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Form 990-EZ

Department of the Treasury
Internal Revenue Service**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)▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SEDRO WOOLLEY STEELCLAW WRESTLING CLUB
Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
PO BOX 716
City or town, state or province, country, and ZIP or foreign postal code
SEDRO WOOLLEY WA 98284

D Employer identification number
90-0618341

E Telephone number
(360) 661-7404

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ WWW.ETEAMZ.COM/STEELCLAWWRESTLING

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 61,761

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 ☐

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	35,138
4	Investment income	4	8
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	26,615
c	Less: direct expenses from gaming and fundraising events	6c	8,105
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	18,510
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	53,656
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	26,920
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	2,561
15	Printing, publications, postage, and shipping	15	1,077
16	Other expenses (describe in Schedule O)	16	24,646
17	Total expenses. Add lines 10 through 16 ▶	17	55,204
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,548
19	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)	19	12,509
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	10,961

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

3-11

17

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

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

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

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 ☐

	Yes	No
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.	33	X
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)	34	X
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)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c 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	35c	X
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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
b Section 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 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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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.	40e	X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>SEE ATTACHMENT #3</u> Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
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: ▶	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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)	45b	X

46 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

	Yes	No
46		X

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

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		X
-----	--	---

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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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."

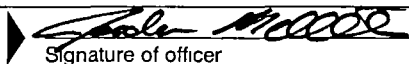
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 and 4947(a)(1) nonexempt charitable trusts 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.

Sign Here		Date 8-20-15
	JORDAN MELLICH Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name STELLA WALSH	Preparer's signature 	Date 8/12/15	Check ☐ if self-employed	PTIN P01007013
	Firm's name H AND R BLOCK	Firm's EIN 571191415		Phone no. 360-848-9415	
	Firm's address 96 E COLLEGE WAY				

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

☐ Yes ☒ No

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		52,684	29,410	45,405	30,137	157,636
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		52,684	29,410	45,405	30,137	157,636
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						157,636

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		52,684	29,410	45,405	30,137	157,636
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		29	40	9	8	86
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		29	40	9	8	86
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		52,713	29,450	45,414	30,145	157,122

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**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests -- 2013. 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 -- 2012.** If the organization did not check a box on line 14 or line 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 ☐

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

SEDRO WOOLLEY STEELCLAW WRESTLING CLUB

Employer identification number

90-0618341

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☒ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 LOGGER ROD (event type)	(b) Event #2 COOKIES CA (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	14,018	7,500	5,097	26,615
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	14,018	7,500	5,097	26,615
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,973		5,973
	8	Entertainment			
	9	Other direct expenses	1,745	387	2,132
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			
					8,105
					18,510

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
1	Gross revenue.				
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

SEDRO WOOLLEY STEELCLAW WRESTLING CLUB

Employer identification number

90-0618341

PAGE 1 990 EZ LINE 16 OTHER EXPENSES

TRAVEL COSTS TO EVENTS

AIRLINE - 3498

HOTEL - 3950

FOOD FOR TEAM MEMBERS - 4346

REIMBURSED TRAVE EXPENSES - 41

TOTAL TRAVEL COSTS - \$11,835

TRAILER EXPENSES FOR STORING EQUIPMENT \$490

TOURNAMENT EXPENSES

YOUTH COACHING - 2180

PAIRING OFFICIALS - 2636

REFEREE FEES - 2060

MANAGER AND COACHES EXPENSES - 4642

TOTAL TOURNAMENT EXPENSES - \$11,518

CLUB BANNER \$49

LICENSES FEES \$690

BANK FEES \$64

TOTAL OTER EXPENSES PAGE 1 990EZ LINE 16 - \$24,646

990 REASONABLE CAUSE EXPLANATION

Attachment 4: page 1 Reasonable Cause Explanation

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending .
Name of Organization SEDRO WOOLLEY STEELCLAW WRESTLING CLUB	Employer Identification Number 90-0618341

Explanation

SEDRO WOOLLEY STEELCLAW WRESTLING CLUB IS A YOUTH BASED ORGANIZATION THAT FILED FOR TAX EXEMPT STATUS IN MAY 2015. ON RECEIPT OF THEIR STATUS AS A TAX EXEMPT STATUS THE IRS REQUESTED RETURNS BACK TO MAY 2010. ORGANIZATION IS RUN BY VOLUNTEERS ARE BELIEVED THEIR STATE NOT FOR PROFIT STATUS WAS ALL THEIR ANNUAL FILING REQUIRED. THE NEW 2015 TREASURER RESEARCHED THEIR STATUS AND CORRECTED THE INCORRECT STATUS

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning , and ending .
Name of Organization SEDRO WOOLLEY STEELCLAW WRESTLING CLUB	Employer Identification Number 90-0618341

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
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Exempt Purpose Achievements

SEDRO WOOLLEY STEELCLAW WRESTLING CLUB PROVIDES A SAFE ENVIRONMENT FOR THE YOUTH OF SEDRO WOOLLEY TO CHANNEL THEIR ENERGIES INTO A SAFE AND SUPERVISED SPORT BOYS AND GIRLS ARE TRAINED BY QUALIFIED COACHES TO PARTAKE IN WRESTLING AS PART OF THE TEAM OR INDIVIALLY IN THE FREESTYLE WRESTLING ARENA. TEAM MEMBERS ARE AFFORDED THE OPPORTUNITY TO COMPLETE AGAINST OTHER TEAMS IN THE STATE AND NATIONALLY.

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2013, or tax period beginning , and ending .

Name of Organization

SEDRO WOOLLEY STEELCLAW WRESTLING CLUB

Employer Identification Number

90-0618341

Part V - Line 42a

Individual Name
or

JORDAN MELLICH

Business Name

Street Address ...

1100 NELSON ST

U.S. Address:

Zip code 98284

City SEDRO WOOLLEY

State WA

or

Foreign Address

City

Province or State

Country .

Postal code

Phone Number ..

Fax Number .

2013 DETAIL STATEMENTSSEDRO WOOLLEY STEELCLAW WRESTL
90-0618341

PAGE 1

STATEMENT #1 - BENEFITS PD TO OR FOR MEMBERS (990-EZ PG 1 LINE 11)

CAMP.....	2,209
ENTRY FEES FOR EVENTS - BOYS.....	5,610
ENTRY FEES FOR EVENTS - GIRLS.....	1,770
UNIFORMS - BOYS.....	1,645
UNIFORMS - GIRLS.....	1,318
WRESTLING MATS AND GENERAL SUPPLIES.....	4,964
AWARDS FOR EVENTS.....	7,166
SCHOLARSHIPS PAID ON BEHALF OF MEMBERS.....	1,000
DUES AND FEES FOR MEMBERS.....	1,238

TOTAL CARRIED TO 990-EZ PG 1 LINE 11..... 26,920

STATEMENT #2 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

SWHS JANITORIAL.....	2,162
REPAIRS AND MAINTENANCE.....	399

TOTAL CARRIED TO 990-EZ PG 1 LINE 14..... 2,561

STATEMENT #3 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

OFFICES SUPPLIES, PO BOX AND PRINTING.....	1,077
--	-------

TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... 1,077

STATEMENT #4 - ASSETS INCLUDED IN 990 (990-EZ PG 1 LINE 1B(II))

LOGGER RODEO BURGAR STAND.....	5,973
COOKIE AND APPAREL FGUNDRAISER EXPENSES.....	1,745
COMAP AND REMAINING SMALL FUND RAISERS.....	387

TOTAL CARRIED TO 990-EZ PG 1 LINE 1B(II)..... 8,105

STATEMENT #5 - REVENUES INCLUDED IN 990 (990-EZ PG 1 LINE 1B(I))

LOGGER RODEO.....	14,018
COOKIES AND APPAREL FUNDRAISER.....	7,500
CAMP AND OTHER SMALL FUNDRAISING EVENTS.....	5,097

TOTAL CARRIED TO 990-EZ PG 1 LINE 1B(I)..... 26,615

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC
INSPECTION

For calendar year 2013, or tax period beginning , and ending .

Name of Organization

SEDRO WOOLLEY STEELCLAW WRESTLING CLUB

Employer Identification Number

90-0618341

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
ROBERT GUFFIE PRESIDENT		0	0	0
STEVE GARCIA VICE PRESIDENT		0	0	0
JORDAN MELLICH TREASURER		0	0	0
MISSY BROWN SECRETERY		0	0	0