Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the		endar year, or tax year beginning 9/1/2010 , and en	D Employer	identific	cation number	
В	Check if a	pplicable:	C Name of organization Missouri USA Wrestling, Inc				
Address change		hange	Doing Business As	43-1831672			
Name change		nge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number			
=	The same of the same		D	816-322-666	322-6665		
			1201 N.W. Jefferson   D   City or town, state or country, and ZIP + 4				
Terminated			MO 6404E	G Gross receipts \$ 480,653			
Amended return		return	Bide Opinigs	H(a) Is this a group return for affiliates? Yes X No			
	Applicatio	n pending	F Name and address of principal officer:	H(b) Are all affiliates included? Yes No			
			Scott Clark 1909 N.W. Foxridge Dr., Blue Springs, MO 64015	If "No," attach a list. (see instructions)			
1 Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527							
J Website: ▶ www.missouriusawrestling.org Hc Group exemption number ▶							
			The state of the s	r of formation: 1982		tate of legal domicile: MO	
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1982 M State of legal domicile: MO							
Part I Summary							
	1	Briefly o	describe the organization's mission or most significant activities: To pu	rovide a statewide	VIISSO	uri	
	wrestling program for all Missouri USA Wrestling members. To improve opportunities for safe						
ce		compet	ition with exposure to all styles of wrestling. To promote and maintain nit	exposure to all styles of wrestling. To promote and maintain high levels			
Jan		of coac	hing, wrestling, interest, and membership at a minimum cost to participants				
Activities & Governance	1 2	Chock	this box 🕨 if the organization discontinued its operations or disposed of more that	n 25% of its net assets			
g	2	Numbo	r of voting members of the governing body (Part VI, line 1a)		3	167	
oŏ ග	3	Numbe	r of independent voting members of the governing body (Part VI, line 1b)	)	4	0	
ities	4	Numbe	umber of individuals employed in calendar year 2010 (Part V, line 2a).		5	4	
cţi	5	Total ni	umber of volunteers (estimate if necessary)		6		
Ā		I otal ni	nrelated business revenue from Part VIII, column (C), line 12		7a	0	
	7a	I otal ui	nrelated business revenue from Farr 1900 T. lino 34		7b	0	
	b	Net unr	related business taxable income from Form 990-T, line 34	Prior Year		Current Year	
	8 9 10		(Cart VIII line 1b)		20	0	
9		Contrib	outions and grants (Part VIII, line 1h)	441	1,492	480,337	
enr		Prograi			0	316	
Sev		Investment income (Part VIII, column (A), lines 4, and 7d)		0		0.0	
-	11	Other r	evenue (Part VIII, column (A), lines 5, 6d, 8o, 9c, 10c, and 11e)	441,512		480,653	
	12	Total re	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17	0	100,000	
	13	Grants	and similar amounts paid (Part IX) column (A), lines 1–3)		0	0	
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)			32,003	
v)	15	Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	33,765			
Se	16a	Profess	sional fundraising fees (Part IX, column (A), line 11e)		0	0	
Expenses	ь	Total fu	undraising expenses (Part IX, column (D), line 25) ▶0				
ũ	17	Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	376,484		379,704	
	18	Total e	expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		0,249	411,707	
	19	Reveni	ue less expenses. Subtract line 18 from line 12		1,263	68,946	
o.	S S			Beginning of Current		End of Year	
ets	20 21 22	Total a	ssets (Part X line 16)		3,256	151,169	
Ass		Total li	abilities (Part X line 26)		1,579	10,546	
Net	Ĕ 22	Net as	sets or fund balances Subtract line 21 from line 20	7	1,677	140,623	
Part II Signature Block							
Under a 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.							
			Set B Cerl	12,6,7012			
	ign	Signature of officer					
Here Cott B Clore C							
Type or print name and title							
		Pri	int/Type preparer's name  Preparer's signature	Date		PTIN	
Paid			Jan Hope a HT	1	Check   self-emp	X if	
10 1000 000000		r'e Ja	ick R. Calegari, CPA	12/6/2012	en-emp	oloyeu	
Preparer 5		15	rm's name ► Jack R. Calegari, CPA, LLC	Firm's EIN ▶			
U	se Onl		rm's address ▶ P.O. Box 1988, Lee's Summit, MO 64963 1988	Phone no.	(816)	) 524-8953	
May the IRS discuss this return with the preparer shown above? (see instructions)							
May the IRS discuss this return with the preparer shown above? (see instructions).							