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· 990-EZ

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)

2013

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ 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.

A For the 2013 calendar year, or tax year beginning , 2013, and ending JUNE 30 , 20 JULY 1 C Name of organization B Check if applicable: D Employer identification number Address change 54-2090749 FRIENDS OF GRIZZLIES WRESTLING Number and street (or P.O box, if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return 414 TIRRELL HILL ROAD Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ **GOFFSTOWN NH 03045** Application pending H Check ▶ If the organization is not required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF). 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 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 2 2 Program service revenue including government fees and contracts 8050.65 3 3 4 4 **5a** Gross amount from sale of assets other than inventory . . . Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue **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 Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 8050.65 10 Grants and similar amounts paid (list in Schedule O) 10 4786.47 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits . . . 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping . . . 15 16 Other expenses (describe in Schedule O) . . . 16 1755.00 Total expenses. Add lines 10 through 16 17 17 6541.47 Excess or (deficit) for the year (Subtract line 17 from line 9) . . 18 18 1509.18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 6397.69 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 7906.87

SCANNED SEP

Pa	rt II Balance Sheets (see the instructions	•		·		
	Check if the organization used Schedul	e O to respond to a	ny question in this			
	Only and the second			(A) Beginning of year	001	(B) End of year
22	Cash, savings, and investments			6397.69	23	7906.87
23 24	Land and buildings				24	
25	Total assets			6397.69		7906.87
26	Total liabilities (describe in Schedule O) .			0007.00	26	7300.07
27	Net assets or fund balances (line 27 of colum		h line 21)	6397.69		7906.87
Par	t III Statement of Program Service Accor			Part III)		Expenses
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III 🔲	(Red	quired for section
Wha	at is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomp neasured by expenses. In a clear and concise of cons benefited, and other relevant information for e	manner, describe the			494	anizations and section 7(a)(1) trusts; optional others)
_~						
	(Grants \$) If this amour	nt includes foreign gra	ints, check here .	▶ 🗆	28 a	<u> </u>
29						

	(Grants \$) If this amoun	nt includes foreign gra	ants, check here .	▶ ∐	29a	
30					1	1

	(Grants \$) If this amoun	nt includes foreign gra	nts. check here .	▶ 🗍	30a	,
31	Other program services (describe in Schedule O)					
		nt includes foreign gra			31a	.
	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Ke					_
	Check if the organization used Schedul	e O to respond to a	ny question in this	(d) Health benefits,		<u></u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS((if not paid, enter -0-	contributions to employ C) benefit plans, and		Estimated amount of other compensation
SEE	ATTACHED SCHEDULE IV				\top	
NO C	COMPENSATION PAID TO OFFICERS OR DIRECTOR					
AVE	RAGE TIME SPENT: FIVE HOURS PER WEEK				Ì	
<u>DUR</u>	ING WRESTLING SEASON				_ _	· · · · · · · · · · · · · · · · · · ·
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		1
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		✓
	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		1
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	1	
С	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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:]	
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
700	section 4911 ► ; section 4912 ► ; section 4955 ►			
ь	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		✓
С	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		,
41	List the states with which a copy of this return is filed ▶	400	11	
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Tonatad at N			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			ļ
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		✓
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			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		✓
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			_
4=	explanation in Schedule O	44d	 	√
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	✓
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		1

•											
Form 990-	-EZ (20	13)								Р	age 4
							•			Yes	No
		e organization engage, directly or in ndidates for public office? If "Yes," o							46	` '	
Part V		Section 501(c)(3) organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					70 1		
		All section 501(c)(3) organization		estions 47–49b ai	nd 52, a	ınd co	mplete the	ə table	es fo	r line	es
		50 and 51.									
		Check if the organization used Scl	nedule O to respond	to any question	in this P	art VI	· • •	<u>· · · · · · · · · · · · · · · · · · · </u>	.	 V	
47 [Did th	ne organization engage in lobbying	activities or have a	section 501(h) ele	ction in	effect o	during the	tax 🗀	\dashv	Yes	No
		If "Yes," complete Schedule C, Par							47		1
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Sc			ete Sche	dule E		. [48		✓		
					· -	19a		✓			
		s," was the related organization a se plete this table for the organization's							ISTOR	e an	d key
30 6	olame	byees) who each received more than	\$100,000 of compe	nsation from the or	ganizati	on. If th	ere is non	e, ente	r "No	one."	a ncy
	· ·		(b) Average	(c) Reportable	(0	i) Health	benefits,				
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MI)	honei	it plans,	to employee and deferred	(e) Estir other	comp		
				(compen	sation				
					j						
											
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			· · · · · · · · · · · · · · · · · · ·	 							
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		number of other employees paid ovolete this table for the organization		· · · — · · · · · · · · · · · · · · · ·	ont cont		who onch	roosi	rod i	mara	than
51 (\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."	ent cont	aciors	WIIO Eaci	receiv	/eu i	HOIE	шан
 -	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Compen	nsatio	 n	
				(1,1),							
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				1							
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				1							
				<u> </u>							
		number of other independent contra	_		.▶	40.47/	1/41				
		ne organization complete Schedule A kempt charitable trusts must attach			ons and			▶ 🗷 Y	Yes		No
Under per	naities	of periury. I declare that I have examined this	eturn, including accompan	lying schedules and stat	tements, ar	nd to the	best of my kn				
true, corre	ect, an	d complete Peclaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer has any	knowled	ige.				
Sian		1 Several Com				Date	8/25/	14			
Sign Here		CHERYL ROUTHIER, TREASURER	1			Date	, · ·				
. 1010		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf PT	IN		_
Prepa	rer	<u> </u>			L		self-emplo	yed			
Use O		Firm's name				Firm	's EIN ▶				

Firm's address

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

► ☐ Yes ☐ No

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

lame	of the organization						j.	Employer &	dentification	n number		
	IDS OF GRIZZLIES		- 							90749		
Par			rity Status (All orga						nstruction	ons.		
_	•	•	ition because it is: (Fo		•	=	•	•	3			
1	· ·		hes, or association of			ea in sec	tion 170	(D)(1)(A)(I)).			
2			170(b)(1)(A)(ii). (Attac			oostion :	170/6\/4\/	(A)/iii)				
3 4		•	spital service organiza on operated in conjuna						N/51/(A)	(iii) Ente	r the	
•	_	ne, city, and state	•	50011 W 101	i u nospii	ai degerii	500 III 50		(2)(.)((4)	(iii)i Liite		
5	☐ An organization	•	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit c	lescrit	ed in
6 7	☐ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nit or fron	n the ge	neral į	oublic
8	☐ A community	trust described in	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct int income and unrel fter June 30, 1975. Se	ions—sul lated bus	oject to d siness ta	certain ex xable ind	ceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10	☐ An organization	on organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)	(4).			
11	purposes of o	one or more pub	nd operated exclusive plicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or so	ection 50	9(a)(2). S	-	
	a 🗹 Type I	b 🗌 Type	II c ☐ Type III	-Functio	nally inte	grated	d 🔲	Type III-t	Non-funct	tionally in	itegraf	ted
e			that the organization ers and other than one									
	or section 509		ers and other than one	o more	publicly	Support	su organi	izations (rescribed	i iii Secii	511 503	3(a)(1)
f	If the organiz	ation received a	a written determination	on from t	he IRS t	that it is	а Туре	I, Type	ll, or Typ	e III su	portir	ng _
_	•	check this box .				 دند د دانده د .						
g	following pers		he organization accep	oted any	gitt or co	ontributio	n irom a	iny or the	,			
	- .		ndirectly controls, eitl	ner alone	or toget	har with	noreone	describe	d in (ii) a	nd	Yes	No
			ody of the supported of							11g(i	+	1
	• •	•	on described in (i) abo	-						11g(ii	 	1
		•	a person described in					· · ·		11g(iii	1	1
h		-	on about the support							119(<u>'1</u>	L. <u>*</u>
(i) I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	rganization	(v) Did y the organ col. (i)	ou notify nization in of your port?	organiza (i) organi	s the tion in col zed in the S.?	(vii) Amou sı	nt of mo	onetary
			(000 med dodding)	Yes	No	Yes	No	Yes	No	1		
A)												<u>-</u>
B)												
C)		-					<u> </u>					
D)							<u></u>					
E)												
												

							, ugo
Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 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.						
	on B. Total Support		·		r		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						<u> </u>
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			_		
Sooti	on C. Computation of Public Suppor		<u> </u>				
	Public support percentage for 2013 (line 6			1 001,000 (6)		14	
14 15	Public support percentage for 2013 (line of Public support percentage from 2012 Sch		•			15	76
16a	331/8% support test—2013. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	heck this
b	331/3% support test—2012. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circu	and-circumsta	nces" test, che t. The organiza	eck this box ar ation qualifies	nd stop here. E as a publicly s	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the	facts-and-circumst	rcumstances" ances" test. T	test, check the he organizatio	nis box and st on n qualifies as a	, and line op here .
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	

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.)

Secti	on A. Public Support						
Calen	dar 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 ")	•					ļ
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					1	
	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				 · · · · · · · · · · · · · · · · ·		-
7a	Amounts included on lines 1, 2, and 3			1. "	1		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified					ŀ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		,				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				 		
	line 6.)						
Secti	on B. Total Support				l	l	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				<u> </u>		
	payments received on securities loans, rents,	1				1	
	royalties and income from similar sources .	1					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	: !	1			İ	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on				1		
12	Other income. Do not include gain or						
	loss from the sale of capital assets				1		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				<u>.</u>		
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her					<u> </u>	🕨 🗆
Secti	on C. Computation of Public Suppor	 			·		
15	Public support percentage for 2013 (line 8						<u>%</u>
16	Public support percentage from 2012 Sch				· · · · · · · · · · · · · · · · · · · 	16	%
	on D. Computation of Investment Inc			P. 40 :	(0)	1 1	
17	Investment income percentage for 2013 (I		• • •	•			<u>%</u>
18	Investment income percentage from 2012						<u>%</u>
19a	331/3% support tests—2013. If the organi						
_	17 is not more than 331/2%, check this box a		-	•		-	
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/3%, check this b	-	-	· · · · · · · · · · · · · · · · · · ·	• •		
20	Private foundation. If the organization did	not check a	box on line 14,	, 19a, or 19b, o	check this box	and see instru	ctions

SCHEDUIE A (F	Offit 990 of 990-E2/2013
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part I: Statement of Support, Revenue, and Expenses

Contributions

Program Service revenue 8,050.65

Membership Dues

Interst & Dividents

Special Fundrasing Events

Gross Revenue
Direct Expenses
Net Income

Other Revenue

Total Revenue 8,050.65

Expenses

Program Services 4,786.47

Management & General 1,755.00

Total Expenses 6,541.47

Net Excess \$1,509.18

Fund Balance

Excess \$1,509.18

Fund Balance at Beginning of Year 6,397.69

Other Changes

Fund Balance at End of Year \$7,906.87

Part II: Statement of Functional Expenses

Administrative

State of NH - Charitable Trusts - Annual Report Fee 75.00

MMG Insurance 400.00

General

Coaches Fee 1,000.00

Athletic Awards 280.00

Total Functional Expenses 1,755.00

Part III: Statement of Program Services

	CY
Program Book	-
Grizzlies Brawl Tournament	204.00
Middle School Tournament	-
(NHWWOA - Refs)	1,000.00
Tournament Entry Fees	1,370.00
End of Season Banquet	1,550.92
Equipment Purchase (singlets)	661.55
Total Program Service Expense	4,786.47

Part VI: Balance Sheet

Assets	6/30/2013	6/30/2014
Cash	6,397.69	7,906.87
Total Assets	6,397.69	7,906.87
Liabilities		
Accounts Payable	0	0
Total Liabilities	0	0
Fund Balance	6,397.69	7,906.87

Part V: Program Service Revenue and Other Revenue

Program Book	CY
Program book	1,700.00
Grizzlies Brawl Tournament 12/7	3,006.50
Tri-meet 1/4/14	272.00
Tri-meet 2/8/14	198.00
End of Season Banquet	840.00
\$1000 Raffle (50/50)	1,680.00
Merchandise Sales	354.15
Total Income	8,050.65

FRIENDS OF GRIZZLIES WRESTLING ANNUAL REPORT 2013-2014 OFFICERS AND BOARD OF DIRECTORS

Cheryl Routhier - Treasurer 414 Tirrell Hill Road Goffstown NH 03045 603-384-1010

Mark Cusson - President 121 Magnolia Drive Goffstown NH 03045 603-624-6921

Tammy Bean - Vice President 12 August Circle Goffstown NH 03045

Linda Marcoux 72 Robert Rogers Road Dunbarton NH 03046 603-774-3857

Deb Nikias 36 First Ave Goffstown NH 03045 603-497-4347

Andrew Pyszka - Co-President 47 Magnolia Drive Goffstown NH 03045