

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

CMB No. 1545-1150

**2008**

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)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 9/01, 2008, and ending 8/31, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> CALIFORNIA-USA WRESTLING, INC. 1151 CYPRESS ST HOLLISTER, CA 95023-5259	<b>D</b> Employer identification number <u>77-0320978</u>
			<b>E</b> Telephone number <u>559 275-9478</u>
			<b>F</b> Group Exemption Number..... ▶
			<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I** Website: ▶ N/A

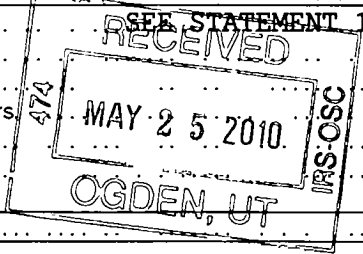
**J** Organization type (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 832,059.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received.....	<b>1</b>	67,500.
	<b>2</b> Program service revenue including government fees and contracts.....	<b>2</b>	476,357.
	<b>3</b> Membership dues and assessments.....	<b>3</b>	276,106.
	<b>4</b> Investment income.....	<b>4</b>	12,096.
	<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) (att sch).....	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1).....	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses.....	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	<b>6c</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 ▶.....)	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).....	<b>9</b>	832,059.
	EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule).....	<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>	39,289.
<b>13</b> Professional fees and other payments to independent contractors.....		<b>13</b>	4,001.
<b>14</b> Occupancy, rent, utilities, and maintenance.....		<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping.....		<b>15</b>	23,216.
<b>16</b> Other expenses (describe ▶ <u>SEE STATEMENT 2</u> ).....		<b>16</b>	631,238.
<b>17 Total expenses</b> (add lines 10 through 16).....		<b>17</b>	837,589.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9).....	<b>18</b>	-5,530.	
ASSETS	<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>	378,436.
	<b>20</b> Other changes in net assets or fund balances (attach explanation).....	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20.....	<b>21</b>	372,906.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments.....		352,094.	<b>22</b> align="right">331,499.
<b>23</b> Land and buildings.....			<b>23</b>
<b>24</b> Other assets (describe ▶ <u>SEE STATEMENT 3</u> ).....		26,342.	<b>24</b> align="right">41,407.
<b>25 Total assets</b> .....		378,436.	<b>25</b> align="right">372,906.
<b>26 Total liabilities</b> (describe ▶.....)		0.	<b>26</b> align="right">0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....		378,436.	<b>27</b> align="right">372,906.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form 990-EZ (2008)

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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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 unpaid at the start of the period covered by this return?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	N/A	
<b>39</b>	501(c)(7) organizations. Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9	N/A	
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities	N/A	
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>40b</b>	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>40c</b>	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0.	
<b>40d</b>	d Enter amount of tax on line 40c reimbursed by the organization	0.	
<b>40e</b>	e 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		X
<b>41</b>	List the states with which a copy of this return is filed ▶ CA		

**42a** The books are in care of ▶ ROBERT VALERIO Telephone no ▶ 559 275-9478  
 Located at ▶ 5325 W. CLINTON, FRESNO, CA ZIP + 4 ▶ 93722

		Yes	No
<b>42b</b>	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: ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	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: ▶ _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here.  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43**  N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 4**

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?		

**50** Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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 information furnished by filer.

**Sign Here**

Signature of officer: *Robert Valero*  
 Type or print name and title: Robert Valero

**Paid Preparer's Use Only**

Preparer's signature: *Pamela R. Smith*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: PAMELA R. SMITH, HORG & GRAY LLP, 6740 N. WEST AVENUE, SUITE 1, FRESNO, CA 93711

May the IRS discuss this return with the preparer shown above? See instructions. **BAA**



Part II 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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished to the organization by a governmental unit without charge; 4 Total. Add lines 1-3; 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.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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 activities, etc. (see instructions).

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 14: Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) - 14 - %. Row 15: Public support percentage for 2007 Schedule A, Part IV-A, line 26f - 15 - %.

16a 33-1/3 support test - 2008. 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 - 2007. 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.

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	542,354.	508,682.	494,677.	601,341.	343,606.	2,490,660.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	493,871.	452,617.	584,816.	508,432.	476,357.	2,516,093.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1-5.	1,036,225.	961,299.	1,079,493.	1,109,773.	819,963.	5,006,753.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						5,006,753.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	1,036,225.	961,299.	1,079,493.	1,109,773.	819,963.	5,006,753.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,761.	2,615.	3,096.	6,866.	12,096.	31,434.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b	6,761.	2,615.	3,096.	6,866.	12,096.	31,434.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	539.		1,686.	24,229.		26,454.
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						5,064,641.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.9%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.5%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.6%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.4%

**19a 33-1/3 support tests — 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**b 33-1/3 support tests — 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



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**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

PAYMENTS TO AFFILIATES

NAME: USA WRESTLING  
 ADDRESS: 6155 LEHMAN DRIVE  
 COLORADO SPRINGS, CO 80918,  
 PURPOSE OF PAYMENT: NATL MEMBERSHIP DUES  
 AMOUNT: \$ 139,845.

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

DEPRECIATION	\$	8,952.
INFORMATION TECHNOLOGY		1,580.
OFFICE EXPENSES		12,328.
SCHOLARSHIP PROGRAM		14,709.
STORAGE		5,318.
TAXES & LICENSES		308.
TOURNAMENT AWARDS		15,738.
TOURNAMENT CONTRACT SVCS		38,906.
TOURNAMENT ENTRY FEES		8,445.
TOURNAMENT FACILITY USEAGE FEE		85,038.
TOURNAMENT HOSPITALITY		21,237.
TOURNAMENT HOUSING/MEALS		124,878.
TOURNAMENT PARTICIPANT GEAR		90,888.
TOURNAMENT SET-UP COSTS		5,946.
TOURNAMENT SUPPLIES		6,545.
TOURNAMENT TRANSPORTATION		167,423.
TRAVEL		22,999.
	TOTAL \$	<u>631,238.</u>

**STATEMENT 3  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 26,342.	\$ 41,407.
TOTAL	<u>\$ 26,342.</u>	<u>\$ 41,407.</u>

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**STATEMENT 4  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?... . . . . NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . . . NO

CLIENT 4010

CALIFORNIA-USA WRESTLING, INC.

77-0320978

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## PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
OTHER INCOME		24,229.	1,686.		539.
TOTAL	\$ 0.	\$ 24,229.	\$ 1,686.	\$ 0.	\$ 539.



77-0320978

Board Of Directors

REWA	Tim	Nickols	344 Glenwood Lane	McKinleyville	Ca	95519	707/822-8905	nickolssaspc@humboldt.com
NAWA	Brett	Southwick	Po Box 483	Red Bluff	Ca	96080	530-518-9205	bsouthwi@rbuhsd.k12.ca.us
Kids Director	Bruce	Shelton	285 Blossom Hill road	San Jose	Ca	95123	209-627-6726 or 408-2	sheltonb@ESUHSD.ORG
SJWA	Chopper	Mello	3391 Sherwood Ln	Merced	Ca	95340	209-723-4225	cmello@muhsd.k12.ca.us
Grappling Director	Chris	Carlino	P.O. Box 7156	Fullerton	Ca	92834-715	714-334-9257	Chriscarlino@hotmail.com
Open Director	Dan	Hicks	PO BOX 6810	Fullerton	Ca	92834	714-278-2138	dhicks@exchange.fullerton.edu
Web Master	David	Eisenberg	4604 Corrida Cr	San Jose	Ca	95129	408-247-8821	catcode@catcode.com
Pairing Dir	Diane	George	2833 Wiese Way	Sacramento	Ca	95833	916-402-3285	kegger2@sbcglobal.net
Womens Director	Diane	George	2833 Wiese Way	Sacramento	Ca	95833	916-402-3285	kegger2@sbcglobal.net
SAWA	Don	Martinez	916-402-3285	Sacramento	Ca	95822	916-807-4496	sawaprez@hotmail.com
State Chairman	Duane	Morgan	P.O. BOX 1238	Hollister	Ca	95023	831-635-0719	causawinc@aol.com
CA Trainer	Dustin	Hopfe	1660 Cattleman Ct	Reno	Ca	89521	831-801-3004	dhopfe@hotmail.com
CAGWA	Eddie	Ruiz	4428 Radium Dr	Los Angeles	Ca	90032	626-589-0823	eddie_cagwa@yahoo.com
Admin Assistant	Greg	Chappel	1568 Windson Way	Brentwood	Ca	94513	925-634-5659	chappel@jps.net
MDWA	Greg	Chappel	1568 Windson Way	Brentwood	Ca	94513	925-634-5659	chappel@jps.net
Cultural Exch Dir	Keith	Spataro	26 El Campo Drive	So. San Francisco	Ca	94080	650 875-9232	kspataro@aol.com
KCWA	Sandy	Odom	24000 Willow Pass drive	Tehachapi	Ca	93561	1-866-469-9459	KCWA2000@yahoo.com
IEWA	Lyndon	Campbell	36396 Antwerp	Winchester	Ca	92596	951-926-1548	mmgdccampbell@msn.com
Mat Officials Dir	Pat	Cadwallader	2556 W Greenleaf Ave	Anaheim	Ca	92801	714 995-7542	caddy6@hotmail.com
TCWA	Paul	Clement	244 S. Evergreen	Ventura	Ca	93003	805-641-2056	wrest1@avenuecable.com
Coaches Cert Dir	Paul	Bristow	930 SummerField	Atwater	Ca	95301	209 358-5538	pbristow@muhsd.k12.ca.us
SDIKWA	Perry	Watson	13828 Via Boltana	San Diego	Ca	92129	858 484-2449	watsnzoo@pacbell.net
SDWA	Victor	Richmond	8810 Jamacha Blvd C345	Spring Valley	Ca	91977	(619) 886-8293	coachvic@cox.net
CVWA	Dr Bruce	Lippmann	1463 Ash	Clovis	Ca	93611	(559) 298-7442	bruskibest@yahoo.com
Treasurer	Robert	Valerio	5325 W. Clinton	Fresno	Ca	93722	559-275-9478	calusarob@aol.com
SCVWA	Roberto	Dixon	497 Melville Ave	Marina	Ca	93933	831-883-9904	dixwrest@aol.com
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KTWA	Tim	Vanni	2361 W Orange	Porterville	Ca	93257	559-781-8319	vanniadventures@hotmail.com
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