

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 9/01, 2007, and ending 8/31, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C CALIFORNIA-USA WRESTLING, INC. 1151 CYPRESS ST HOLLISTER, CA 95023-5259. D Employer Identification Number 77-0320978. E Telephone number 559 275-9478. F Accounting method: X Cash 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).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: N/A

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

K Check here if the organization is not a 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.

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,308,001.

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

Table with 21 rows and 3 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on loans and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents and Less. rental expenses. Row 7: Other income. Row 8: Gross amount from sales of assets other than inventory. Row 9: Special events and activities. Row 10: Gross sales of inventory, less returns and allowances. Row 11: Other revenue. Row 12: Total revenue. Row 13: Program services. Row 14: Management and general. Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: Total expenses. Row 18: Excess or (deficit) for the year. Row 19: Net assets or fund balances at beginning of year. Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year.

SCANNED JUL 20 2009

RECEIVED JUN 23 2009 GOLDEN, UT

617 20

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instructions*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	31,408.	0.	31,408.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	2,738.		2,738.	
30 Professional fundraising fees	30				
31 Accounting fees	31	1,286.		1,286.	
32 Legal fees	32				
33 Supplies	33	2,663.		2,663.	
34 Telephone	34	5,042.	3,220.	1,822.	
35 Postage and shipping	35	5,012.		5,012.	
36 Occupancy	36	3,436.		3,436.	
37 Equipment rental and maintenance	37	1,000.		1,000.	
38 Printing and publications	38	1,300.		1,300.	
39 Travel	39	7,069.		7,069.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	4,944.	3,582.	1,362.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	624,480.	624,391.	89.	
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	690,378.	631,193.	59,185.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? CALIFORNIA SUPPORT FOR USA WRESTLING. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>PROVIDED STATE WRESTLING TOURNAMENTS AND CLINICS FOR THE CONTINUED SUPPORT AND PROMOTION OF USA WRESTLING.</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	631,193.
b ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	631,193.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	42,653.	45	29,015.
	46 Savings and temporary cash investments	20,937.	46	323,000.
	47a Accounts receivable	47a		
	b Less. allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less. allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less. allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments – publicly-traded securities STMT 4 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	186,541.	54a	79.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments – land, buildings, & equipment basis	55a			
b Less. accumulated depreciation (attach schedule)	55b	55c		
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment, basis	57a 54,027.			
b Less. accumulated depreciation (attach schedule) STATEMENT 5	57b 27,685.	18,015.	57c 26,342.	
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	268,146.	59	378,436.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.	
FUNDS	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	268,146.	72	378,436.
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	268,146.	73	378,436.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	268,146.	74	378,436.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DUANE MORGAN 1151 CYPRESS ST HOLLISTER, CA 95023-5259	ST CHAIR/PRES 12.00	0.	0.	0.
ROBERT VALERIO 5325 W. CLINTON FRESNO, CA 93722	SEC/TREAS 56.00	31,408.	0.	0.
GREG CHAPPELL 1568 WINDSON WAY BRENTWOOD, CA 94513	ADMIN ASST 10.00	0.	0.	0.
SCHEDULE ATTACHED		0.	0.	0.
_____ _____ _____				
_____ _____ _____				
_____ _____ _____				

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89b	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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>CA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		1
91a	The books are in care of <u>ROBERT VALERIO</u> Telephone number <u>559 275-9478</u> Located at <u>5325 W. CLINTON, FRESNO, CA</u> ZIP + 4 <u>93722</u>		
91b	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 <u></u>		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c

If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A

and enter the amount of tax-exempt interest received or accrued during the tax year 92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLINIC ENTRY FEES					16,424.
b TOURN ENTRY FEES					492,104.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					459,813.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	6,866.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					24,229.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				6,866.	992,570.
105 Total (add line 104, columns (B), (D), and (E))					999,436.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93, 94	PROVIDED FUNDS FOR THE ESTABLISHMENT OF STATE WRESTLING TOURNAMENTS AND CLINICS FOR CONTINUED SUPPORT AND PROMOTION OF USA WRESTLING.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest
N/A	%
	%
	%
	%

Part X Information Regarding Transfers Associated with

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums, directly or indirectly, for the organization's exempt purposes?

b Did the organization, during the year, pay premiums, directly or indirectly, for the organization's exempt purposes?

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

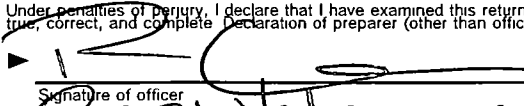
	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

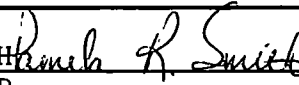
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here


Date 6/14/2009

Signature of officer: ROBERT VALERO SEC/TREA
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

PAMELA R. SMITH  6/11/09 562-70-1479
 HORG & GRAY LLP
 6740 N. WEST AVENUE, SUITE 103
 FRESNO, CA 93711
 94-1743547
 559 439-7400

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2007

Name of the organization CALIFORNIA-USA WRESTLING, INC.	Employer identification number 77-0320978
---	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(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 \$50,000 ▶		0		

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶		0

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a	X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement</p>	3c	X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p>4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.</p>	4a	X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	N/A
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	N/A
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>		0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0.</u></p>		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	15,070.	3,750.	8,798.	3,000.	30,618.
16 Membership fees received	479,607.	504,932.	533,556.	497,349.	2,015,444.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	584,816.	452,617.	493,871.	508,117.	2,039,421.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	3,096.	2,615.	6,761.	5,379.	17,851.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 6	1,686.		539.	1,097.	3,322.
23 Total of lines 15 through 22	1,084,275.	963,914.	1,043,525.	1,014,942.	4,106,656.
24 Line 23 minus line 17	499,459.	511,297.	549,654.	506,825.	2,067,235.
25 Enter 1% of line 23	10,843.	9,639.	10,435.	10,149.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 **N/A** ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines. **18** _____ **19** _____ ▶ **26d**
22 _____ **26b** _____

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year.
 (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1) the amount on line 25 for the year or (2) \$5,000.** (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.
 (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.

c Add. Amounts from column (e) for lines. **15** _____ **16** _____ ▶ **27c**
17 _____ **20** _____ **21** _____ ▶ **27d**

d Add. Line 27a total _____ 0. and line 27b total _____ 0. ▶ **27e**

e Public support (line 27c total minus line 27d total) ▶ **27e** 4,085,483.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f** 4,106,656.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 99.48 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0.43 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

<p>29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?</p>	<p>29</p>		
<p>30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?</p>	<p>30</p>		
<p>31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement)</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>31</p>		
<p>32 Does the organization maintain the following.</p>			
<p>a Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	<p>32a</p>		
<p>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p>	<p>32b</p>		
<p>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	<p>32c</p>		
<p>d Copies of all material used by the organization or on its behalf to solicit contributions?</p>	<p>32d</p>		
<p>If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)</p> <p>-----</p> <p>-----</p>			
<p>33 Does the organization discriminate by race in any way with respect to:</p>			
<p>a Students' rights or privileges?</p>	<p>33a</p>		
<p>b Admissions policies?</p>	<p>33b</p>		
<p>c Employment of faculty or administrative staff?</p>	<p>33c</p>		
<p>d Scholarships or other financial assistance?</p>	<p>33d</p>		
<p>e Educational policies?</p>	<p>33e</p>		
<p>f Use of facilities?</p>	<p>33f</p>		
<p>g Athletic programs?</p>	<p>33g</p>		
<p>h Other extracurricular activities?</p>	<p>33h</p>		
<p>If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)</p> <p>-----</p> <p>-----</p> <p>-----</p>			
<p>34a Does the organization receive any financial aid or assistance from a governmental agency?</p>	<p>34a</p>		
<p>b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.</p>	<p>34b</p>		
<p>35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.</p>	<p>35</p>		

CLIENT 4010

CALIFORNIA-USA WRESTLING, INC.

77-0320978

6/12/09

09.20AM

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 191,266.
COST OR OTHER BASIS: 167,037.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 24,229.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 24,229.

STATEMENT 2
FORM 990, PART I, LINE 16
PAYMENTS TO AFFILIATES

<u>NAME AND ADDRESS</u>	<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
USA WRESTLING 6155 LEHMAN DRIVE COLORADO SPRINGS, CO 80918,	NATL MEMBERSHIP DUES	\$ 340,296.
TOTAL		\$ <u>340,296.</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
ASSOCIATION FEES	9,392.	9,392.		
COACHES EDUCATION	15,284.	15,284.		
NATIONAL TOURNAMENT	359,762.	359,762.		
OTHER	89.		89.	
RETURNED CHECKS	296.	296.		
SCHOLARSHIP PROGRAM	28,010.	28,010.		
STATE PROGRAMS	48,896.	48,896.		
STATE TOURNAMENT	162,751.	162,751.		
TOTAL	\$ <u>624,480.</u>	\$ <u>624,391.</u>	\$ <u>89.</u>	\$ <u>0.</u>

CLIENT 4010

CALIFORNIA-USA WRESTLING, INC.

77-0320978

6/12/09

09 20AM

STATEMENT 4
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
AMERICAN MUTUAL FD CL A	COST	\$ 79.
PUTNAM ASSET ALLOC CL C	COST	0.
	TOTAL	\$ 79.
	PUBLICLY TRADED SECURITIES	\$ 79.

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 54,027.	\$ 27,685.	\$ 26,342.
TOTAL	\$ 54,027.	\$ 27,685.	\$ 26,342.

STATEMENT 6
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
OTHER INCOME	\$ 1,686.	\$ 0.	\$ 539.	\$ 1,097.	\$ 3,322.
TOTAL	\$ 1,686.	\$ 0.	\$ 539.	\$ 1,097.	\$ 3,322.



Board Of Directors

77-0320978

REWA	Tim	Nickols	344 Glenwood Lane	McKinleyville	Ca	95519
NAWA	Brett	Southwick	Po Box 483	Red Bluff	Ca	96080
Kids Director	Bruce	Shelton	285 Blossom Hill road	San Jose	Ca	95123
SJWA	Chopper	Mello	3391 Sherwood Ln	Merced	Ca	95340
Grappling Director	Chris	Carlino	P O Box 7156	Fullerton	Ca	92834-715
Open Director	Dan	Hicks	PO BOX 6810	Fullerton	Ca	92834
Web Master	David	Eisenberg	4604 Corrida Cr	San Jose	Ca	95129
Pairing Dir	Diane	George	2833 Wiese Way	Sacramento	Ca	95833
Womens Director	Diane	George	2833 Wiese Way	Sacramento	Ca	95833
SAWA	Don	Martinez	916-402-3285	Sacramento	Ca	95822
State Chairman	Duane	Morgan	P O BOX 1238	Hollister	Ca	95023
CA Trainer	Dustin	Hopfe	1660 Cattlemen Ct	Reno	Ca	89521
CAGWA	Eddie	Ruiz	4428 Radium Dr	Los Angeles	Ca	90032
Admin Assistant	Greg	Chappel	1568 Windson Way	Brentwood	Ca	94513
MDWA	Greg	Chappel	1568 Windson Way	Brentwood	Ca	94513
Cultural Exch Dir	Keith	Spataro	26 El Campo Drive	So San Francisco	Ca	94080
KCWA	Sandy	Odom	24000 Willow Pass drive	Tehachapi	Ca	93561
IEWA	Lyndon	Campbell	36396 Antwerp	Winchester	Ca	92596
Mat Officials Dir	Pat	Cadwallader	2556 W Greenleaf Ave	Anaheim	Ca	92801
TCWA	Paul	Clementi	244 S Evergreen	Ventura	Ca	93003
Coaches Cert Dir	Paul	Bristow	930 SummerField	Atwater	Ca	95301
SDIKWA	Perry	Watson	13828 Via Boltana	San Diego	Ca	92129
SDWA	Victor	Richmond	8810 Jamacha Blvd C345	Spring Valley	Ca	91977
CVWA	Dr Bruce	Lippmann	1463 Ash	Clovis	Ca	93611
Treasurer	Robert	Valerio	5325 W Clinton	Fresno	Ca	93722
SCVWA	Roberto	Dixon	497 Melville Ave	Marina	Ca	93933
CMWA	Sean	Henry	2353 Wicket Ave	Santa Rosa	Ca	95403
KTWA	Tim	Vanni	2361 W Orange	Porterville	Ca	93257
SCWA	Tom	Caspari	5928 Los Amigos Street	La Palma	Ca	90620
MLWA	Toni	Brown	115 Hillside Place	Jackson	Ca	95642
BAWA	Ricardo	Garcia	2717 Covertry Dr	San Jose	Ca	95127



If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Form section for Part II with fields: Name of Exempt Organization (CALIFORNIA-USA WRESTLING, INC.), Employer identification number (77-0320978), Address (1151 CYPRESS ST, HOLLISTER, CA 95023-5259)

Check type of return to be filed (File a separate application for each return).

Form section for return types with checkboxes: Form 990 (checked), Form 990-PF, Form 990-BL, Form 990-T (section 401(a) or 408(a) trust), Form 990-EZ, Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Form section for extension details: The books are in care of ROBERT VALERIO, Telephone No. 559 275-9478, FAX No. [blank], If the organization does not have an office or place of business in the United States, check this box [checked], If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) [blank].

Form section for extension request: 4 I request an additional 3-month extension of time until 7/15, 20 09. 5 For calendar year [blank], or other tax year beginning 9/01, 20 07, and ending 8/31, 20 08. 6 If this tax year is for less than 12 months, check reason. [] Initial return [] Final return [] Change in accounting period. 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

Table with 3 rows: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ [blank]. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ [blank]. 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. 8c \$ [blank].

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: Pamela K. Smith, Title: CPA, Date: 4/15/09

Notice to Applicant. (To be Completed by the IRS)

Form section for Notice to Applicant with checkboxes: We have approved this application Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other [blank]

Director By Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form section for Alternate Mailing Address: Name HORG & GRAY LLP, Address 6740 N. WEST AVENUE, SUITE 103, City or town, province or state, and country (including postal or ZIP code) FRESNO, CA 93711