

**2022 TAX RETURN  
MUSIC CITY PICKLEBALL**

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**84-4594861**

### MUSIC CITY PICKLEBALL

**Net Asset / Fund Balance at Beginning of Year** 51,869

#### Revenue

Contributions			
Program service revenue	<u>173,446</u>		
Investment income	<u>4</u>		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income			
<b>Total revenue</b>		<u>173,450</u>	

#### Expenses

Program services			
Management and general			
Fundraising			
<b>Total expenses</b>		<u>135,506</u>	
<b>Excess / (deficit)</b>			<u>37,944</u>

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 89,813

#### Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>_____</u>

#### Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>_____</u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>52,270</u>	<u>90,453</u>	
Liabilities	<u>401</u>	<u>640</u>	
Net assets	<u>51,869</u>	<u>89,813</u>	<u>37,944</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 05/15/23  
 Failure to file penalty \_\_\_\_\_



**CONFIDENTIAL**

MUSIC CITY PICKLEBALL  
2000 MALLORY LANE SUITE 130-68  
FRANKLIN, TN 37067

Dear Christy:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow these instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,  
BLANKENSHIP CPA GROUP, PLLC

ABIGAIL L. CAMPBELL, CPA

## Filing Instructions

### MUSIC CITY PICKLEBALL

#### Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

**Date Due:** May 15, 2023

**Remittance:** None is required. Your Form 990-EZ for the tax year ended 12/31/22 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

BLANKENSHIP CPA GROUP, PLLC  
215 WARD CIRCLE  
BRENTWOOD, TN 37027-2304

**OR FAX TO 1+615-658-9988**

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or fiscal year beginning . . . . ., 2022, and ending . . . . ., 20 . . . . .

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2022**

Name of filer

**MUSIC CITY PICKLEBALL**

EIN or SSN

**84-4594861**Name and title of officer or person subject to tax **CHRISTY MOBERLY****TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	
<b>2a</b> Form 990-EZ check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	<b>173,450</b>
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN **94861** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date **03/01/23****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**62701996738**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date **03/01/23****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A For the 2022 calendar year, or tax year beginning**, and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input checked="" type="checkbox"/> Address change	<b>MUSIC CITY PICKLEBALL</b>	<b>84-4594861</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	<b>2000 MALLORY LANE SUITE 130-68</b>	<b>615-669-5130</b>
<input type="checkbox"/> Final return/terminated	Room/suite	<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Application pending	<b>FRANKLIN TN 37067</b>	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990).
<b>I</b> Website: <b>MUSICCITYPICKLEBALL.COM</b>		
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( <b>7</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **173,450**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

	Description	Line	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>45,870</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>127,576</b>
	<b>4</b> Investment income	<b>4</b>	<b>4</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>173,450</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>36,482</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>20,238</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>39,027</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>280</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>39,479</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>135,506</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>37,944</b>
	<b>19</b> 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)	<b>19</b>	<b>51,869</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>89,813</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

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

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	52,270	22	90,453	
23 Land and buildings	0	23		
24 Other assets (describe in Schedule O)	0	24		
25 Total assets	52,270	25	90,453	
26 Total liabilities (describe in Schedule O)	401	26	640	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,869	27	89,813	

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

What is the organization's primary exempt purpose?

TO CREATE A VIBRANT PICKLEBALL COMMUNITY IN MIDDLE TENNESSEE.

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 TO PROVIDE ACCESS TO ONE OR MORE FACILITIES FOR PICKLEBALL PLAY, PARTNERING WITH LOCAL COMMUNITY RESOURCES BOTH PUBLIC AND PRIVATE (305 ACTIVE MEMBERS)	(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 TO SPONSOR PICKLEBALL TOURNAMENTS - HELD MUSIC CITY PICKLEBALL TOURNAMENT IN JULY 2022.	(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 TO ORGANIZE AND PROVIDE PICKLEBALL WORKSHOPS AND INSTRUCTION FOR RECREATIONAL, INTERMEDIATE AND ADVANCED PLAYERS (305 ACTIVE MEMBERS)	(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALISHA RUSSELL AT LARGE	1.00	5,425	0	720
STEPHEN GRICH AT LARGE	1.00	2,890	0	720
ANN CORNWALL PRESIDENT	10.00	0	0	720
CHRISTY MOBERLY TREASURER	10.00	0	0	720
JOHN PIZZI SECRETARY	5.00	0	0	720
SHELTON WICKS AT LARGE	1.00	0	0	720
MICHAEL MOBERLY AT LARGE	1.00	0	0	720
RICK LEACH AT LARGE	1.00	0	0	720
MARK GASAWAY AT LARGE	1.00	0	0	720
MARK HAYES AT LARGE	1.00	0	0	720
WOODY BIBB AT LARGE	1.00	0	0	720

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions



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

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 .....

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

<b>Sign Here</b>	Signature of officer <b>CHRISTY MOBERLY</b> Type or print name and title	Date <b>TREASURER</b>
------------------	--	--------------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ABIGAIL L. CAMPBELL, CPA</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01296738</b>
	Firm's name <b>BLANKENSHIP CPA GROUP, PLLC</b>	Firm's EIN <b>45-0491842</b>			
	Firm's address <b>215 WARD CIRCLE BRENTWOOD, TN 37027-2304</b>	Phone no. <b>615-373-3771</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

**MUSIC CITY PICKLEBALL**

Employer identification number

**84-4594861****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

ADVERTISING AND PROMOTION \$ 55

OFFICE \$ 1,992

INFORMATION TECHNOLOGY \$ 2,863

CONFERENCES/MEETINGS \$ 4,889

INSURANCE \$ 2,458

TOURNAMENT EXPENSES \$ 6,750

MISCELLANEOUS \$ 739

BANK CHARGES AND FEES \$ 6,107

JOB SUPPLIES \$ 13,626

TOTAL \$ 39,479

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES****DESCRIPTION****BEG. OF YEAR END OF YEAR**

ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$ 401 \$ 640

**FORM 990-EZ, PART IV - ADDITIONAL INFORMATION**

**COLUMN (C): STEPHEN GRICH PROVIDED TOURNAMENT HOSTING AND ALISHA RUSSELL PROVIDED CLINIC INSTRUCTION. NO COMPENSATION WAS ISSUED FOR THEIR ROLES AS BOARD MEMBERS.**

**COLUMN (E): ALL BOARD MEMBERS RECEIVE A COMPLIMENTARY MEMBERSHIP TO MUSIC CITY PICKLEBALL. THIS MEMBERSHIP IS VALUED AT \$60/MONTH AND \$720 ANNUALLY.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

7761176 MUSIC CITY PICKLEBALL

84-4594861

FYE: 12/31/2022

## Federal Statements

### Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>127,576</u>
TOTAL	\$ <u><u>127,576</u></u>