

CITY of NOVI CITY COUNCIL

**Agenda Item R
November 10, 2008**

SUBJECT: Approval of resolution recognizing the Cliff Keen Wrestling Club as a non-profit organization for purposes of fundraising.

SUBMITTING DEPARTMENT: City Clerk's Office

CITY MANAGER APPROVAL: *Mark Probst*

BACKGROUND INFORMATION: The Cliff Keen Wrestling Club is a non-profit organization based in Novi. They are requesting a gaming license from the State of Michigan to hold a Millionaire Poker Party fundraising event in Warren this month. They are required by the State Act 382 of 1972 to request a resolution recognizing them as a non-profit organization from the jurisdiction where they are based. Such a resolution carries no obligation from or endorsement by the City of Novi. They have submitted IRS and financial documents as requested. The Police Department has reviewed their submission and finds no reason to deny the request.

RECOMMENDED ACTION: Approval of resolution recognizing the Cliff Keen Wrestling Club as a non-profit organization for purposes of fundraising.

	1	2	Y	N
Mayor Landry				
Mayor Pro Tem Capello				
Council Member Crawford				
Council Member Gatt				

	1	2	Y	N
Council Member Margolis				
Council Member Mutch				
Council Member Staudt				



MEMORANDUM

CITY COUNCIL

Mayor
David B. Landry

Mayor Pro Tem
Kim Capello

Bob Gatt

Terry K. Margolis

Andrew Mutch

Kathy Crawford

Dave Staudt

City Manager
Clay J. Pearson

Chief of Police
David E. Molloy

Deputy Chief of Police
Thomas C. Lindberg

TO: Maryanne Cornelius
City Clerk

FROM: David E. Molloy *DEM*
Chief of Police

DATE: November 3, 2008

RE: Charitable Gaming License/Cliff Wrestling Club

Application for a charitable gaming license for the Cliff Keen Wrestling Club to hold a Millionaire Poker Party at Pampa's in Warren Michigan has been reviewed.

With this we find no reason to deny this request.

Novi Police Department
45125 W. Ten Mile Road
Novi, Michigan 48375
248.348.7100
248.347.0590 fax

cityofnovi.org



FDI GROUP

39500 High Pointe Boulevard, Suite 400
Novi, Michigan 48375
Phone 248-348-8200 / 800-828-0759
Fax 248-348-1697

October 22, 2008

Mr. David Landry, Mayor
City of Novi
45175 West Ten Mile Road
Novi, MI 48375

Re: Cliff Keen Wrestling Club Local Governing Body Resolution for Charitable Gaming Licenses

Dear Mr. Landry:

The Cliff Keen Wrestling Club is a Non-Profit Corporation 501 (c) (3). The Club was incorporated in 1985 and has operated out of the office of the FDI Group in Novi since its inception. The Clubs primary function is to support and promote amateur wrestling in the State of Michigan.

The Club has recently made application to the Charitable Gaming Division of the Michigan Lottery for a Millionaire Poker Party License. Our event is planed for November 5-20, 2008 and will be held at Pampa's in Warren Michigan. As part of the licensing conditions the Club is required to submit to the local governing body, the Novi City Council, a Local Governing Body Resolution For Charitable Gaming Licenses form (copy enclosed).

I greatly appreciate your assistance in expediting the approval and completion of this form. If you have any questions or require and additional information, please contact me at your convenience.

Sincerely,

Cliff Keen Wrestling Club

Mark B. Churella
Secretary / Treasurer

MBC/mc

Enclosure

CITY OF NOVI
CITY CLERK'S OFFICE
2008 OCT 24 P 12:18



Charitable Gaming Division
 Box 30023, Lansing, MI 48909
 OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing MI 48933
 (517) 335-5780
 www.michigan.gov/cg

LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES
 (Required by MCL.432.103(9))

At a _____ meeting of the _____
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by _____ on _____
DATE

at _____ a.m./p.m. the following resolution was offered:
TIME

Moved by _____ and supported by _____

that the request from _____ of _____
NAME OF ORGANIZATION CITY

county of _____, asking that they be recognized as a
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable

gaming licenses, be considered for _____
APPROVAL/DISAPPROVAL

APPROVAL	DISAPPROVAL
Yeas: _____	Yeas: _____
Nays: _____	Nays: _____
Absent: _____	Absent: _____

I hereby certify that the foregoing is a true and complete copy of a resolution offered and

adopted by the _____ at a _____
TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL

meeting held on _____
DATE

SIGNED: _____
TOWNSHIP, CITY, OR VILLAGE CLERK

PRINTED NAME AND TITLE

ADDRESS

COMPLETION: Required.
 PENALTY: Possible denial of application.
 BSL-CG-1153(R10/06)

MICHIGAN

OPERATOR LICENSE
C 640 585 098 523

EXPIRES
07-02-2012



MARK BRIAN CHURELLA
21075 CAMBRIDGE DR
NORTHVILLE, MI 48167-9063

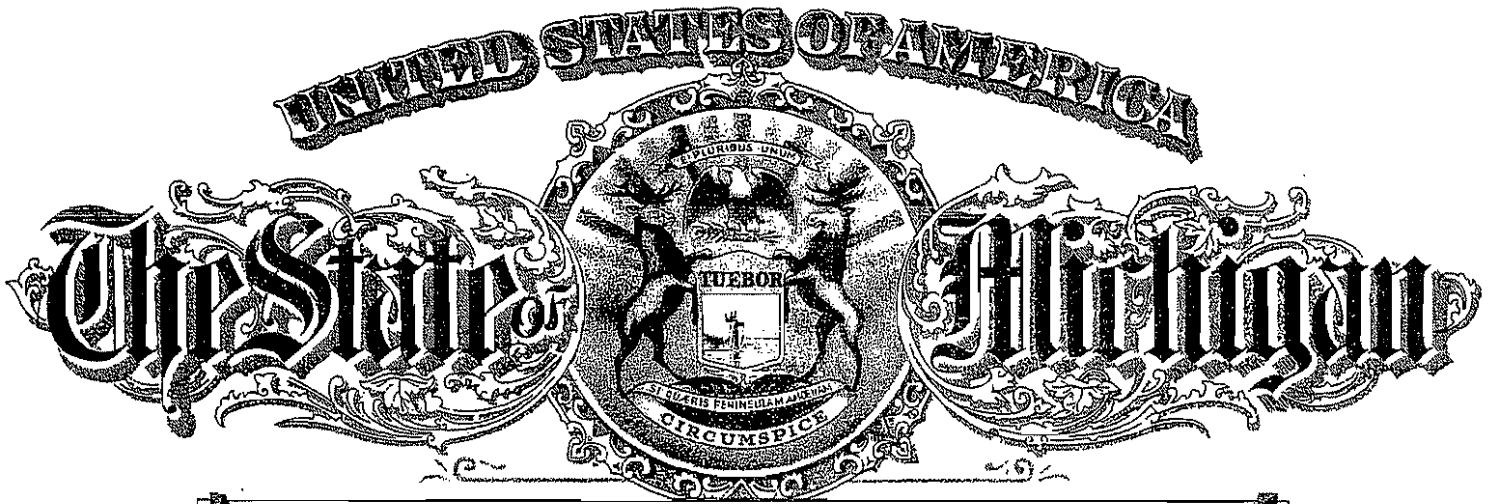
Date of birth	Sex	Height	Eyes	Lic Type	Endorsements
07-02-1957	M	508	BR O		NONE

Restrictions: NONE

See back for medical
information, anatomical gift

A handwritten signature in black ink, appearing to read "Mark Brian Churella", written over a horizontal line.

W161120



Michigan Department of Commerce

Lansing, Michigan

This is to Certify That Articles of Incorporation of

CLIFF KEEN WRESTLING CLUB

were duly filed in this office on the 9TH day of OCTOBER, 19 85,
in conformity with Act 162, Public Acts of 1982.

*In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 9TH day
of OCTOBER, 19 85.*

Doug Keen

Director

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2007
 Open to Public Inspection

A For the 2007 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
Cliff Keen Wrestling Club
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
39500 High Pointe Blvd. 400
 City or town, state or country, and ZIP + 4
Novi MI 48375

D Employer identification number
38-2640816

E Telephone number

F Accounting method: Cash
 Accrual Other (specify)

G Website: **N/A**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 1 **59,408**

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

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

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Contributions to donor advised funds	1a					
b	Direct public support (not included on line 1a)	1b	59,250				
c	Indirect public support (not included on line 1a)	1c					
d	Government contributions (grants) (not included on line 1a)	1d					
e	Total (add lines 1a through 1d) (cash \$ 59,250 noncash \$)	1e	59,250				59,250
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2					
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4					158
5	Dividends and interest from securities	5					
6a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss). Subtract line 6b from line 6a	6c					
7	Other investment income (describe)	7					
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
b	Less: cost or other basis and sales expenses	8a					
c	Gain or (loss) (attach schedule)	8b					
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c					
8d							
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a					
b	Less: direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c					
11	Other revenue (from Part VII, line 103)	11					
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	59,408				59,408
13	Program services (from line 44, column (B))	13	49,343				49,343
14	Management and general (from line 44, column (C))	14	151				151
15	Fundraising (from line 44, column (D))	15	10,693				10,693
16	Payments to affiliates (attach schedule)	16					
17	Total expenses. Add lines 16 and 44, column (A)	17	60,187				60,187
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-779				-779
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	102,945				102,945
20	Other changes in net assets or fund balances (attach explanation)	20					
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	102,166				102,166

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	836	151	685	
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	354		354	
39	Travel	39	1,743	1,743		
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	See Statement 1	43a	57,254	47,600	9,654	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	60,187	49,343	151	10,693

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

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

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

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

What is the organization's primary exempt purpose?

▶ **To further the art and science of wrestling**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a Further the art and science of wresting through exchange of ideas and techniques by members and the public at clinics.

(Grants and allocations \$) If this amount includes foreign grants, check here

49,343

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

49,343

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets	45 Cash—non-interest-bearing		45
	46 Savings and temporary cash investments	102,945	46 102,166
	47a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	
	48a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55a Investments—land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
	56 Investments—other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a	
b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets, including program-related investments (describe ►)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	102,945	59 102,166	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ►)		65
66 Total liabilities. Add lines 60 through 65	0	66 0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds	102,945	72 102,166
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	102,945	73 102,166	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	102,945	74 102,166	

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

a Total revenue, gains, and other support per audited financial statements		a 59,408	
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	b	
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c 59,408	
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1	d	
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12). Add lines c and d		e 59,408	

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

a Total expenses and losses per audited financial statements		a 60,187	
b Amounts included on line a but not Part I, line 17:			
1 Donated services and use of facilities	b1	b	
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c 60,187	
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1	d	
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e 60,187	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mark B. Churella 39500 High Pointe Blvd. Suite 400 Novi MI 48375	Treasurer	0	0	0
Mark B. Churella 39500 High Pointe Blvd. Suite 400 Novi MI 48375	Secretary	0	0	0
James Keen 4480 Varsity Drive Ann Arbor MI 48108	President	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 2		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0		
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
c	Dues, assessments, and similar amounts from members		85c
d	Section 162(e) lobbying and political expenditures		85d
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		86a
b	Gross receipts, included on line 12, for public use of club facilities		86b
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		87a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a
			X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		88b
			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b
			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e
			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f
			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g
			X
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90b
			0
91a	The books are in care of ▶ Mark B Churella Telephone no. ▶		
	39500 High Pointe Blvd. Suite 400		
	Located at ▶ Novi, MI ZIP + 4 ▶ 48375		
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 ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
		Yes	No
	91b		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year: 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					158
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	158
105 Total (add line 104, columns (B), (D), and (E))					158

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

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

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here

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.

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date 10/17/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
Davison & Associates, C.P.A. 3250 W. Big Beaver Road, Suite 540 Troy, MI 48084	38-3212773		Phone no. 248-643-0026

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Cliff Keen Wrestling Club

Employer identification number

38-2640816

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Part III Statements About Activities (See page 2 of the instructions.)

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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	29,066	17,986	18,950	21,560	87,562
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	29,066	17,986	18,950	21,560	87,562
24 Line 23 minus line 17	29,066	17,986	18,950	21,560	87,562
25 Enter 1% of line 23	291	180	190	216	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____		26d	
22 _____ 26b _____		26e	
e Public support (line 26c minus line 26d total)	▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0			
c Add: Amounts from column (e) for lines: 15 87,562 16 _____		27c	87,562
17 _____ 20 _____ 21 _____		27d	
d Add: Line 27a total _____ and line 27b total _____		27e	87,562
e Public support (line 27c total minus line 27d total)		27e	87,562
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶	27f	87,562
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	100.0000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	%

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

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is- The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Federal Statements**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
Expenses	\$	\$	\$	\$
Donations	2,500	2,500		
Golf Outing	9,654			9,654
Club Clinic	600	600		
Casual Labor	44,500	44,500		
Total	<u>\$ 57,254</u>	<u>\$ 47,600</u>	<u>\$ 0</u>	<u>\$ 9,654</u>

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK

Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 4
 Sep 02, 2008 - Sep 30, 2008
 Account Number: 111010790

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Checking Account

Your Primary Account At-A-Glance

Account Type: Business NOW
 Account Number: 111010790

**Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella**

Beginning Balance	\$	16,951.46	Days in the Statement Cycle		29
Deposits & Additions	\$	0.00	Average Daily Balance	\$	15,089.39
Interest Paid	\$	15.40	Average Collected Balance	\$	15,089.39
2 Checks Posted	\$	4,000.00	Interest Earned	\$	14.82
ATM & Debit Card Transactions	\$	0.00	Annual Percentage Yield Earned		1.24%
Other Withdrawals	\$	0.00	YTD Interest Paid	\$	201.99
Service Charges	\$	0.00			
Ending Balance	\$	12,966.86			

Deposits & Additions

Date Posted	Description	Amount (\$)
9/30	Interest Deposit	15.40



—
 —
 —

Checks Posted

Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)
1035	9/16	2,000.00	1036	9/19	2,000.00			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.

Daily Balance Summary

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
9/02	16,951.46	9/19	12,951.46		
9/16	14,951.46	9/30	12,966.86		

CLIFF KEEN WRESTLING CLUB 1036
C/O MARK DANIELLA
3500 HIGH POINTE BLVD, SUITE 400
MCKINNEY, TEXAS 75069-2448
9/12/2008
Pay to the order of Josh Chavala \$ 2,000.00
Two thousand and 00/100
OAKLAND COMMERCIAL BANK
⑆072413654⑆ 1036⑆111010790⑆ ⑈0000200000⑈

9181745622

Check # 1035, Posted 09/16/08, Amount \$2,000.00

CLIFF KEEN WRESTLING CLUB 1036
C/O MARK DANIELLA
3500 HIGH POINTE BLVD, SUITE 400
MCKINNEY, TEXAS 75069-2448
9/12/2008
Pay to the order of Ryan Chavala \$ 2,000.00
Two thousand and 00/100
OAKLAND COMMERCIAL BANK
⑆072413654⑆ 1036⑆111010790⑆ ⑈0000200000⑈

1025 19508
9292816081

Check # 1036, Posted 09/19/08, Amount \$2,000.00

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK

Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 1
 Aug 01, 2008 - Sep 01, 2008
 Account Number: 111010790

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Checking Account

Your Primary Account At-A-Glance

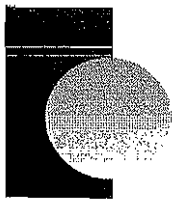
Account Type: Business NOW
 Account Number: 111010790

Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella

Beginning Balance	\$ 19,312.92	Days in the Statement Cycle	32
Deposits & Additions	\$ 0.00	Average Daily Balance	\$ 17,323.87
Interest Paid	\$ 18.21	Average Collected Balance	\$ 17,323.87
2 Checks Posted	\$ 2,379.67	Interest Earned	\$ 18.79
ATM & Debit Card Transactions	\$ 0.00	Annual Percentage Yield Earned	1.24%
Other Withdrawals	\$ 0.00	YTD Interest Paid	\$ 186.59
Service Charges	\$ 0.00		
Ending Balance	\$ 16,951.46		

Deposits & Additions

Date Posted	Description	Amount (\$)
8/31	Interest Deposit	18.21



Checks Posted

Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)
1033	8/01	1,879.67	1034	8/26	500.00			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.

Daily Balance Summary

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
8/01	17,433.25	8/26	16,933.25	8/31	16,951.46

CLIFF KEEN WRESTLING CLUB
 3500 HIGH POINTE BLVD., SUITE 400
 HOVE, OH 44135
 (440) 548-8200

1033

8/1/08

Pay to the order of Sigma F Sigma \$ 1,879.00

One thousand eight hundred seventy nine and 00/100

OAKLAND
 COMMUNITY BANK
 10000 EAST AVENUE
 OAKLAND, OH 44130

For Andy Stewart

10724136540 10330111010790

Signature: [Handwritten Signature]
 CLIFF KEEN
 For Deposit Only
 A Personal Cash Deposit

Check # 1033, Posted 08/01/08, Amount \$1,879.67

CLIFF KEEN WRESTLING CLUB
 3500 HIGH POINTE BLVD., SUITE 400
 HOVE, OH 44135
 (440) 548-8200

1034

8/26/08

Pay to the order of John Fisher \$ 500.00

Five hundred and 00/100

OAKLAND
 COMMUNITY BANK
 10000 EAST AVENUE
 OAKLAND, OH 44130

10724136540 10340111010790

Signature: [Handwritten Signature]

Check # 1034, Posted 08/26/08, Amount \$500.00

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK



Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 2
 Jul 01, 2008 - Jul 31, 2008
 Account Number: 111010790

Checking Account

Your Primary Account At-A-Glance

Account Type: Business NOW
 Account Number: 111010790

**Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella**

Beginning Balance	\$	19,292.66	Days in the Statement Cycle		31
Deposits & Additions	\$	0.00	Average Daily Balance	\$	19,292.66
Interest Paid	\$	20.26	Average Collected Balance	\$	19,292.66
Checks Posted	\$	0.00	Interest Earned	\$	20.26
ATM & Debit Card Transactions	\$	0.00	Annual Percentage Yield Earned		1.24%
Other Withdrawals	\$	0.00	YTD Interest Paid	\$	168.38
Service Charges	\$	0.00			
Ending Balance	\$	19,312.92			

Deposits & Additions

Date Posted	Description	Amount (\$)
7/31	Interest Deposit	20.26

Daily Balance Summary

Date	Balance (\$)	Date	Balance (\$)
7/01	19,292.66	7/31	19,312.92

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK

Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of
 Jun 02, 2008 - Jun 30, 2008
 Account Number: 111010790

NOTICE: VISA INTERNATIONAL SERVICE ASSESSMENT FEE APPLIES TO ALL INTERNATIONAL TRANSACTIONS MADE USING A VISA CHECK, DEBIT, OR ATM CARD. 1.00% OF THE TRANSACTION AMOUNT - CURRENCY CONVERSIONS; 0.80% - NON-CURRENCY CONVERSIONS

Checking Account

Your Primary Account At-A-Glance

Account Type: Business NOW
 Account Number: 111010790

**Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella**

Beginning Balance	\$	19,735.41	Days in the Statement Cycle	29
3 Deposits & Additions	\$	13,418.00	Average Daily Balance	\$ 22,258.04
Interest Paid	\$	22.46	Average Collected Balance	\$ 22,187.35
8 Checks Posted	\$	13,039.83	Interest Earned	\$ 21.80
ATM & Debit Card Transactions	\$	0.00	Annual Percentage Yield Earned	1.24%
3 Other Withdrawals	\$	843.38	YTD Interest Paid	\$ 148.12
Service Charges	\$	0.00		
Ending Balance	\$	19,292.66		

Deposits & Additions

Date Posted	Description	Amount (\$)
6/03	Deposit	11,218.00
6/09	Deposit	1,400.00
6/19	Deposit	800.00
6/30	Interest Deposit	22.46



Checks Posted

Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)
1025	6/06	7,070.67	1028	6/30	425.00	1031	6/25	275.00
1026	6/11	2,000.00	1029	6/17	378.50	1032	6/30	250.00
1027	6/09	2,000.00	1030	6/17	640.66			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.

Other Withdrawals

Date Posted	Description	Amount (\$)
6/11	BUS PRODS DELUXE BUS SYS. MARK CHURELLA DATE: 080609 CCD	38.38
6/27	Chargeback 1034	800.00
6/27	Return Deposited Item Fee	5.00

Daily Balance Summary

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
6/02	19,735.41	6/11	21,244.36	6/27	19,945.20
6/03	30,953.41	6/17	20,225.20	6/30	19,292.66
6/06	23,882.74	6/19	21,025.20		
6/09	23,282.74	6/25	20,750.20		

CHECKING DEPOSIT
 CLIFF KEEN WRESTLING CLUB
 NAME: Cliff Keen Wrestling Club
 DATE: 6/19/08
 ACCOUNT NUMBER: 111010790
 AMOUNT OF DEPOSIT: \$ 1,400.00
 CHECKS: 3,500.00
 DEPOSIT TOTAL: 1,050.00
 SUB-TOTAL: 1,400.00

DATE	DESCRIPTION	AMOUNT	BALANCE
06/19/08	CLIFF KEEN WRESTLING CLUB	1,050.00	1,400.00

Deposit # 0, Posted 06/09/08, Amount \$1,400.00

CHECKING DEPOSIT
 CLIFF KEEN WRESTLING CLUB
 NAME: Cliff Keen Wrestling Club
 DATE: 6/13/08
 ACCOUNT NUMBER: 111010780
 AMOUNT OF DEPOSIT: \$ 1,213.00
 CHECKS: 4,713.00
 DEPOSIT TOTAL: 1,650.00
 SUB-TOTAL: 1,213.00

DATE	DESCRIPTION	AMOUNT	BALANCE
06/13/08	CLIFF KEEN WRESTLING CLUB	1,650.00	1,213.00

Deposit # 0, Posted 06/03/08, Amount \$11,218.00

CHECK # 1026
 CLIFF KEEN WRESTLING CLUB
 3010 HIGH POINTE BLVD. SUITE 400
 NEW HAVEN, CT 06515
 SIGNATURE: [Signature]
 AMOUNT: \$ 2,000.00
 CHECK NUMBER: 1026
 MICR LINE: @0724138542 1026 111010790 0000200000

DATE	DESCRIPTION	AMOUNT	BALANCE
06/11/08	CLIFF KEEN WRESTLING CLUB	2,000.00	

Check # 1026, Posted 06/11/08, Amount \$2,000.00

CHECKING DEPOSIT
 CLIFF KEEN WRESTLING CLUB
 NAME: Cliff Keen Wrestling Club
 DATE: 6/19/08
 ACCOUNT NUMBER: 111010790
 AMOUNT OF DEPOSIT: \$ 800.00
 CHECKS: 800.00
 DEPOSIT TOTAL: 800.00
 SUB-TOTAL: 800.00

DATE	DESCRIPTION	AMOUNT	BALANCE
06/19/08	CLIFF KEEN WRESTLING CLUB	800.00	800.00

Deposit # 0, Posted 06/19/08, Amount \$800.00

CHECK # 1025
 CLIFF KEEN WRESTLING CLUB
 3010 HIGH POINTE BLVD. SUITE 400
 NEW HAVEN, CT 06515
 SIGNATURE: [Signature]
 AMOUNT: \$ 7,070.67
 CHECK NUMBER: 1025
 MICR LINE: @0724138542 1025 111010790 0000200000

DATE	DESCRIPTION	AMOUNT	BALANCE
06/06/08	CLIFF KEEN WRESTLING CLUB	7,070.67	

Check # 1025, Posted 06/06/08, Amount \$7,070.67

CHECK # 1027
 CLIFF KEEN WRESTLING CLUB
 3010 HIGH POINTE BLVD. SUITE 400
 NEW HAVEN, CT 06515
 SIGNATURE: [Signature]
 AMOUNT: \$ 2,000.00
 CHECK NUMBER: 1027
 MICR LINE: @0724138542 1027 111010790 0000200000

DATE	DESCRIPTION	AMOUNT	BALANCE
06/09/08	CLIFF KEEN WRESTLING CLUB	2,000.00	

Check # 1027, Posted 06/09/08, Amount \$2,000.00

CLIFF KEEN WRESTLING CLUB 1028
 C/O MARK CHURELLA
 23500 HIGH POINTE BLVD., SUITE 400
 NOVATO, CA 94947
 (415) 248-8200

6/15/2008

Cliff Keen Wrestling Club / Michael's Sports & Events, Inc. \$ 425.00
Four hundred twenty five and 00/100

OAKLAND
 COMMERCIAL BANK

⑆072413654⑆ 1028⑆111010790⑆ ⑆000042500⑆

051862814
 0410-0001-4
 00305008
 0410-0001-4
 05/16/2008 PR-02 ⑆0412011⑆
 035590080

425.00
 36110

For Deposit Only
 MOBILE DEPOSIT ONLY
 ADVANCED CHECKS
 AND DEBITS
 ARE NOT ALLOWED

Check # 1028, Posted 06/30/08, Amount \$425.00

CLIFF KEEN WRESTLING CLUB 1029
 C/O MARK CHURELLA
 23500 HIGH POINTE BLVD., SUITE 400
 NOVATO, CA 94947
 (415) 248-8200

6/16/2008

Cliff Keen Wrestling Club / Moos Printing & Advertising, Inc. \$ 378.50
Three hundred seventy eight and 50/100

OAKLAND
 COMMERCIAL BANK

⑆072413654⑆ 1029⑆111010790⑆ ⑆000037850⑆

051862814
 0410-0001-4
 00305008
 0410-0001-4
 05/16/2008 PR-02 ⑆0412011⑆
 035590080

378.50
 36110

For Deposit Only
 MOBILE DEPOSIT ONLY
 ADVANCED CHECKS
 AND DEBITS
 ARE NOT ALLOWED

Check # 1029, Posted 06/17/08, Amount \$378.50

CLIFF KEEN WRESTLING CLUB 1030
 C/O MARK CHURELLA
 23500 HIGH POINTE BLVD., SUITE 400
 NOVATO, CA 94947
 (415) 248-8200

6/16/2008

Cliff Keen Wrestling Club / Moos Printing & Advertising, Inc. \$ 640.66
Six hundred forty and 66/100

OAKLAND
 COMMERCIAL BANK

⑆072413654⑆ 1030⑆111010790⑆ ⑆0000064066⑆

051862814
 0410-0001-4
 05170004
 0410-0001-4
 05/16/2008 PR-02 ⑆0412011⑆
 035590080

640.66
 36110

For Deposit Only
 MOBILE DEPOSIT ONLY
 ADVANCED CHECKS
 AND DEBITS
 ARE NOT ALLOWED

Check # 1030, Posted 06/17/08, Amount \$640.66

CLIFF KEEN WRESTLING CLUB 1031
 C/O MARK CHURELLA
 23500 HIGH POINTE BLVD., SUITE 400
 NOVATO, CA 94947
 (415) 248-8200

6/19/2008

Cliff Keen Wrestling Club / Davison Associates \$ 275.00
Two hundred seventy five and 00/100

OAKLAND
 COMMERCIAL BANK

⑆072413654⑆ 1031⑆111010790⑆ ⑆0000027500⑆

051862814
 0410-0001-4
 05170004
 0410-0001-4
 06/25/2008 PR-02 ⑆072000096⑆
 042351509 06-24-08

275.00
 36110

For Deposit Only
 MOBILE DEPOSIT ONLY
 ADVANCED CHECKS
 AND DEBITS
 ARE NOT ALLOWED

Check # 1031, Posted 06/25/08, Amount \$275.00

CLIFF KEEN WRESTLING CLUB 1032
 C/O MARK CHURELLA
 23500 HIGH POINTE BLVD., SUITE 400
 NOVATO, CA 94947
 (415) 248-8200

6/23/2008

Cliff Keen Wrestling Club / Chef Michael Caputo's Quality Foods \$ 250.00
Two hundred fifty and 00/100

OAKLAND
 COMMERCIAL BANK

⑆072413654⑆ 1032⑆111010790⑆

051862814
 0410-0001-4
 05170004
 0410-0001-4
 06/30/2008 PR-02 ⑆0412011⑆
 035590080

250.00
 36110

For Deposit Only
 MOBILE DEPOSIT ONLY
 ADVANCED CHECKS
 AND DEBITS
 ARE NOT ALLOWED

Check # 1032, Posted 06/30/08, Amount \$250.00

⑆072413654⑆ 1032⑆111010790⑆

051862814
 0410-0001-4
 05170004
 0410-0001-4
 06/30/2008 PR-02 ⑆0412011⑆
 035590080

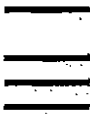
250.00
 36110

For Deposit Only
 MOBILE DEPOSIT ONLY
 ADVANCED CHECKS
 AND DEBITS
 ARE NOT ALLOWED

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK



Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 4
 May 01, 2008 - Jun 01, 2008
 Account Number: 111010790

NOTICE: VISA INTERNATIONAL SERVICE ASSESSMENT FEE APPLIES TO ALL INTERNATIONAL TRANSACTIONS MADE USING A VISA CHECK, DEBIT, OR ATM CARD. 1.00% OF THE TRANSACTION AMOUNT - CURRENCY CONVERSIONS; 0.80% - NON-CURRENCY CONVERSIONS

Checking Account

Your Primary Account At-A-Glance

Account Type: Business NOW
 Account Number: 111010790

**Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella**

Beginning Balance	\$ 18,917.16	Days in the Statement Cycle	32
1 Deposits & Additions	\$ 6,600.00	Average Daily Balance	\$ 17,245.26
Interest Paid	\$ 18.00	Average Collected Balance	\$ 17,217.13
4 Checks Posted	\$ 5,799.75	Interest Earned	\$ 18.66
ATM & Debit Card Transactions	\$ 0.00	Annual Percentage Yield Earned	1.24%
Other Withdrawals	\$ 0.00	YTD Interest Paid	\$ 125.66
Service Charges	\$ 0.00		
Ending Balance	\$ 19,735.41		

Deposits & Additions

Date Posted	Description	Amount (\$)
5/30	Deposit	6,600.00
5/31	Interest Deposit	18.00



Checks Posted

Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)
1021	5/29	2,000.00	1023	5/16	917.25			
1022	5/13	2,000.00	1024	5/22	882.50			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.

Daily Balance Summary

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
5/01	18,917.16	5/22	15,117.41	5/31	19,735.41
5/13	16,917.16	5/29	13,117.41		
5/16	15,999.91	5/30	19,717.41		

CHECKING DEPOSIT

CLIFF KEEN WRESTLING CLUB
 31800 HIGH POINTE BLVD., SUITE 400
 HOVL IN ALBTS
 5/16/2008

Signature: *Greg Wagner*
 Amount: \$ 2,000.00
 Description: *Two thousand and 00/100*

ACCOUNT NUMBER: 111010790
 AMOUNT OF DEPOSIT: \$ 6,600.00

00724136546 1021 111010790 0000000000

DATE	DESCRIPTION	AMOUNT	BALANCE
5/16/08	CLIFF KEEN WRESTLING CLUB	2,000.00	

Deposit # 0, Posted 05/30/08, Amount \$6,600.00

CLIFF KEEN WRESTLING CLUB
 31800 HIGH POINTE BLVD., SUITE 400
 HOVL IN ALBTS
 5/16/2008

Signature: *Greg Wagner*
 Amount: \$ 2,000.00
 Description: *Two thousand and 00/100*

ACCOUNT NUMBER: 111010790
 AMOUNT OF DEPOSIT: \$ 6,600.00

00724136546 1021 111010790 0000000000

Check # 1021, Posted 05/29/08, Amount \$2,000.00

CLIFF KEEN WRESTLING CLUB
 31800 HIGH POINTE BLVD., SUITE 400
 HOVL IN ALBTS
 5/16/2008

Signature: *Byron Churchill*
 Amount: \$ 2,000.00
 Description: *Two thousand and 00/100*

ACCOUNT NUMBER: 111010790
 AMOUNT OF DEPOSIT: \$ 6,600.00

00724136546 1022 111010790 0000000000

751533045
 9191758527

Check # 1022, Posted 05/13/08, Amount \$2,000.00

CLIFF KEEN WRESTLING CLUB
 31800 HIGH POINTE BLVD., SUITE 400
 HOVL IN ALBTS
 5-9-2008

Signature: *Chad [unclear]*
 Amount: \$ 917.25
 Description: *Nine hundred ninety seven and 25/100*

ACCOUNT NUMBER: 111010790
 AMOUNT OF DEPOSIT: \$ 6,600.00

00724136546 1023 111010790 00000091725

Check # 1023, Posted 05/16/08, Amount \$917.25

CLIFF KEEN WRESTLING CLUB
 31800 HIGH POINTE BLVD., SUITE 400
 HOVL IN ALBTS
 5-9-2008

Signature: *Michael [unclear]*
 Amount: \$ 882.50
 Description: *Eight hundred eighty two and 50/100*

ACCOUNT NUMBER: 111010790
 AMOUNT OF DEPOSIT: \$ 6,600.00

00724136546 1024 111010790 00000088250

Pay to the order of
 \$ 882.50
 882.50
 21358

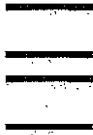
Signature: *[unclear]*

Check # 1024, Posted 05/22/08, Amount \$882.50

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK



Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 4
 Apr 01, 2008 - Apr 30, 2008
 Account Number: 111010790

NOTICE: VISA INTERNATIONAL SERVICE ASSESSMENT FEE APPLIES TO ALL INTERNATIONAL TRANSACTIONS MADE USING A VISA CHECK, DEBIT, OR ATM CARD. 1.00% OF THE TRANSACTION AMOUNT - CURRENCY CONVERSIONS; 0.80% - NON-CURRENCY CONVERSIONS

Checking Account

Your Primary Account At-A-Glance

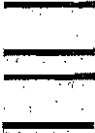
Account Type: Business NOW
 Account Number: 111010790

Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella

Beginning Balance	\$ 22,896.39	Days in the Statement Cycle	30
Deposits & Additions	\$ 0.00	Average Daily Balance	\$ 20,429.72
Interest Paid	\$ 20.77	Average Collected Balance	\$ 20,429.72
2 Checks Posted	\$ 4,000.00	Interest Earned	\$ 20.77
ATM & Debit Card Transactions	\$ 0.00	Annual Percentage Yield Earned	1.24%
Other Withdrawals	\$ 0.00	YTD Interest Paid	\$ 107.66
Service Charges	\$ 0.00		
Ending Balance	\$ 18,917.16		

Deposits & Additions

Date Posted	Description	Amount (\$)
4/30	Interest Deposit	20.77



Checks Posted

Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)
1019	4/16	2,000.00	1020	4/09	2,000.00			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.

Daily Balance Summary

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
4/01	22,896.39	4/16	18,896.39		
4/09	20,896.39	4/30	18,917.16		



CLIFF KEEN WRESTLING CLUB
 C/O MARK CHURELLA
 89500 HIGH POINTE BLVD, SUITE 400
 NOKIA MI 48106
 (248) 248-8200

11/1/2008

Royal Duff Greg Wagner \$ 2,000.00
 Two thousand and 00/100

0415201493 9191520910
 MAIL CITY BEGON 04-15-08
 3150 0 150 CLEV OH 44115

9191520910

40724136545 1019 111010790 0000200000

Check # 1019, Posted 04/16/08, Amount \$2,000.00

CLIFF KEEN WRESTLING CLUB
 C/O MARK CHURELLA
 89500 HIGH POINTE BLVD, SUITE 400
 NOKIA MI 48106
 (248) 248-8200

11/1/2008

Royal Duff Greg Churell \$ 2,000.00
 Two thousand and 00/100

0415201493 9191520910
 MAIL CITY BEGON 04-15-08
 3150 0 150 CLEV OH 44115

9191520910

40724136545 1020 111010790 0000200000

Check # 1020, Posted 04/09/08, Amount \$2,000.00

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK



Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 4
 Mar 03, 2008 - Mar 31, 2008
 Account Number: 111010790

Checking Account

Your Primary Account At-A-Glance

Account Type: Business NOW
 Account Number: 111010790

**Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella**

Beginning Balance	\$	26,871.62	Days in the Statement Cycle		29
Deposits & Additions	\$	0.00	Average Daily Balance	\$	23,354.37
Interest Paid	\$	24.77	Average Collected Balance	\$	23,354.37
2 Checks Posted	\$	4,000.00	Interest Earned	\$	22.95
ATM & Debit Card Transactions	\$	0.00	Annual Percentage Yield Earned		1.24%
Other Withdrawals	\$	0.00	YTD Interest Paid	\$	86.89
Service Charges	\$	0.00			
Ending Balance	\$	22,896.39			

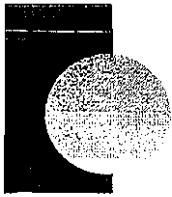
Deposits & Additions

<u>Date Posted</u>	<u>Description</u>	<u>Amount (\$)</u>
3/31	Interest Deposit	24.77

Checks Posted

<u>Check Number</u>	<u>Date Posted</u>	<u>Amount (\$)</u>	<u>Check Number</u>	<u>Date Posted</u>	<u>Amount (\$)</u>	<u>Check Number</u>	<u>Date Posted</u>	<u>Amount (\$)</u>
1017	3/07	2,000.00	1018	3/06	2,000.00			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.



OAKLAND
COMMERCE BANK

Page 3 of 4
Mar 03, 2008 - Mar 31, 2008
Account Number: 111010790



Daily Balance Summary

<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>
3/03	26,871.62	3/07	22,871.62		
3/06	24,871.62	3/31	22,896.39		



CLIFF KEEN WRESTLING CLUB 14188-794 1017
 60 MARK CAPELLA
 3950 HIGH POINTE BLVD., SUITE 410
 HOV, IN 46375
 (317) 344-0000

3/3/2008

Shirley F. Greg Wagner \$ 2,000.00
Two thousand and 00/100

⑆00000 414 01 0000⑆
 ⑆000000000000150489⑆

⑆072413654⑆ ⑆018⑆ ⑆111010790⑆ ⑆0000200000⑆

0415900603
 0410-00004
 0310-00007 TRC=4320 FX=03
 0312-0012
 ENT-0058 TRC-0097 FX-06

3/7/08
 4108 N. 15th CLEV OH 441
 0488295269

Shirley F. Greg Wagner

Check # 1017, Posted 03/07/08, Amount \$2,000.00

CLIFF KEEN WRESTLING CLUB 14188-794 1018
 60 MARK CAPELLA
 3950 HIGH POINTE BLVD., SUITE 410
 HOV, IN 46375
 (317) 344-0000

3/3/2008

Shirley F. Ryan Chugala \$ 2,000.00
Two thousand and 00/100

⑆00000 414 01 0000⑆
 ⑆000000000000150489⑆

⑆072413654⑆ ⑆018⑆ ⑆111010790⑆ ⑆0000200000⑆

0415900603
 0410-00004
 0310-00007 TRC=4320 FX=03
 0312-0012
 ENT-0058 TRC-0097 FX-06

3/6/08
 4108 N. 15th CLEV OH 441
 0488295269

Shirley F. Ryan Chugala

Check # 1018, Posted 03/06/08, Amount \$2,000.00

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK



Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 1
 Feb 01, 2008 - Mar 02, 2008
 Account Number: 111010790

Checking Account

Your Primary Account At-A-Glance

Account Type: Business NOW
 Account Number: 111010790

**Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella**

Beginning Balance	\$	30,842.13	Days in the Statement Cycle		31
Deposits & Additions	\$	0.00	Average Daily Balance	\$	29,809.87
Interest Paid	\$	29.49	Average Collected Balance	\$	29,809.87
2 Checks Posted	\$	4,000.00	Interest Earned	\$	31.31
ATM & Debit Card Transactions	\$	0.00	Annual Percentage Yield Earned		1.24%
Other Withdrawals	\$	0.00	YTD Interest Paid	\$	62.12
Service Charges	\$	0.00			
Ending Balance	\$	26,871.62			

Deposits & Additions

Date Posted	Description	Amount (\$)
2/29	Interest Deposit	29.49

Checks Posted

Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)
1015	2/29	2,000.00	1016	2/19	2,000.00			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.



OAKLAND
COMMERCE BANK

Page 3 of 4
Feb 01, 2008 - Mar 02, 2008
Account Number: 111010791



Daily Balance Summary

<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>
2/01	30,842.13	2/19	28,842.13	2/29	26,871.62



CLIFF KEEN WRESTLING CLUB
C/O MARK CHASELLA
35500 HORN PTONTE BLVD. SUITE 400
MAY, OH 44226
(44) 348-0000

1015
2/11/2008

Steve Wagner \$ 2,000.00
Two thousand and 00/100

02132002
02132002
02132002
02132002
02132002

00724135540 1015 111010790 0000200000

3041008124C
MAIL CITY 2K008 02/29
4100 0 150 CLEV OH 44115
818882626

Steve Wagner

Check # 1015, Posted 02/29/08, Amount \$2,000.00

CLIFF KEEN WRESTLING CLUB
C/O MARK CHASELLA
35500 HORN PTONTE BLVD. SUITE 400
MAY, OH 44226
(44) 348-0000

1016
2/11/2008

Ryan Chasealla \$ 2,000.00
Two thousand and 00/100

02132002
02132002
02132002
02132002
02132002

00724135540 1016 111010790 0000200000

031105583
0410-0001-4
02132002
EN103222773 A319 PK-03
02132002
L1773473 /KAC=2471 FK-06

73002 31647
FEB 24 02/24/08
02:00 AM
9191310032

01/2 23610
Steve Wagner

Check # 1016, Posted 02/19/08, Amount \$2,000.00

Direct inquiries to:
 31731 Northwestern Hwy Suite 100
 Farmington Hills, Michigan 48334
 (248) 855-0550 Fax (248) 855-3809
 www.oaklandcommerce.com



OAKLAND
 COMMERCE BANK

Cliff Keen Wrestling Club
 C/O Mark Churella
 39500 High Pointe Blvd Ste 400
 Novi MI 48375-5509

Page 1 of 4
 Jan 01, 2008 - Jan 31, 2008
 Account Number: 111010790

Checking Account

Your Primary Account At-A-Glance

Account Type: Business NOW

Account Number: 111010790

**Account Title: Cliff Keen Wrestling Club
 C/O Mark Churella**

Beginning Balance	\$	34,809.50	Days in the Statement Cycle		31
Deposits & Additions	\$	0.00	Average Daily Balance	\$	31,067.56
Interest Paid	\$	32.63	Average Collected Balance	\$	31,067.56
2 Checks Posted	\$	4,000.00	Interest Earned	\$	32.63
ATM & Debit Card Transactions	\$	0.00	Annual Percentage Yield Earned		1.24%
Other Withdrawals	\$	0.00	YTD Interest Paid	\$	32.63
Service Charges	\$	0.00			
Ending Balance	\$	30,842.13			

Deposits & Additions

Date Posted	Description	Amount (\$)
1/31	Interest Deposit	32.63

Checks Posted

Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)	Check Number	Date Posted	Amount (\$)
1012	1/04	2,000.00	1013	1/02	2,000.00			

* Indicates break in check number order. Your check may have been in a previous statement or may still be outstanding.



Daily Balance Summary

<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>
1/01	34,809.50	1/04	30,809.50		
1/02	32,809.50	1/31	30,842.13		

Internal Revenue Service
District Director

Department of the Treasury

Date: JUL 29 1986

Employer Identification Number:
38-2640816

Accounting Period Ending:
December 31

Foundation Status Classification:
509(a)(1) and 170(b)(1)(A)(vi)

Advance Ruling Period Ends:
December 31, 1987

Person to Contact:
Charlotte Hunter

Contact Telephone Number:
513-684-2501

▷ Cliff Keen Wrestling Club
42400 West Nine Mile Road
Novi, MI 48050

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1)* organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1)* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1)* organization.

*and 170(b)(1)(A)(vi)
P.O. Box 2508, Cincinnati, Ohio 45201

(over)

RECEIVED AUG 04 1986

Letter 1045(DO) (Rev. 10-83)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

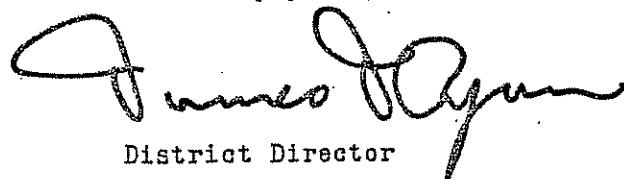
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James H. Ryan". The signature is fluid and cursive, with a large initial "J" and "R".

District Director

This determination letter supersedes our determination letter dated March 21, 1986 which granted you a conditional exemption under section 501(c)(3) of the Internal Revenue Code of 1954.

Internal Revenue Service
District Director

Department of the Treasury

P. O. BOX 2508
CINCINNATI, OH 45201

Date: **MAY 11 1988**

CLIFF KEEN WRESTLING CLUB
42400 W NINE MILE ROAD
NOVI, MI 48050

Employer Identification Number:
38-2640816
Contact Person:
PAUL A. SHOCKLING
Contact Telephone Number:
(513) 684-2501

Our Letter Dated:
March 21, 1986
Caveat Applies:
No

Dear Applicants:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under Code section 501(c)(3) is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.


Letter 1050 (DD/CB)

RECEIVED MAY 13 1988

CLIFF KEEN WRESTLING CLUB

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Harold M. Browning
District Director

~~CONFIDENTIAL~~

892 358

(Non-Profit Domestic Corporations)
ARTICLES OF INCORPORATION

These Articles of Incorporation are signed by the incorporators for the purpose of forming a non-profit corporation pursuant to the provisions of Act 327, Public Acts of 1931, ~~as amended~~, and Act 284, Public Acts of 1972, ~~as amended~~, as follows: ¹⁶² ¹⁹²

ARTICLE I.

The name of the corporation is Cliff Keen Wrestling Club ✓

ARTICLE II.

The purpose or purposes for which the corporation is organized are as follows: To operate, maintain and manage a wrestling organization that will develop and promote amateur wrestling activities in Ann Arbor, MI and surrounding areas. Furthermore, the purposes shall be exclusively charitable, educational and scientific, within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1954, as amended.

ARTICLE III.

Said corporation is organized upon a non-stock basis/directorship basis.
(Stock-share or non-stock)

(a)

(If upon a stock-share basis fill in the following)

The total number of shares of stock which the corporation shall have authority to issue is _____ of the par value of \$_____ per share.

A statement of all or any of the designations and the powers, preferences and rights, and the qualifications, limitations or restrictions thereof is as follows: _____

(b)

(If upon a non-stock basis strike out paragraph (a) above and fill in the following)

The amount of assets which said corporation possesses is:

*Real Property: None

*Personal Property: None

*(Give description and value. If none, insert "none")

Said corporation is to be financed under the following general plan:

Contributions

ARTICLE IV.

(1) The address of the initial registered office is (See part 2 of Instructions)

42400 W. Nine Mile Rd., Suite C, Novi, Michigan 49050
(No. and Street) (Town or City) (Zip Code)

(2) The mailing address of the initial registered office is (need not be completed unless different from the above address—See part 2 of Instructions)

_____, Michigan _____
(No. and Street) (Town or City) (Zip Code)

(3) The name of the initial resident agent at the registered office is

Mark B. Churella

ARTICLE V.

The names and addresses of the incorporators are as follows:

Names	Residence or Business Address
Mark B. Churella	22013 Heatherbrae way , Novi, MI 48050
James C. Keen	3465 Robin Wood , Ann Arbor, Mi 48104
Woodward A. Warrick, Jr.	325 E. Eisenhower Parkway, Ann ARbor, MI 48104

ARTICLE VI.

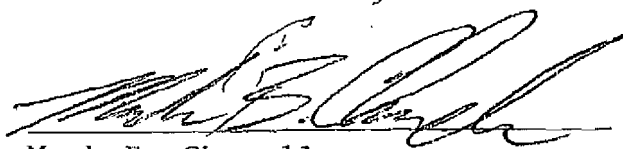
The names and addresses of the first board of directors (or trustees) are as follows:

NAMES	RESIDENCE OR BUSINESS ADDRESS
Mark B. Churella	22013 Heatherbrae Way, Novi, MI 48050
James C. Keen	3465 Robin Wood, Ann Arbor, MI 48104
Woodward A. Warrick, Jr.	325 Eisenhauer, Ann Arbor, MI 48104

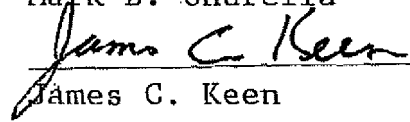
ARTICLE VII.

(Here insert any desired additional provisions authorized by the Acts)

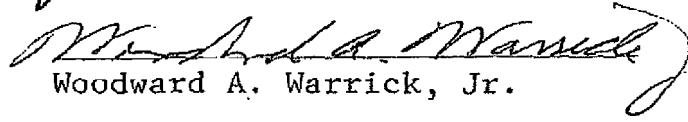
We, the incorporators of the above named corporation, hereby sign these Articles of Incorporation on this 17 day of September, 1985.



Mark B. Churella



James C. Keen



Woodward A. Warrick, Jr.

(See Instructions on Reverse Side)

FILED

(Please do not write in spaces below — for Department use)

MICHIGAN DEPARTMENT OF COMMERCE — CORPORATION AND SECURITIES BUREAU	
Date Received	FILED OCT 09 1985 Administrator MICHIGAN DEPT. OF COMMERCE Corporation & Securities Bureau
SEP 23 1985	
OCT 04 1985	

C & S-102 (Rev. 10-76)

INFORMATION AND INSTRUCTIONS

Articles of Incorporation—Non-Profit Corporations (Excluding Ecclesiastical Corporations)

1. Article II should state, in general terms, the specific purpose or object for which the corporation is organized.
2. Article IV—A post office box is not permitted to be designated as the address of the registered office in part 1 of Article IV. The mailing address in part 2 of Article IV may differ from the address of the registered office **only** if a post office box address in the same city as the registered office is designated as the mailing address.
3. Article V—At least three incorporators are required. Article VI—At least three directors (or trustees) are required. The addresses should include a street number and name (or other designation), in addition to the name of the city and state.
4. The duration of the corporation should be stated in the Articles **only** if the duration is not perpetual.
5. The Articles must be signed in ink by each incorporator. The names of the incorporators as set out in Article V should correspond with the signatures.
6. An effective date, not later than 90 days subsequent to the date of filing, may be stated in the Articles of Incorporation.
7. One original copy of the Articles is required. A true copy will be prepared by the Corporation and Securities Bureau and returned to the person submitting the Articles for filing.
8. FEES: \$10.00 filing plus \$10.00 franchise; total \$20.00. Checks or money orders should be made payable to the State of Michigan.
9. Mail Articles of Incorporation and fees to:

Michigan Department of Commerce
Corporation and Securities Bureau
Corporation Division
P. O. Box 30054
Lansing, Michigan 48909

MICHIGAN DEPARTMENT OF COMMERCE — CORPORATION AND SECURITIES BUREAU

OR BUREAU USE ONLY)

Date Received

MAR 27 1986

FILED

MAY 2 1986

Administrator
MICHIGAN DEPT. OF COMMERCE
Corporation & Securities Bureau

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION
For use by Domestic Corporations

(Please read instructions and Paperwork Reduction Act notice on last page)

Pursuant to the provisions of Act 284, Public Acts of 1972, as amended (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporation executes the following Certificate:

1. The present name of the corporation is: Cliff Keen Wrestling Club

2. The corporation identification number (CID) assigned by the Bureau is:

8	9	2	-	3	5	8
---	---	---	---	---	---	---

3. The location of its registered office is:

42400 W. Nine Mile Rd., Suite C, Novi, MI 48050, Michigan
(Street Address) (City) (ZIP Code)

4. Article VIII of the Articles of Incorporation is hereby ^{ADDED} ~~amended~~ to read as follows: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section (501) (c)(3) of the Internal Revenue code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article VII of the Articles of Incorporation is hereby ^{ADDED} ~~amended~~ to read as follows: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501 (c) (3) of the Internal Revenue code, or corresponding section of any future federal tax code, or (b) by a corporation contributions to which are deductible under section 170 (c) (2) of the federal tax code. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

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