAGUE INC Page 1 Your Social Security Number 62-1720706

FORM 990-PART III(D)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$1118

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$8320

EXPLANATION

PROMOTION OF SPORTSMANSHIP THROUGH JUNIOR GOLF PROGRAM

R SCOTT DIXON CPA

424 CHURCH STREET SUITE 2000 NASHVILLE, TN 37219

Phone: (615)256-2260 | Fax:

West Nashville Sports League Inc P O Box 50710 Nashville, TN 37205-0710

Invoice No : 002099
Invoice Date: 11/11/2019

PLEASE REMIT PAYMENT TO: R. Scott Dixon, CPA P.O. Box 330941 Nashville, TN 37203

Your 2018 tax return was prepared by R Scott Dixon.

2018 Tax Preparation

Total Fee \$ 750.00

Total Balance Due \$ 750.00