

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2017
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 09/01/17, and ending 08/31/18

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization U.S.A. WRESTLING NEW JERSEY INC		D Employer identification number 54-2172274
	Doing business as		E Telephone number 908-766-7000
	Number and street (or P.O. box if mail is not delivered to street address) 935 SHERIDAN STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code UNION NJ 07083		G Gross receipts\$ 356,263
F Name and address of principal officer: WILLIAM TERRELL			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: USAWNJ.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2005
			M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT CENTERS AND CLINICS FOR YOUTH WRESTLING AND PROVIDE THE OPPORTUNITY TO PROVIDE YOUTH WRESTLERS WITH THE ABILITY TO ENTER TOURNAMENTS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239,449	353,407
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,233	2,856
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,682	356,263
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	222,179	349,497
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	222,179	349,497	
19 Revenue less expenses. Subtract line 18 from line 12	19,503	6,766	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	208,953	214,269
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		208,953	214,269

Part II Signature Block

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	Signature of officer		Date		
	WILLIAM TERRELL Type or print name and title		CHAIRMAN		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT MCARDLE	ROBERT MCARDLE			P01548952
	Firm's name ▶ MAX BUSSEL & COMPANY, CPA'S	Firm's EIN ▶ 22-1468945			
Firm's address ▶ 285 DURHAM AVE STE 2D			Phone no. 908-753-1717		
Firm's address ▶ SOUTH PLAINFIELD, NJ 07080					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 09/01/18, and ending 08/31/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">U.S.A. WRESTLING NEW JERSEY INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">935 SHERIDAN STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">UNION NJ 07083</p>	D Employer identification number <p style="text-align: center;">54-2172274</p> E Telephone number <p style="text-align: center;">908-766-7000</p> G Gross receipts\$ 417,234
F Name and address of principal officer: <p style="text-align: center;">WILLIAM TERRELL</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ USAWNJ.ORG		L Year of formation: 2005
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO SUPPORT CENTERS AND CLINICS FOR YOUTH WRESTLING AND PROVIDE THE OPPORTUNITY TO PROVIDE YOUTH WRESTLERS WITH THE ABILITY TO ENTER TOURNAMENTS</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)	353,407	414,365
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,856	2,869
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	356,263	417,234
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	349,497	440,184
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	349,497	440,184
	19 Revenue less expenses. Subtract line 18 from line 12	6,766	-22,950
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	214,269	193,408
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	214,269	193,408

Part II Signature Block

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	Signature of officer <p style="text-align: center;">WILLIAM TERRELL</p> Type or print name and title <p style="text-align: center;">CHAIRMAN</p>	Date			
Paid Preparer Use Only	Print/Type preparer's name Robert McArdle	Preparer's signature Robert McArdle	Date	Check <input type="checkbox"/> if self-employed	PTIN P01548952
	Firm's name ▶ Max Bussel & Company, CPA's	Firm's EIN ▶ 22-1468945			
	Firm's address ▶ 285 Durham Ave Ste 2D South Plainfield, NJ 07080		Phone no. 908-753-1717		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 09/01/19, and ending 08/31/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">U.S.A. WRESTLING NEW JERSEY INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">935 SHERIDAN STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">UNION NJ 07083</p>	D Employer identification number <p style="text-align: center;">54-2172274</p> E Telephone number <p style="text-align: center;">908-766-7000</p> G Gross receipts\$ 121,514
F Name and address of principal officer: <p style="text-align: center;">WILLIAM TERRELL</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ USAWNJ.ORG		L Year of formation: 2005
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO SUPPORT CENTERS AND CLINICS FOR YOUTH WRESTLING AND PROVIDE THE OPPORTUNITY TO PROVIDE YOUTH WRESTLERS WITH THE ABILITY TO ENTER TOURNAMENTS</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	414,365	118,818
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,869	2,696
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	417,234	121,514
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	440,184	126,210
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	440,184	126,210	
19 Revenue less expenses. Subtract line 18 from line 12	-22,950	-4,696	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	193,408	246,041
	22 Net assets or fund balances. Subtract line 21 from line 20	0	53,959
		193,408	192,082

Part II Signature Block

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	Signature of officer <p style="text-align: center;">WILLIAM TERRELL</p>	Date
	Type or print name and title <p style="text-align: center;">CHAIRMAN</p>	

Paid Preparer Use Only	Print/Type preparer's name ROBERT MCARDLE	Preparer's signature ROBERT MCARDLE	Date	Check <input type="checkbox"/> if self-employed	PTIN P01548952
	Firm's name ▶ MAX BUSSEL & COMPANY, CPA'S			Firm's EIN ▶ 22-1468945	
	Firm's address ▶ 285 DURHAM AVE STE 2D SOUTH PLAINFIELD, NJ 07080			Phone no. 908-753-1717	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 09/01/20, and ending 08/31/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">U.S.A. WRESTLING NEW JERSEY INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">935 SHERIDAN STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">UNION NJ 07083</p>	D Employer identification number <p align="center">54-2172274</p> E Telephone number <p align="center">908-766-7000</p> G Gross receipts\$ 403,799
F Name and address of principal officer: <p align="center">WILLIAM TERRELL</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ USAWNJ.ORG		L Year of formation: 2005
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">TO SUPPORT CENTERS AND CLINICS FOR YOUTH WRESTLING AND PROVIDE THE OPPORTUNITY TO PROVIDE YOUTH WRESTLERS WITH THE ABILITY TO ENTER TOURNAMENTS</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	
	9 Program service revenue (Part VIII, line 2g)	118,818	399,501
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,696	4,298
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,514	403,799
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	126,210	388,821
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	126,210	388,821	
19 Revenue less expenses. Subtract line 18 from line 12	-4,696	14,978	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	246,041	210,114
	21 Total liabilities (Part X, line 26)	53,959	0
	22 Net assets or fund balances. Subtract line 21 from line 20	192,082	210,114

Part II Signature Block

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	Signature of officer <p align="center">WILLIAM TERRELL</p>	Date
	Type or print name and title <p align="center">CHAIRMAN</p>	

Paid Preparer Use Only	Print/Type preparer's name ROBERT MCARDLE	Preparer's signature ROBERT MCARDLE	Date	Check <input type="checkbox"/> if self-employed	PTIN P01548952
	Firm's name ▶ MAX BUSSEL & COMPANY, CPA'S			Firm's EIN ▶ 22-1468945	
	Firm's address ▶ 285 DURHAM AVE STE 2D SOUTH PLAINFIELD, NJ 07080			Phone no. 908-753-1717	

May the IRS discuss this return with the preparer shown above? See instructions Yes No