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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)

2016

OMB No 1545-1150

Open to Public Inspection

▶ 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 2016 calendar year, or tax year beginning April 1 2016, and ending March 31 B Check if applicable C Name of organization D Employer identification number Address change NORTH HALL WRESTLING CLUB INC. 465566271 Number and street (or PO box, if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return 866-936-6209 4885 MT VERNON RD Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Application pending GAINESVILLE, GA 30506 H Check ► ☑ if the organization is not Other (specify) G Accounting Method I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 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 53054 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \square Contributions, gifts, grants, and similar amounts received 5200 2 2 Program service revenue including government fees and contracts 5965 3 3 8190 4 4 Investment income . . 5a Gross amount from sale of assets other than inventory . 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 720 Gross income from fundraising events (not including \$ of contributions from fundraising-evente-reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 32979 Less: direct expenses from gaming and fund@sing events . . . 6с 27853 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 8 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 47208 10 10 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits . . . 12 13 13 Professional fees and other payments to independent contractors 14 14 15 15 16 16 43328 Total expenses. Add lines 10 through 16 17 17 43328 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 3880 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 10303 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 14183

SCANNED AUG 1 6 2017



Form 990-EZ (2016)

-	330-22 (2010)					
Pa	tt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar		Part II	<u>· · ·</u>	(B) End of year
22	Cash, savings, and investments		}-	10303	22	14183
23	Land and buildings				23	14183
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets		[10303	25	14183
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column			10303	27	14183
Par						Expenses
Wha	Check if the organization used Schedule t is the organization's primary exempt purpose?					quired for section
						(c)(3) and 501(c)(4) anizations, optional for
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m	snments for each of anner, describe the	services provided	, the number of		ers)
	ons benefited, and other relevant information for ea					
28	UNIFORMS					
						[
	(O			• 🗖	00.	
29	(Grants \$) If this amount				28	13275
	COACHING					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	29:	a 12058
30	TOURNAMENTS FEES, FOOD, TRAVEL				ł	-
	(Create C		nto obsolv bors		30	7544
31	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here .		30,	a 7544
٥.		includes foreign gra			31:	a 10451
32	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	n one even if not com	pensated—see the i	nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u>.</u>	<u> D</u>
	(a) Name and bits	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ		e) Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
MAT	T WHITMIRE, PRESIDENT		· - · · · · · · · · · · · · · · · · · ·	 	+	
110101		10		ol	0	C
JULI	E BATTLE, TREASURER					
	_ _	11)	0	
DEE	NAH CARLTON, SECRETARY			}		_
	FC LEEDEN DATES MOS POSCIOENT	10)	의-	C
JAM	ES JEFFREY BATTLE, VICE PRESIDENT	-		,		(
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Part				\Box
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	100	<u>.,,</u>
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		-
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		√
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		√
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		_
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	*	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	ł		
a	Initiation fees and capital contributions included on line 9	-	}	
ь 40а	Gross receipts, included on line 9, for public use of club facilities	1		
b	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed ► GEORGIA			
42a		404-58		8
L	Located at ► 4885 MT VERNON RD, GAINESVILLE, GA ZIP + 4 ►	30	506	
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)?	42b		No /
	If "Yes," enter the name of the foreign country: ▶			Ť
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
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			▶ 🗆
			Yes	No
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		1
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	ļ	1
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	44d		1
45a	• • • • • • • • • • • • • • • • • • • •	45a	 	1
b	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

								Yes	NO
46		ne organization engage, directly or ir						}	j
		ndidates for public office? If "Yes," of	 	Part I	<u> </u>	<u> </u>	. 46	<u> </u>	✓
Part		Section 501(c)(3) organizations			50	1 - A - Al-	- 4-1-1	4 1i	
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47-49b and :	52, and (complete th	e tadies	tor IIn	es
		Check if the organization used Sci	nedule O to respond	to any question in the	his Part \	<u> </u>	<u> </u>		. 🗆
								Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) electio	n in effec	at during the	tax 47		1
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule	Ε	. 48		1
49a		ne organization make any transfers t					. 498	-	1
þ		s," was the related organization a se					. 49b		<u></u>
50		plete this table for the organization's							
	emple	oyees) who each received more than	\$100,000 of comper	sation from the organ			e, enter "I	None.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit pla	alth benefits, ons to employee ns, and deferred pensation			
NONE				<u> </u>	<u> </u>				
					<u> </u>				
			· · · · · · · · · · · · · · · · · · ·		↓				
					1		l		
			· · · · · · · · · · · · · · · · · · ·		 		 		
					1		1		
					 		 		
f	Total	number of other employees paid ov	er \$100.000	. •	1				
51		plete this table for the organization	· ·		contract	- ors who eac	h receive	d more	e than
		000 of compensation from the orga							
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	/ice) Compensa	ation	
				(0) //pc c. cc.		,			
NONE						- [
		***************************************				Ì			
				ļ					
		•••••							
			- 						
				1					
		number of other independent contra	•		<u> </u>				
52		the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga	ınizations	must attac		. —	A1 -
		eleted Schedule A	<u> </u>	<u> </u>	· · ·	· · · · · ·	.► ✓ Ye		No
under p true, cor	enalties rect, an	of perjury, I declare that I have examined this discomplete. Declaration of preparer (other that	return, including accompar n officer) is based on all info	rying schedules and statem ormation of which preparer	ents, and to has any kno	the best of my i wledge.	nowledge al	na Delle	7, IT IS
		1 1.1.12				1/20	1/2		
Sign		Signature of officer				Date Date			
Here		Julie V. Bathle							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	Di	ate	7 Check [] if PTIN		
Prepa	arer	AMANDA SEVERANCE	IXMANARIN	vunce !	112111	self-empl	1	02043	310
Use (Firm's name ► PARENT BOOSTER	UŠÁ INC		,	Firm's EIN ▶	30-02	281785	<u> </u>
		Firm's address ➤ 3554 W ORANGE CC				Phone no.	866-93		
May th	e IRS	discuss this return with the prepare	r shown above? See	instructions	<u> </u>	<u>.</u> .	► ✓ Ye	es 🔲	No

Form 990-EZ (2016)

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.

2016

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

w.irs.gov/form990. Inspection

Employer identification number

		ALL WRESTLING CLUB INC					46556	
Par	t I	Reason for Public Char	ity Status (All o	organizations must	complet	e this pa	art.) See instructio	<u>18.</u>
The o	orga	nization is not a private foundat	ion because it is	: (For lines 1 through	12, chec	k only on	e box.)	
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hos						
4		A medical research organizatio						ii). Enter the
-		hospital's name, city, and state	•	,				•
5		An organization operated for t		college or university of	owned or	operate	d by a government	al unit described in
•		section 170(b)(1)(A)(iv). (Comp		bollogo or armyoromy s	J 177 10 G	орогано	a by a goro	
6		A federal, state, or local govern	-	montal unit docoribod	in poetio	n 170/h\/	/4\/A\/ ₆ \	
		An organization that normally i						the general public
7	_				ווטוו ווטוו	a govern	imental unit of nom	the general public
_	_	described in section 170(b)(1)(•				
8	_	A community trust described in			· ·			
9		An agricultural research organiz						
		or university or a non-land-gran	nt college of agri	culture (see instructio	ns). Ente	r the nam	e, city, and state of	the college or
		university:						
10	✓	An organization that normally re	eceives: (1) more	e than 331/3% of its su	pport fro	m contrib	outions, membership	tees, and gross
		receipts from activities related support from gross investment	io its exempt fur income and unr	elated business taxab	ole incom	eplions, e (less se	ection 511 tax) from	businesses
		acquired by the organization af	ter June 30, 197	5. See section 509(a)(2). (Con	nplete Pa	rt III.)	
11		An organization organized and	operated exclus	ively to test for public	safety. S	See secti	on 509(a)(4).	
12		An organization organized and	operated exclusi	ively for the benefit of	, to perfo	rm the fu	inctions of, or to car	ry out the purposes
		of one or more publicly suppo	rted organization	ns described in secti	on 509(a)	(1) or se	ction 509(a)(2). See	section 509(a)(3).
		Check the box in lines 12a throi	ugh 12d that des	cribes the type of sup	porting o	rganizatıd	on and complete line	s 12e, 12f, and 12g.
а		Type I. A supporting organi	zation operated	, supervised, or contr	olled by it	s suppoi	ted organization(s),	typically by giving
		the supported organization						
		supporting organization. Yo						
b		Type II. A supporting organ	uzation supervise	ed or controlled in co	nnection	with its s	upported organization	on(s), by having
_		control or management of t						
		organization(s). You must o						
С		Type III functionally integi				onnection	with, and functiona	Illy integrated with.
·		its supported organization(s						,,,
d		☐ Type III non-functionally i	· ·	•				rted organization(s)
•		that is not functionally integ						
		requirement (see instruction						
			•	·-				J. Tupo III
е		 Check this box if the organ functionally integrated, or T 						ен, туренн
	_	• •		tionally integrated sup		_		
, i		nter the number of supported or rovide the following information						
g								6-D A
	(1) [Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–10	(iv) is the a listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docur	ment?	instructions)	instructions)
						Na		
_					Yes	No		
(A)								
(B)								
		<u>-</u> -						
(C)								
					ļ			
(D)								
(E)								
					I	l	I	

Total

Part							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	() 0040	1 0000	() 2244	(0.0015	1 1 2010	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	•	,			12	5047 7/07
13	First five years. If the Form 990 is for the organization, check this box and stop he				•		
Secti	on C. Computation of Public Suppor		· · · · ·	• • • • •	• • • • •		> [
14	Public support percentage for 2016 (line			11 column (f)		14	%
15	Public support percentage from 2015 Sci					15	
16a	331/3% support test—2016. If the organ box and stop here. The organization qua	zation did not	t check the bo	x on line 13, a	nd line 14 is 3	31/3% or more,	check this
b	331/3% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means the "Part VI how the organization meets the "organization".	eets the "facts facts-and-circ	s-and-circumst	ances" test, cl est. The organ	heck this box	and <mark>stop here</mark>	. Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	ne "facts-and-	circumstances stances" test.	" test, check The organizat	this box and	stop here.
18	Private foundation. If the organization di instructions						

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")				16000	13390	29390
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				Ì		
	organization's tax-exempt purpose				6500	5965	12465
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				28500	33699	62199
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf				0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				0	0	0
6	Total. Add lines 1 through 5				51000	53054	104054
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ		0	0	0
b	Amounts included on lines 2 and 3		{	ł	ł	l	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			Ĭ	1 _		•
_			 		0	0	0
С 8	Add lines 7a and 7b			 			0
•	line 6.)						104054
Secti	on B. Total Support	l	<u></u>	1			10.004
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(47.33.33			51000	53054	104054
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		<u></u>		0	0	0
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975				0	0	0
С	Add lines 10a and 10b				0	0	0
11	Net income from unrelated business	1	}			}	
	activities not included in line 10b, whether		-				
	or not the business is regularly carried on		 	ļ	0		0
12	Other income. Do not include gain or		1]	
	loss from the sale of capital assets (Explain in Part VI.)	}			_	_	
13	Total support. (Add lines 9, 10c, 11,	<u> </u>	 	 	0	0	0
13	and 12.)				51000	53054	104054
14	First five years. If the Form 990 is for the	he organizatio	n's first secon	nd third fourth			
	organization, check this box and stop he	•					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2016 (line			13, column (f))		15	%
16	Public support percentage from 2015 Sc		-			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016			oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests - 2016. If the organ	nization did no	t check the bo	ox on line 14, a	and line 15 is m	nore than 331/39	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2015. If the organi						
00	line 18 is not more than 33½%, check this	-					
20	Private foundation. If the organization d	ig not check a	i nox on line 14	+. 19a. or 19b.	CHECK THIS DOX	and see instru	ctions 🕨 📗

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v.	<u>/</u>	
Secti	on A. All Supporting Organizations		<u> </u>	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b_		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	
	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	ļ. 	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		

determine whether the organization had excess business holdings.)

Part	N Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ا نا		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	<u> </u>	L
<u> </u>	on p. Type i supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		_	
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
OCCI	on o. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	-	
Secti	on D. All Type III Supporting Organizations		•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
9		1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		-
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((see ın	struct	ions).
2	Activities Test. Answer (a) and (b) helow		Yes	No
	Activities Test. Answer (a) and (b) below.		res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	· · · · · · · · · · · · · · · · · · ·	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		-
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III support	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Sect	on D - Distributions			Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·					
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	nonsive				
	(provide details in Part VI). See instructions.	in the organization to rec	ponorvo				
9	Distributable amount for 2016 from Section C, line 6						
	Line 8 amount divided by Line 9 amount						
	Eine o amount divided by Eine o amount		(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2016:						
a							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g							
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
с	Remainder, Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
·	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3						
•	and 4c.						
8	Breakdown of line 7:						
a	1						
<u>u</u>	Excess from 2013						
<u>_</u>	Excess from 2014						
d	Excess from 2015						
				 			
<u>е</u>	Excess from 2016	J		<u> </u>			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

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.

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Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
NORTH HALL WRESTLING CLUB INC	465566271

PT LN 16 OTHER EXPENSES PROGRAM SERVICE EXPENSES 43328	

PT III LN 31a OTHER PROGRAM SERVICE EXPENSES REFEREES 3249, SUPPLIES 3118, TROPHIES	S/MEDALS 1865,
BANQUET GIFTS 900, TRAINERS 831, TRACK WRESTLING 438, GUIDED FISHING TRIP 50	
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