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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
ponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain folling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Rublic, : Inspection

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grifs, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gain or (loss) from gaming (attach Schedule G if greater than \$15,000)		Ā	For the 2012 ca	elendar year, or tax year beginning , 2012, and	l ending		,
Name change Coaching Life Matters Service Po Dax, it mall is not delibered to street address) Recrivated Employmen matter Employmen		₽-		C Name of organization		D Employer	Identification number
Initial return Number and street (or PD to but, it mails not delivered to street address) Reconfusible E Telephone number (615) 333-9369		┝	1 ·	Coaching Life Matters		45-36	31871
Anamoted ratum		┢	1 -	E Telephone number			
Anamated return Application pending City to text, paths or country, and 2IP+4 TN 37204 F Group Exemption Application pending Application pending City 1 City 2 City 2 City 2 City 2 City 3		-	•	(615)	333-9369		
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G Accounting Method:			1	Nashville TN	37204		
Website: F X/A Tax-exempt status (check only one) -		G			H Check	► If the	organization is not
K Check		ı	Website: ► N				•
normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, ocument 6) below) are \$500,000 or more, file Form 990 instances (see the instructions for Part II) The province of the organization used Schedule O to respond to any question in this Part I 1 Contributions, grits, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 b Less: cost or other basis and sales expenses. 5 c Gain of (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ from gaming and fundraising events (add lines 6a and 8b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 a Gross sales of inventory, less returns and allowances. 7 a Gross sales of inventory, less returns and allowances. 8 Other revenue (describe in Schedule O). 10 Grants and elimitar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 APR 1 2 2013. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other revenues (describe in Schedule O). 17 Total expenses. Add		J	Tax-exempt status	(check only one) — X 501(c)(3) 501(c) () ▼(insert no.) 4947(a)(1) or	527 (Form	990, 990-EZ	z, or 990-PF).
assets (Part II, Inne 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			normally not moinstructions). But	ore than \$50,000. A Form 990-EZ or Form 990 return is not required though I It if the organization chooses to file a return, be sure to file a complete return.	Form 990-N (e-posto	and its gross card) may be	receipts are required (see
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16 Other expenses (describe in Schedule O)	4	8			EN; UT····		
17 Total expenses. Add lines 10 through 16	5	8			990-F7 Part Liling 18 Other F		
19 Evenes or (Gright) for the year (Culture line 17 form line (I)	3		17 Total evo	enses (describe in Schedule O)	***************************************	17	5,177.
	8		18 Excess or	(deficit) for the year (Subtract line 17 from line 0)		18	
A S LACOUS OF Quality for the year (Outstack line 17 from line 5).	- 0	A	· ·	,			36,054.
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		NS ES				10	
TE signification years fetuling.		Ţ					
04 Net control of call the control of		9	ł				36 054
		BA				<u> </u>	36,054. Form 990-EZ (2012)

	n 990-EZ (2012) Coaching Life M			45	<u>-363</u>	31871 Page 2			
Ŗā	Rancill Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II								
_	Orieck in the organization used oched	die O to leapond to any quest		(A) Beginning of year		(B) End of year			
22	Cash, savings, and investments		 	0		36,054.			
23	Land and buildings			0	. 23	0.			
24	Other assets (describe in Schedule O)			0	. 24	0.			
25	Total assets				25	36,054.			
26	Total liabilities (describe in Schedule O)	<i></i>		0	. 26	0.			
27	Net assets or fund balances (line 27 of o	olumn (B) must agree with line	e 21)		27	36.054.			
Pa	Statement of Program Service A	ccomplishments (see the in:	strs for Part III.)			Expenses			
	Check if the organization used Scho	edule O to respond to any que	stion in this Part III	<u></u>		uired for section 501			
What	is the organization's primary exempt purpose? Li: cribe the organization's program service acc sured by expenses. In a clear and concise nations of the concise of the con	fe coaching to help pe	ople identify and	achieve goals) and 501(c)(4) nizations and section			
Des	cribe the organization's program service acc sured by expenses. In a clear and concise r	omplishments for each of its tr nanner, describe the services i	ree largest program se provided, the number o	rvices, as f persons	4947	(a)(1) trusts; optional			
ben					TOT OI	hers.)			
28	Developed curriculum and	materials to be us	<u>sed_in</u>						
	life coaching								
		s amount includes foreign gra			28 a	12,268.			
29	Mentoring mental health a	<u>nd medical profess</u>	sionals						
	(Grants \$ 0.) If thi	s amount includes foreign gra	nts, check here		29 a	4,046.			
30									
		s amount includes foreign grai			30 a				
31	Other program services (describe in Sched								
		s amount includes foreign gran			31 a				
	32 Total program service expenses (add lines 28a through 31a)								
LEa	List of Officers, Directors, Check if the organization used Sche	Trustees, and Key Emp	DIOYEES. List each one e	even if not compensated.	(see th	e instructions for Part IV)			
	43.34	(b) Average hours per	(c) Reportable compensation	(d) Health benefits, contributions to employ	I	(a) Estimated amount of			
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree red	(e) Estimated amount of other compensation			
Rus		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defer	ree red	(e) Estimated amount of other compensation			
	sty Bloodworth	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defer	ree red	(e) Estimated amount of other compensation			
Vic		(b) Average hours per week devoted to position		benefit plans, and defer	Ted	other compensation			
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Vic Kir Boa Ric	sty_Bloodworth ce-President n Hickok ard Member	(b) Average hours per week devoted to position	0	benefit plans, and defer	0.	other compensation			
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Vic Kin Boo Ric Boo Ron	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member	(b) Average hours per week devoted to position	0	benefit plans, and defer compensation	0. 0.	O .			
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Vic Kin Boo Ric Boo Ron Sec Joy Boo	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member	(b) Average hours per week devoted to position	0 0	benefit plans, and defer compensation	0. 0.	O. O.			
Vic Kin Boo Ric Boo Ron Sec Joy Boo Ty	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman	(b) Average hours per week devoted to position	0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0.			
Vic Kin Boo Ric Sec Joy Boo Ty	sty Bloodworth ce-President Hickok ard Member chard Jones ard Member Joyner cretary/Treasurer Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0	benefit plans, and defer compensation	0. 0. 0.	O. O.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President Hickok ard Member chard Jones ard Member Joyner cretary/Treasurer Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			
Vic Kir Boo Ric Boo Ron Sec Joy Boo Ty Pro	sty Bloodworth ce-President n Hickok ard Member chard Jones ard Member 1 Joyner cretary/Treasurer y Mercy Liddle ard Member Osman esident	(b) Average hours per week devoted to position	0 0 0 0	benefit plans, and defer compensation	0. 0. 0.	0. 0. 0. 0. 0.			

7 7

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			age 3
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O			Γ
provide a detailed description of each activity in Schedule O		Yes	No.
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		X
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities		_	
(,	35 a		<u>x</u>
	.35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
36 Did the organization undergo a liquidation, dissolution, termination, or significant	36		х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
	37 b		Х
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	200		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total	38 a		X
amount involved			Γ
39 Section 501(c)(7) organizations. Enter:			į '
a Initiation fees and capital contributions included on line 9	1	1	[·
b Gross receipts, included on line 9, for public use of club facilities	1 1	! '•	-
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	i. 』	1	
section 4911 *; section 4912 *; section 4955 *	1		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40ь	نـــا	
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		,	X
managers or disqualified persons during the year under sections 4912, 4955, and 4958	(1	١. ١	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			X
	40e		
41 List the states with which a copy of this return is filed Tennessee			
42 a The organization's			
42a The organization's books are in care of Ty Osman Telephone no. (615)	<u>333-</u>	936	9
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		936 Yes	No
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			No
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authonty over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
books are in care of Ty Osman Located at 4539 Trousdale Drive Nashville TN ZiP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authonty over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
books are in care of Ty Osman Located at \$\frac{4539}{4539}\$ Trousdale Drive Nashville TN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	42b	Yes	No X
books are in care of Program Located at A539 Trousdale Drive Nashville TN ZIP+4 A37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42b 42c	Yes	No X
books are in care of Pay Osman Located at A539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b 42c 44a 44b	Yes	No X
books are in care of Ty Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt chantable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for Indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 44a 44b 44c	Yes	No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt chantable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule O.	42b 42c 44a 44b	Yes	No X
books are in care of Try Osman Located at 4539 Trousdale Drive Nashville TN ZIP+4 37204 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt chantable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for Indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' b 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,'	42b 42c 44a 44b 44c	Yes	No X

Page 3

Form 990 -	-EZ (2012) Coaching Life Matte	ers		45-36	31871	Р	age 4
	,					Yes	No
	the organization engage, directly or indirec didates for public office? If 'Yes,' complete				46		1
	Section 501(c)(3) organizations			<u> </u>	40		Х
<u>(u çud xu</u>	All section 501(c)(3) organization for lines 50 and 51.	ons must answer	questions 47-49b ar	nd 52, and complete	e the table	es	
	Check if the organization used Schedule	O to respond to any	question in this Part VI	<u> </u>			<u> </u>
47 Did 1	the organization engage in lobbying activiti	es or have a section	501(h) election in effect of	luring the tax vear? If 'Y	es.' r	Yes	No
com	plete Schedule C, Part II				47		х
	ne organization a school as described in sec					-	X
	the organization make any transfers to an eles, was the related organization a section				1		X
	plete this table for the organization's five h						
emp	ployees) who each received more than \$100	0,000 of compensation	n from the organization. I	f there is none, enter 'N	one.'		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com		
None							
		-					
- Tota	al number of other employees paid over \$10	00.000	<u> </u>		L		
	nplete this table for the organization's five h		independent contractors	- who each received more	than \$100,	000 of	
	pensation from the organization. If there is Name and address of each independent contractor paid		(b) Type	of service	(c) Com		
	Traine and address of each independent contractor paid		(в) туре		(0,000)		
None _			-	<u> </u>			
		·					
52 Did t	Il number of other independent contractors the organization complete Schedule A? No	te: All section 501(c)	(3) organizations and 494	7(a)(1) nonexempt	. VI.	Г	7
	ritable trusts must attach a completed Sche				► X Yes	<u> </u>	No
true, correct,	ies of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer) is based on all information	n of which preparer has any know	viedge.		-	
Sign Here	Signature of Office:	Par		Date 4/4/2013			
	Type or print name and title	1, 1 (2-5		111101.			
	Print/Type preparer's name	Preparer's signature	Date	Check I if self-employed E	TIN		
Paid	Richard Fridge, CPA	_/2	Z 3/3/	13 self-employed E	0067194	0	
Preparer	Firm's address 1007 21ch 7 7 9	CPA		Errole FIN			
Use Only	Firm's address ► 1907 21st Ave S		my 27212	Firm's EIN	E) 202	7717	

Form **990-EZ** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Name	of the	organization							Employe	r identifica	tion number		
Coa	ch:	ing Life Matte	ers						45-36	53187	1		
Par	8	Reason for Pub	lic Charity Status	(All organizations	must c	omplet	e this p	oart.) S	ee insl	ruction	s.		
The c	rga	nization is not a private	foundation because it	is: (For lines 1 through	11, chec	k only or	ne box.)		_				
1		A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ill). Enter the hospital's											
		name, city, and state:											
5		¦ 170(b)(1)(A)(iv). (Co	mplete Part II.)	college or university ow					tal unit d	escribed	l in section		
6	Ш			rnmental unit described						_		_	
7	빔	in section 170(b)(1)(A)(vi). (Complete Part			governr	nental u	nit or fro	m the ge	eneral pu	iblic describ	ed	
8	닖	i		(b)(1)(A)(vi). (Complete									
9		related to its exempt functional and its exempt function (Complete Part III.)	ormally receives: (1) mo unctions — subject to c able income (less section	re than 33-1/3% of its sup ertain exceptions, and (2 n 511 tax) from business	port from !) no moi es acquir	ed by the	itions, m 3-1/3% (organiz	embersn of its sur ation aft	oport from er June 3	ana gross n gross i 80, 1975.	receipts fro nvestment in See sectio r	m activit ncome a n 509(a)(ies ind (2).
10				lusively to test for public									
11		supported organizatio	ized and operated excluins described in section on and complete lines 1	sively for the benefit of, to 1 509(a)(1) or section 50 1 1 e through 11h.	perform 9(a)(2).	the fund See sec t	tions of, tion 509	or carry (a)(3). C	out the p heck the	urposes box tha	of one or mo t describes	ore publi the type	cly of
		a Type I b			ally inted	ırated		u □ 1	Tvoe III -	- Non-fu	nctionally in	tearatea	1
	\Box						lv bv one		••		•		
·	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).												
f		check this box		nation from the IRS that		• • • •				• • • •	ation,		
g		Since August 17, 200	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followin	g persor	15?			
		(i) A person who d	irectly or indirectly conf	rols, either alone or toge	ther with	nerson	e descri	ned in (il) and (iii)	,		Yes	No
		below, the gove	ming body of the supp	orted organization?						· · · ·	11 g (i)		
		(II) A family member	er of a person described	d in (i) above?	• • • •					• • • •	11 g (li)		
		• •	• •	scribed in (i) or (ii) above		• • • •	· · · · ·		• • • •	• • • •	· 11 g (iii)		
h		Provide the following	information about the s	upported organization(s)	, 						·		_
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(Iv) is organiza column (I) your go docur		(v) Did yo the organi column (i) supp	u notify zation in of your ort?	(vi) is organize colum organized U S	ation in in (i) if in the	(vii) Amount sup		ry
					Yes	No	Yes	No	Yes	No			
(A)				- -									
B)													—
(C)													
<u>~,</u>													
D)													
E)													
<u>/</u>			्र र हुन् स्थार	 	 ;		<u> </u>	, ,					
Total							. 4						
			<u> </u>		<u> </u>					<u> </u>			

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

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

Sec	tion A. Public Support						
	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			, ,	\$		
Sec	tion B. Total Support	<u> </u>	<u> </u>		<u> </u>		
Cale	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	ies, etc (see înstruc	ctions)			1	2
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
14							4 %
15	Public support percentage from 20	011 Schedule A, Pa	art II, line 14 · · ·	<i>.</i> . 		1	5 %
16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
178	10%-facts-and-circumstances to or more, and if the organization method the organization meets the facts-a	eets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Expl	lain in Part IV h	ow —
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes . The organization	t, check this box a qualifies as a publ	nd stop here. Expl icly supported orga	ain in Part IV hanzation	ow the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruc	ctions ▶ ∐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	tion A. Public Support				<u> </u>			
	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	<u>:</u>	(f) Total
1	and membership fees							
	received. (Do not include any 'unusual grants.')			1	ļ	57,5	15	57,545.
2	Gross receipts from admis-				 -	27,3	±3.	51,545.
_	sions, merchandise sold or							
	services performed, or facilities furnished in any activity that is			1				
	related to the organization's							
2	tax-exempt purpose Gross receipts from activities		·		 		-	
J	that are not an unrelated trade or business under section 513.	Ì		ĺ				
4	Tax revenues levied for the							<u>-</u>
	organization's benefit and either paid to or expended on	1		ĺ	1		ı	
5	its behalf							
3	facilities furnished by a							
	governmental unit to the organization without charge.						- 1	
6	Total. Add lines 1 through 5	 			 	57,5	15	57,545.
	Amounts included on lines 1,				<u> </u>	37,3	 	37,343.
	2, and 3 received from disqualified persons				1	20.6	ا م	20 600
	Amounts included on lines 2					28,60	,,, ,	28,600.
~	and 3 received from other than	1		ľ	l		- 1	
	disqualified persons that exceed the greater of \$5,000 or							
	1% of the amount on line 13			ļ				
_	for the year						. 	
	Add lines 7a and 7b Public support (Subtract line			 		28,60	70.	28,600.
۰	7c from line 6.)					, <u></u>	أحجيا	28,945.
Sec	tion B. Total Support							
Calen	far year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
	Amounts from line 6					57,54	15.	57,545.
10a	Gross income from interest, dividends, payments received							
	on securities loans, rents,]		ļ	1		J	
	royalties and income from similar sources						ĺ	
b	Unrelated business taxable						$\neg \neg$	
	Income (less section 511 taxes) from businesses	1			1		-	
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b.			ı	!		ľ	
	whether or not the business is		l		1			
	regularly carried on			<u> </u>				
12	Other income. Do not include gain or loss from the sale of		,					
	čapital assets (Explain in Part IV.)							
13	Total support. (Add ins 9, 10c, 11, and 12)					57,54	15.	57,545.
14	First five years. if the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	on 501(c)(3)		▶ 🛭
Sect	ion C. Computation of Pu	blic Support P	ercentage					
15	Public support percentage for 2013	2 (line 8, column (f)	divided by line 13	, column (f))	• • • • • • • • • •		15	8
	Public support percentage from 20				<u> </u>	<u></u>	16	<u></u>
_	ion D. Computation of Inv				 			
	Investment income percentage for	•	.,	•	•	<u> </u>	17	
	Investment income percentage fro						18	8
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check the	his box and stop he	ere. The organizat	ıon qualifies as a ı	oublicly supported o	organization .	• •	▶ [_]
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%, o							
20	Private foundation. If the organization	ation did not check	a box on line 14,	19a, or 19b, check	this box and see ir	structions		▶ 🎮
BAA								

Schedule A	(Form 990 or 990-EZ)	2012 Coa	ching Lif	e Matters		45-3631871	Page 4
Part IV	Supplemental Interpretal Inter	formation. 17b; and Pa	Complete thi art III, line 12	is part to provid . Also complet	de the explanation e this part for any	s required by Part II, line 10 additional information.);
			 -				-
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2012

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Department of the Treasury Internel Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization 45-3631871 Coaching Life Matters

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)						
Travel	<u>4,046.</u>					
IRS Application Fee	850.					
Bank Fees	281.					

Total _____5,177.