MACRAE ACCOUNTING PC PO Box 4323 Boulder, CO 80306 (303) 440-5365 gatos@indra.com

July 17, 2012

CLIMBING WALL ASSOCIATION INC 1460 LEE HILL RD UNIT 7 BOULDER, CO 80304-0870

Dear Officers & Directors,

Enclosed is the 2011 U.S. Form 990, Return of Organization Exempt from Income Tax, for CLIMBING WALL ASSOCIATION INC for the tax year ending December 31, 2011.

Your 2011 U.S. Form 990, Return of Organization Exempt from Income Tax, return has been electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Catherine MacRae, CPA

Wiline Mar Ras

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No. 1545-0047 2011

(except black lung benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning 2011, and ending C Name of organization D Employer Identification Number CLIMBING WALL ASSOCIATION INC Check if applicable: X Address change 86-1063819 Doing Business As Number and street (or P.O. box if mail is not delivered to street addr) Room/suite Telephone number Name change Initial return 460 LEE HILL RD UNIT 7 (720) 838-8284 ZIP code + 4 City, town or country Terminated **G** Gross receipts \$ 222,195 BOULDER CO 80304-0870 Amended return H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer: Yes No H(b) Are all affiliates included? Yes WILLIAM ZIMMERMANN 1460 Lee Hill Rd #2 Boulder CO 80304 If 'No,' attach a list, (see instructions Tax-exempt status 501(c)(3) X 501(c) (6) < (insert no.) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number 🟲 Form of organization: X Corporation Other > 2003 M State of legal domicits: Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the CWA is to: professionalism of the promote the growth, health, independence, and Governance climbing wall industry. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)......... প্ৰ 8 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 Activities Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 4 6 ō 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12. 7 a **b** Net unrelated business taxable income from Form 990-T, line 34 7 b Prior Year **Current Year** 200. Contributions and grants (Part VIII, line 1h)......... Program service revenue (Part VIII, line 2g) 222,179 221 979. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16. 11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 222,195 12 222,179 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 91,433. b Total fundraising expenses (Part IX, column (D), line 25) ► 105.266. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 196,699. Revenue less expenses. Subtract line 18 from line 12 222,179 25,496. Beginning of Current Year **End of Year** 99,565. 124,319. 21 25,003. 24,261. 74,562. 100,058. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based an ellipsial information of which preparer has any knowledge. 07/17/12 Signature of Mice Date Sign Here WILLIAM ZIMMERN PRESIDENT Type or print name and title. Print/Type preparer's name Preparetts signature Date PTIN Check 07/17/12 Catherine MacRae, CPA P01220823 setf-employed Paid Preparer ► MACRAE ACCOUNTING Use Only Firm's address PO Box 4323 Firm's EIN > 84-1612506

May the IRS discuss this return with the preparer shown above? (see instructions) _

Boulder

Phone no.

80306

CO

(303) 440-5365

Form	99 0 (2011)	CLIMBING WALL ASSOCIATION INC	6-1063819	Page 2
Par	t III State	ement of Program Service Accomplishments		
	Check	r if Schedule O contains a response to any question in this Part III		X
1	•	be the organization's mission:		
		sion of the CWA is to:	_	
		the growth, health, independence, and professionalism of the	<u>e</u>	
	<u>climbing</u>	wall_industry	- 	
2	-	sization undertake any significant program services during the year which were not listed on the prior	r r	_
		990-EZ?	· · · · L Yes	X No
_		ibe these new services on Schedule O.	FT .v	
3	•	nization cease conducting, or make significant changes in how it conducts, any program services?	· · · · · · Yes	X No
	=	ibe these changes on Schedule O.		
4	Section 501(c	organization's program service accomplishments for each of its three largest program services, as m c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g tal expenses, and revenue, if any, for each program service reported.	easured by expenses, rants and allocations to	Ö
4 a	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
	Conferen	ices - provide direct experience and collaboration with resc	urce	
	experts	and others sharing interest in the field of manufactured wa	ll climbing.	 -
				
				-
				
	-			-
				-
				
				-
				-
	·	\f		
40	(Code:)(Expenses \$)(Reverse properties of the climbing including grants of the climbing grants		,
		and climbing wall operators. CWA supports the development		
		wall industry, promotes the sport of climbing, and is an a		
		interests of our members.	<u></u>	
				
				
	 _		- 	-
	_ 			
	- 			
				-
				
4 c	(Code:) (Expenses \$including grants of \$) (Rever	nue \$)
	Publicat	ions - industry practices resource which assists owners		
	and oper	ators of climbing walls in defining, understanding, and imp	lementing	
	a respon	sible set of management, operational, training, and climbin	g_practices.	
	 .			
	 .			
				
	 -			
				-
	- 			
	Otherway	(Daniba i Obbatta O		
		n services. (Describe in Schedule O.)		
	(Expenses	\$ including grants of \$) (Revenue \$ m service expenses >		
40	rotal prograi	iii aervice experiaca 💌		

Pæ	The Checklist of Required Schedules		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		163	110
•	Schedule A	1_	ļ	Х
2	! Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part!	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11a	х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		x
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		<u> </u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H			X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) CLIMBING WALL ASSOCIATION INC Part IV. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and			
	complete Schedule K. If 'No,'go to line 25	24a		_X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24¢		
1	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,' complete Schedule L, Part I	25a	į į	
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? if 'Yes,' complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	1 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u></u>	<u></u>	
	•		Ye	s No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>		
ħ	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	의		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1	C	
2 a	n Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	4		
b	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2	b X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3	a	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	. 3	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)?	. 4	а	X
b	If 'Yes,' enter the name of the foreign country:	-52	na an	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5		X_
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 5	<u>c </u>	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	. 6	a	х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6	b	1100000
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7	a	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7	ь	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7	c	
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7	e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7	f	
g	if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7	9	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 7		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	. 9	а	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9	ь	
10	Section 501(c)(7) organizations. Enter:	20167 20167		
а	Initiation fees and capital contributions included on Part VIII, line 12	_\$		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations, Enter:			1
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12	a l	380.4-1.5
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	-		3
	Section 501(c)(29) qualified nonprofit health insurance Issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13	a	
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		27000
	Did the organization receive any payments for indoor tanning services during the tax year?	. 14		X
þ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 14	b]	1

Form	990 (2011) CLIMBING WALL ASSOCIATION INC	86-1063819	Page 6
Par	Governance, Management and Disclosure For each 'Yes' response to lines 2 th	rough 7b below, an	d for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processe Schedule O. See instructions.	es, or changes in	
	Check if Schedule O contains a response to any question in this Part VI	, <u></u>	<u>x</u>
Sec	tion A. Governing Body and Management		,
		_	Yes No
1 a	Enter the number of voting members of the governing body at the end of the tax year	9	
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct st of officers, directors or trustees, or key employees to a management company or other person?	upervision	x
4	Did the organization make any significant changes to its governing documents		
_	since the prior Form 990 was filed?		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	· · · · · · · · · · · · · · · · · · ·	
	members of the governing body?		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	F-3.1988	X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the following:		
	The governing body?		+
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a		' ^ -
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	<u> 9 </u>	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ue Code.)	Yes No
10 a	Did the organization have local chapters, branches, or affiliates?	10a	}
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to operations are consistent with the organization's exempt purposes?	ensure their	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	<u>12a</u>	Х
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give to conflicts?		х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' described O how this is done	<u>12c</u>	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	F 9700000	X
	Did the process for determining compensation of the following persons include a review and approval by indepersons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		x
	Other officers of key employees of the organization.		
~	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	<u>16a</u>	X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
Sec	tion C. Disclosure		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)) inspection. Indicate how you make these available. Check all that apply.	(3)s only) available for pu	ublic
4	Own website X Another's website X Upon request	oial atatamanta augusta kin ka	
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and finanthe public during the tax year.		
	State the name, physical address, and telephone number of the person who possesses the books and records: William Zimmermann 1460 Lee Hill Rd #7 Boulder CO 80304		838-8284
BAA	TEEA0106 01/23/12		990 (2011)

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

A compensation from the organization from the organization (W-2/1099-MiSC) A compensation from the organization from the organization (W-2/1099-MiSC) A compensation from the organization (W-2/1099-MiSC) A compensation from the organization from the organization from the organization (W-2/1099-MiSC) A compensation from the organization from the organization from the organization (W-2/1099-MiSC) A compensation from the organization from	(F) imaled nt of other pensation must be mization of related nizations 0.
Companies Comp	om the initiation initiation in related initiations
President/CEO	0.
(2) Casey Newman	0.
Director 1.00 X 0. 0.	·-
Carolyn Brodsky	·-
Chair BOD-VP 1.00 X X 0. 0. (4) Bob Richards Director-Treasurer 1.00 X X 0. 0. (5) Rich Cook Director 0.25 X 0. 0. (6) Dan Hague Director 0.50 X 0. 0. (7) Rich Johnston Director 0.50 X 0. 0. (8) Chris O'Connell Director 0.25 X 0. 0. 0.	0.
Column	0.
Director-Treasurer 1.00 X X 0. 0. (5) Rich Cook Director 0.25 X 0. 0. (6) Dan Hague Director 0.50 X 0. 0. (7) Rich Johnston Director 0.50 X 0. 0. (8) Chris O'Connell Director 0.25 X 0. 0. (9) Nate Postma 0. 0. 0. (9) Nate Postma 0. 0. 0. (100 X X X X X X X X X	
(5) Rich Cook Director 0.25 X 0. 0.	
Director 0.25 X 0. 0.	0.
Column C	
Director 0.50 X 0. 0.	0.
(7) Rich Johnston 0.50 X 0.0.0 Director 0.50 X 0.0.0 (8) Chris O'Connell 0.25 X 0.0.0 Director 0.25 X 0.0.0 (9) Nate Postma 0.0.0 0.0.0	
Director 0.50 X 0. 0.	0.
(8) Chris O'Connell	
Director	0.
(9) Nate Postma	
	0.
Director 0.25 X 0. 0.	0.
(10) Antoine Richard	
<u>Director</u> 0.25 X 0.	<u>0.</u>
(11) Robert Angell	
Director-Secretary 1.00 X X 0. 0.	0.
(12)	
(13)	
(14)	

Part VII Section A. Officers, Directors, Trus	lees,	Key	En	npk	оуе	es,	an	d Highest Con	npensated Em	ployees (cont)
				(0	•					
(A) Name and title	(B) Average hours per	offi	, unle cer ar	ss pe	rson Irecto	than is both or/trus	ı an tee}	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (describ e	Individual (rustee or director	Institu	Officer	Xey e	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	hours for	dual ti	Institutional trustee	14	employee	st con	<u> </u>			organizations
	related organi- zations	ustee	trust		èe.	npens				
	Sch O)		96			ated ated				
<u>(15)</u>			:							
(16)				:						1
(17)										
(18)	Ì									
<u>(19)</u>					_	<u> </u>	<u> </u>			
(20)					 					
(21)										
(22)										
(23)										
(24)										
(25)									•	
1 b Sub-total							►	58,350.	0.	0.
d Total (add lines 1b and 1c)		<u></u>			٠.			58,350.	0.	0.
2 Total number of individuals (including but not limited to from the organization 0	those I	isted	abo	ve)	who	rece	eive	d more than \$100,0	000 of reportable co	mpensation
nom the organization										Yes No
3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indiv		key	emp	oloye	e, c	r hig	hes	t compensated em	ptoyee	. 3 X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater than	able co \$150,0	mpe)00?	nsat <i>If 'Y</i>	ion a 'es' d	and com _i	othe plete	r co Scl	mpensation from hedule J for		
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' com	pensati olete Si	on fre	om a	eny u Lifor	 unre	lated	org	ganization or individ	lual	. 4 X
Section B. Independent Contractors										
 Complete this table for your five highest compensated compensation from the organization. Report compensa 	indeper ation for	the	t cor cale:	ntrac ndar	tors yea	that er en	rec ding	eived more than \$1 ; with or within the a	100,000 of organization's tax ye	ear.
(A) Name and business address				·				(B) Description of		(C) Compensation
2 Total number of independent contractors (including but	not lim	ited 1	to the	ose	liste	d ah	ove) who received mor	re than	
\$100,000 in compensation from the organization >		. + '	,					,		

Pa	t VIII Statement of Revenue	: ***	,		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
LO.	1a Federated campaigns 1a				012, 010, 01014
SIS	b Membership dues	_			
95 5	c Fundraising events 1 c	\dashv			
GIFTS, I.AR AN	-		1. The second of	3 - 2 2 - 702	
∄₹	d Related organizations 1 d				
SS	e Government grants (contributions) 1 e				
뒃쳹	f All other contributions, gifts, grants, and	22.4			
₩.	similar amounts not included above 1f 200	-			
CONTRIBUTIONS, AND OTHER SIMI	g Noncash contributions included in Ins 1a-1f: \$		X#	· 连	
	h Total. Add lines 1a-1f	▶ 200.			100
PROGRAM SERVICE REVENUE	Business Code	—			
5	2a Conference Income 713900	116,694.	116,694.	0.	0.
퓠	b Membership Dues 713900	94,403.	94,403.	0.	0.
ž	c Publications511190	7,521.	7,521.	0.	0.
SE	d Consulting & Training 541990	3,361.	3,361.	0.	0.
\$	e				
90	f All other program service revenue		-	Av. ev	
- 6	g Total. Add lines 2a-2f	▶ 221,979.	26		
	3 Investment income (including dividends, interest and			_	_
	other similar amounts)		16.	0.	0.
	4 Income from investment of tax-exempt bond proceeds		<u> </u>	. <u></u>	<u> </u>
	5 Royalties.		· Valle	78.00	
	(i) Real (ii) Personel	- 2004	100 P		
- 1	6 a Gross rents		19		
	b Less: rental expenses			Para Santa	
	c Rental income or (loss)			Signature (ST)	12/2 32.
	d Net rental income or (loss)	NAME: OF THE PARTY	CARAGON AND SANDANGE AND SANDANGE	2-4-5-A	7-9-3-0-0-0
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
- 1	d Net gain or (loss)	>	Province of the second		
ப	8 a Gross income from fundraising events				y Carrier 7. E
뢺	(not including. \$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
REVENUE	of contributions reported on line 1c).		100	Mark San A	Maria de la companya
	See Part IV, line 18	- 4			
ОТНЕВ	b Less: direct expenses b				3.00
ı	c Net income or (loss) from fundraising events	>	THE STATE OF		
i	9 a Gross income from gaming activities. See Part IV, line 19			Y	
		\dashv			
	b Less: direct expenses b			. 20 A	
	c Net income or (loss) from gaming activities ,	<u> </u>	2004-YO		
i	10 a Gross sales of inventory, less returns		10 To		
	and allowances				
	b Less; cost of goods sold b		33473		- 344 B
- 1	c Net income or (loss) from sales of inventory		1000	r ender	
	44		1 5232 .	<u> </u>	######################################
	11a	 			<u> </u>
	b				
	d All other revenue	-			
	e Total, Add lines 11a-11d ,	_			W #
					0.
	12 Total revenue. See instructions	▶ 222,195.	221,995.	0.	

Pair IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re	esponse to any question	in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(o)(3)(B).				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	7,366.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	150.			
C	Accounting	4,144.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other , ,				
12	Advertising and promotion				
13	Office expenses	10,909.			
14	Information technology	4,635.			
15	Royalties				
16	Occupancy				
17	Travel	6,920.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	47,089.			
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,306.			·
23	Insurance	1,030.	are the sign of the same of th		Allie A o distriburo del dece
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					
C L					
u _	All other expenses	6 402			
	Total functional expenses. Add lines 1 through 24e	6,403.			
	Joint costs. Complete this line only if	130,023.			
20	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following				
	SOP 98-2 (ASC 958-720)	<u>_</u>			

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	84,402.	1	70,865.
	2	Savings and temporary cash investments	25.	2	45,041.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,900.	4	7,200.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).	Total Control of the	6	
ASSETS	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use ,		8	
S	9	Prepaid expenses and deferred charges		9	
:	10 a	Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D			
		Less: accumulated depreciation 10b 12,665.	38.	10 c	13.
	11	Investments — publicly traded securities		11	
	12	investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,200.	15	1,200.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	99,565.	16	124,319.
	17	Accounts payable and accrued expenses	5,403.	17	7,161.
	18	Grants payable		18	
	19	Deferred revenue	2,500.	19	
ŀ	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L L T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
- i	23	Secured mortgages and notes payable to unrelated third parties		23	
S		Unsecured notes and loans payable to unrelated third parties	17,100.	24	17,100.
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,1001	25	1,,100.
ı		Total llabilities. Add lines 17 through 25	25,003.	26	24,261.
N E T		Organizations that follow SFAS 117, check here * X and complete lines			<i>3</i> 4
- 1		27 through 29 and lines 33 and 34.	14 Mag	S. Carlo	
Ą	27	Unrestricted net assets	74,562.	27	100,058.
ASSETS	28	Temporarily restricted net assets		28	
- 1	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► and complete	Land of the land		
5		lines 30 through 34.			
FUZO	30	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
野女し女兄の世の		Total net assets or fund balances	74,562.	33	100,058.
5		Total liabilities and net assets/fund balances	99,565.	34	124,319.

Form 990 (2011) CLIMBING WALL ASSOCIATION INC	B6-106	3819_		Page 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI	<u></u>			
1 Total revenue (must equal Part VIII, column (A), line 12)				,195.
2 Total expenses (must equal Part IX, column (A), line 25)	2		196	,699.
3 Revenue less expenses. Subtract line 2 from line 1			25	,496.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		<u> </u>	74	<u>,562.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	<u>5</u>			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	ŀ			
column (B))	6		100	<u>,058.</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII	<u></u>	· · · · ·		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			Ye	s No
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a X	
b Were the organization's financial statements audited by an independent accountant?			2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit.		2c >	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	on a			
∑ Separate basis		Į.		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle 		3 a	x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	<u></u>]	3 b	<u> </u>
BAA			Form 99	0 (2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2011

Open to Public inspection

Employer identification number

CL:	IMBING WALL ASSOCIATION INC			86-1063819
Pa	THE Organizations Maintaining Donor the organization answered 'Yes' to F	Advised Funds or Otl form 990, Part IV, line 6	her 6.	Similar Funds or Accounts. Complete if
		(a) Donor advised	d fun	ids (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the	advisors in writing that the ass ne organization's exclusive le	sets gal c	held in donor advised control? Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the la purpose conferring impermissible private benefit?	cenefit of the donor or donor	adviš	sor, or for any other
Pa	Conservation Easements. Comple	te if the organization ar	ารพ	vered 'Yes' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recre	ation or education)		Preservation of an historically important land area
	Protection of natural habitat	•		Preservation of a certified historic structure
	Preservation of open space			•
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation of	contri	ribution in the form of a conservation easement on the
				Held at the End of the Tax Yea
ā	Total number of conservation easements	,		2a
t	Total acreage restricted by conservation easemer	its		2b
(Number of conservation easements on a certified	historic structure included in	(a)	2c
•	I Number of conservation easements included in (c structure listed in the National Register) acquired after 8/17/06, and	not c	on a historic
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguish	ed, o	or terminated by the organization during the
4	Number of states where property subject to conse	rvation easement is located 1	-	
5	Does the organization have a written policy regard and enforcement of the conservation easements it	ling the periodic monitoring, i	nspe	ection, handling of violations,
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing cons	serva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspect ▶ \$	cting, and enforcing conserva	ation	easements during the year
8	Does each conservation easement reported on lin 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requi	ireme	ents of section Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in it organization's financial state	ts rev emer	evenue and expense statement, and balance sheet, and nts that describes the organization's accounting for
Par	Complete if the organization answer	tions of Art, Historica red 'Yes' to Form 990, I	l Tr Part	reasures, or Other Similar Assets. t IV, line 8.
1 a	If the organization elected, as permitted under SF/ art, historical treasures, or other similar assets hel- in Part XIV, the text of the footnote to its financial s	AS 116 (ASC 958), not to rep d for public exhibition, educat statements that describes the	ort ir tion, se it	n its revenue statement and balance sheet works of or research in furtherance of public service, provide, tems.
b	historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education,	or re	revenue statement and balance sheet works of art, esearch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line	.1		\$
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, his amounts required to be reported under SFAS 116	storical treasures, or other sii (ASC 958) relating to these it	milar tems	r assets for financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line 1 .			. \$
	Assets included in Form 990, Part X			

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.					
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current year end	balance (line 1g, colt	ımn (a)) held as:		

2 Provide the estimated percentage of the cur	rrent year end balance (line 1g, column (a)) held
a Board designated or quasi-endowment 🕨	oj

b Permanent endowment ► %
c Temporarily restricted endowment ► %

b if 'Yes,' explain the arrangement in Part XIV.

The percentages in lines 2a, 2b, and 2c should equal 100%.

a Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by:	Yes	No
(i) unrelated organizations		
(ii) related organizations		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		
Describe in Boot VIV/ the introductions of the approximate and approximate		

Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equip		T.X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			7.00	
b Buildings				
c Leasehold improvements				
d Equipment		10,495.	10,482.	13
e Other		2,183.	2,183.	0
「otal. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Part X, colum	nn (B), line 10(c).)		13

BAA

Schedule **D** (Form 990) 2011

No

Part VII Investments - Other Securities. Se	<u>e Form 990, Part X,</u>	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation: market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			· · · · · · · · · · · · · · · · · · ·
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(<u>H)</u>			
<u> </u>			South Annual Control of the Control
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	aluation: market value
(1)		Cost of end-di-year	market value
(2)		<u> </u>	
(3)	-		
(4)			
(5)			····
(6)			
(7)			
(8)			
(9)			·-···
(10)	- 		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	•		
Part IX Other Assets. See Form 990, Part X,	line 15.		100 To 100 Miles
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	***		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)		· · · · · · · · · · · · · · · · · · ·	•
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)		4	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
_(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► <u> </u>		

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 CLIMBING WALL ASSOCIATION INC	86-1063819	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV.)		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
· 1 1		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b;	
Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl any additional information.	ete triis part to provide	
•		
		
	- 	

Schedule D (Form 990) 2011	CLIMBING WALL ASSOCIATION INC	86-1063819	Page 5
Part XIV Supplementa	CLIMBING WALL ASSOCIATION INC Information (continued)		
			
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	<u> </u>		·
		· 	
			
			
			
		. 	
		· · · · · · · · · · · · · · · · · · ·	
			
			
			
			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

CLIMBING WALL ASS	SOCIATION INC	86-1063819
Pt_VI, Line 11a_	A complete copy of the organization's Form 990	
	(including all required schedules), was provide	ed to each person
	who was a voting member of the governing body at	the
	time the Form 990 was provided by electronic for	cm_via
	the web site.	
Pt VI, Line 7a	The Bylaws provide that the organization shall h	nave
	three to twelve directors (The Board of Director	cs) and
	that two of these positions shall be appointed h	by the CEO.
Pt_VI, Line 12c	The organization, its constituents, and its gover	ming board have a right
	to expect a decision making process that is inde	ependent, objective,
	unbiased and conducted in the best interests of	the CWA. Those
	participating in the decision making process mus	t give the organization
	fair warning - and possibly take corrective action	- if they have interests
	that conflict with or compete with those of the	CWA. Appropriate
	_actions include: (1) disclosure; (2) Recusal and	if warranted; Removal or
	Resignation. Board members also review the confl	ict_of_interest_policy
	and sign an advanced disclosure form annually. 1	t is the board and/or
	officers of the CWA, not the person making the d	disclosure of other
	interests, that has the authority and responsible	lity to decide an
	appropriate reaction to a conflict or potential	conflict of interest
Pt_VI,_Line_15	The organization uses a process for determining compensation o	f the CEO that includes review,
	deliberation and decision by the board of direct	ors. Neither the CEO,
	nor any persons economically benefitting, in an	employment relationship,
	family members or those who recieve compensation	from the CWA
	are involved in deliberations or decision-making regarding t	the compensation arrangement.
	No board members involved in determining the com	pensation arrangement

Name of the organization		Employer identification number
CLIMBING WALL ASS	SOCIATION INC	86-1063819
	have a material financial interest in or benefit from the	e_compensation_arrangement,
	Furthermore, the board of directors makes use of data a	s to comparable compensation
	for similarly gualified persons in functionally	comparable positions at
	similarly situated organizations. Contemporaneous	minutes are kept for the
	of recordkeeping regarding decisions involving co	mpensation arrangements.
Pt_VI,_Line_18	The organizations's Form 990 (including all requ	uired schedules)
	are available upon request and at www.guidestar.	org
Pt VI, Line 19	The organization makes the following information	<u>1</u>
	available to the public during the year by the m	neans described:
- :	Governing Documents are available via the organi	zation's
_	website; Conflict of Interest Policy is available	e_upon_request;
	Financial Statements are available via the organ	nization's
	website.	
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Schedule O (Form 990 or 990-EZ) 2011

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