

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)

2009

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.

A For the 2009 calendar year, or tax year beginning 9/1/2009, and ending 8/31/2010

B Check if applicable: [X] Address change, [ ] Name change, [ ] Initial return, [ ] Terminated, [ ] Amended return, [ ] Application pending. C Name of organization: Missouri USA Wrestling, Inc. D Employer identification number: 43-1831672. E Telephone number: 816-322-6665. G Gross receipts \$: 441,512.

F Name and address of principal officer: Scott Clark 1909 N.W. Foxridge Dr., Blue Springs, MO 64015. H(a) Is this a group return for affiliates? [ ] Yes [X] No. H(b) Are all affiliates included? [ ] Yes [ ] No.

I Tax-exempt status: [X] 501(c) ( 3 ) (insert no.) [ ] 4947(a)(1) or [ ] 527. J Website: www.missouriusawrestling.org. H(c) Group exemption number.

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 describe the organization's mission or most significant activities: To provide a statewide Missouri wrestling program for all Missouri USA Wrestling members. To improve opportunities for safe competition with exposure to all styles of wrestling. To promote and maintain high levels of coaching, wrestling, interest, and membership at a minimum cost to participants.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box [ ] if the organization discontinued its operations... 3 Number of voting members of the governing body (Part VI, line 1a) 3 167. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0. 5 Total number of employees (Part V, line 2a) 5 2. 6 Total number of volunteers (estimate if necessary) 6 400. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 0 20. 9 Program service revenue (Part VIII, line 2g) 415,036 441,492. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 415,036 441,512.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28,180 33,765. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 371,885 376,484. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 400,065 410,249. 19 Revenue less expenses. Subtract line 18 from line 12 14,971 31,263.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 43,105 73,256. 21 Total liabilities (Part X, line 26) 2,691 1,579. 22 Net assets or fund balances. Subtract line 21 from line 20 40,414 71,677.

Part II Signature Block

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. Signature of officer: Scott B. Clark. Date: 1/14/2011. Type or print name and title: Scott B. Clark.

Paid Preparer's Use Only. Preparer's signature: Jack R. Calegari, CPA. Date: 1/14/2011. Check if self-employed: [X]. Preparer's identifying number: 02-187672. Firm's name (or yours if self-employed), address, and ZIP + 4: Jack R. Calegari, CPA, LLC, PO Box 1988, Lee's Summit, MO 64063. EIN: 02-187672. Phone no.: (816) 524-8953.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No