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Boulder, CO 80306
(303) 440-5365
gatos@indra.com

August 12, 2014

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

Dear Officers & Directors,

Enclosed is the 2013 U.S. Form 990, Return of Organization Exempt from Income Tax, for CLIMBING WALL ASSOCIATION INC for the tax year ending December 31, 2013.

Your 2013 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,

A handwritten signature in blue ink that reads "Catherine MacRae, CPA". The signature is written in a cursive style.

Catherine MacRae, CPA

2013 Exempt Organization Business Tax Return
prepared for:

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

MACRAE ACCOUNTING PC
PO Box 4323
Boulder, CO 80306

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|
| A For the 2013 calendar year, or tax year beginning | | | | | | | | | | , 2013, and ending | | | | | | | | | | | |
| B Check if applicable: | | C Name of organization CLIMBING WALL ASSOCIATION INC | | | | | | | | | | D Employer Identification Number | | | | | | | | | |
| <input type="checkbox"/> Address change | | Doing Business As | | | | | | | | | | 86-1063819 | | | | | | | | | |
| <input type="checkbox"/> Name change | | Number and street (or P.O. box if mail is not delivered to street address) | | | | | | | | | | Room/suite | | | | | | | | | |
| <input type="checkbox"/> Initial return | | 1460 LEE HILL RD UNIT 7 | | | | | | | | | | E Telephone number | | | | | | | | | |
| <input type="checkbox"/> Terminated | | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | (720) 838-8284 | | | | | | | | | |
| <input type="checkbox"/> Amended return | | BOULDER CO 80304-0870 | | | | | | | | | | G Gross receipts \$ 334,378. | | | | | | | | | |
| <input type="checkbox"/> Application pending | | F Name and address of principal officer: | | | | | | | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | |
| | | WILLIAM ZIMMERMANN 1460 Lee Hill Rd #2 Boulder CO 80304 | | | | | | | | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| | | | | | | | | | | | | H(c) Group exemption number ▶ | | | | | | | | | |
| I Tax-exempt status | | 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) | | | | | | | | | | 4947(a)(1) or 527 | | | | | | | | | |
| J Website: ▶ | | www.climbingwallindustry.org | | | | | | | | | | | | | | | | | | | |
| K Form of organization: | | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | | | | | | | L Year of formation: 2003 | | | | | | | | | |
| | | | | | | | | | | | | M State of legal domicile: CO | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|-----------|-----------|----------|----------------------------------|---------------------|
| Part I Summary | | | | | | | | | | | | |
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>To promote the growth, health, independence, and professionalism of the climbing wall industry.</u> | | | | | | | | | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | |
| | | | | | | | | | 3 | 8 | | |
| | | | | | | | | | 4 | 7 | | |
| | | | | | | | | | 5 | 3 | | |
| | | | | | | | | | 6 | 0 | | |
| | | | | | | | | | 7a | 0. | | |
| | | | | | | | | 7b | | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | | | | | | | | | | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | | | | | | | | | | 265,167. | 334,355. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | | 23. | 23. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | | | | |
| | 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | | | | | | | 265,190. | 334,378. |
| Expenses | 13 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) | | | | | | | | | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | | | | | 113,150. | 130,812. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | | | | | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | | | | | | | 117,277. | 138,095. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | | | | | | | | 230,427. | 268,907. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | | | | | | | | | 34,763. | 65,471. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | | | | | | | | | | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | | | | | | | | | | 161,938. | 257,312. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | | | | | | | | | 27,117. | 57,020. |
| | | | | | | | | | | 134,821. | 200,292. | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|---------------------------------|----------------------|-----------|
| Sign Here | Signature of officer | | Date |
| | WILLIAM ZIMMERMANN | President/CEO | 08/12/14 |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | Catherine MacRae, CPA | | 08/13/14 |
| | Firm's name | Firm's EIN | PTIN |
| | MACRAE ACCOUNTING PC | 84-1612506 | P01220823 |
| | Firm's address | Phone no. | |
| | PO Box 4323 Boulder CO 80306 | (303) 440-5365 | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To promote the growth, health, independence, and professionalism of the climbing wall industry.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Conferences - provide direct experience and collaboration with resource experts and others sharing interest in the field of manufactured wall climbing.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Membership - CWA addresses the needs and interests of the climbing wall industry and climbing wall operators. CWA supports the development of the climbing wall industry, promotes the sport of climbing, and is an advocate for the interests of our members.

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Publications - industry publications which assist owners and operators of climbing walls in defining, understanding, and implementing a responsible set of management, operational, training, and climbing practices.

Publications which assist owners with design, engineering and inspection of climbing structures. Publications which assist owners with business development and legal matters.

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses

Part IV 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 Schedule A | | X |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | 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 | | X |
| 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 | | |
| 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 | | X |
| 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 I | | X |
| 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 | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | | X |
| 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 | | X |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, 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 | X | |
| 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 | | 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 | | X |
| 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 | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | | X |
| 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 | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | | X |
| 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 and XII is optional | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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 | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | | X |
| 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) | | X |
| 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 | | X |
| 19 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 | | X |
| 20a 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? | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> | | X |
| 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? <i>If 'Yes,' complete Schedule J</i> | | X |
| 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, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If 'Yes,' complete Schedule L, Part I</i> | | |
| 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? <i>If 'Yes,' complete Schedule L, Part I</i> | | |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | | X |
| 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? <i>If 'Yes,' complete Schedule L, Part III</i> | | X |
| 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| c 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? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> | | 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? <i>If 'Yes,' complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | | |
| 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? <i>If 'Yes,' complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|--|---|-----|----|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 11 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 | | |
| 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 | 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 3 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X | 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' to line 3b, provide an explanation in Schedule O 3 b | | |
| 4 a | 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 a | | X |
| b | If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c | | |
| 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 as charitable contributions? 6 a | | X |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a | 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 b | | |
| 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 7 d | | |
| e | 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 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h | | |
| 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. | | | |
| a | Did the organization make any taxable distributions under section 4966? 9 a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? 9 b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. 10 a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders. 11 a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a | | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | 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. | | | |
| b | 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 13 b | | |
| c | Enter the amount of reserves on hand 13 c | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? 14 a | | X |
| b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14 b | | |

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Section 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 1 a 8 If there are material differences in voting rights among members 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 1 b 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | X | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|-------------|---|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | X |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ William Zimmermann 1460 Lee Hill Rd #7 Boulder CO 80304-0870 (720) 838-8284

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) William Zimmermann President/CEO | 40.00 | X | | X | | | 58,750. | 0. | 0. | |
| (2) Aaron Stevens Director | 0.50 | X | | | | | 0. | 0. | 0. | |
| (3) Carolyn Brodsky Chair BOD-VP | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (4) Candie Fisher Director | 0.50 | X | | | | | 0. | 0. | 0. | |
| (5) Chris O'Connell Director-Treasurer | 0.50 | X | | X | | | 0. | 0. | 0. | |
| (6) Rick Vance Director | 0.50 | X | | | | | 0. | 0. | 0. | |
| (7) Jason Noble Director | 0.50 | X | | | | | 0. | 0. | 0. | |
| (8) Robert Angell Director-Secretary | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ----- | | | | | | | | | | |
| (16) ----- | | | | | | | | | | |
| (17) ----- | | | | | | | | | | |
| (18) ----- | | | | | | | | | | |
| (19) ----- | | | | | | | | | | |
| (20) ----- | | | | | | | | | | |
| (21) ----- | | | | | | | | | | |
| (22) ----- | | | | | | | | | | |
| (23) ----- | | | | | | | | | | |
| (24) ----- | | | | | | | | | | |
| (25) ----- | | | | | | | | | | |

| | | | |
|--|---------|----|----|
| 1 b Sub-total | 58,750. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 58,750. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|--|---|--|----|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) . . | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . . | 1 f | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| h Total. Add lines 1a-1f ▶ | | | | | | |
| PROGRAM SERVICE REVENUE | | Business Code | | | | |
| | 2 a <u>Conference Income</u> | 713990 | 178,132. | 178,132. | 0. | 0. |
| | b <u>Membership Dues</u> | 713990 | 118,984. | 118,984. | 0. | 0. |
| | c <u>Publications</u> | 611430 | 13,184. | 13,184. | 0. | 0. |
| | d <u>Consulting & Training</u> | 611430 | 12,805. | 12,805. | 0. | 0. |
| | e <u>Sponsored Programs</u> | 611710 | 11,250. | 11,250. | 0. | 0. |
| | f All other program service revenue . . . | | | | | |
| g Total. Add lines 2a-2f ▶ | | 334,355. | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) ▶ | | 23. | 23. | 0. | 0. |
| | 4 Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) . . | | | | |
| | d Net rental income or (loss) ▶ | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| d Net gain or (loss) ▶ | | | | | | |
| 8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18. | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19. | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | |
| 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d ▶ | | | | | |
| 12 Total revenue. See instructions ▶ | | 334,378. | 334,378. | 0. | 0. | |

Part 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).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 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 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 65,319. | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages | 55,301. | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 10,192. | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 7,076. | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 6,292. | | | |
| 12 Advertising and promotion | 34,569. | | | |
| 13 Office expenses | 3,100. | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 17,023. | | | |
| 17 Travel | 12,355. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 55,666. | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,014. | | | |
| 23 Insurance | | | | |
| 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 ----- | | | | |
| d ----- | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 268,907. | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | | |
|-----------------------------|--|---|----------|--------------------|----------|----------|
| ASSETS | 1 | Cash — non-interest-bearing | 99,579. | 1 | 195,140. | |
| | 2 | Savings and temporary cash investments | 45,063. | 2 | 45,086. | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | 13,440. | 4 | 12,685. | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 | Loans and other 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). Complete Part II of Schedule L | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 9 | 829. | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 18,113. | | |
| | b | Less: accumulated depreciation | 10b | 15,741. | 10c | 2,372. |
| | 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) | | 161,938. | 16 | 257,312. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 9,307. | 17 | 8,720. | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 710. | 19 | 31,200. | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 17,100. | 24 | 17,100. |
| | 25 | 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 | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 27,117. | 26 | 57,020. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | 134,821. | 27 | 200,292. | |
| | 28 | Temporarily restricted net assets | | 28 | | |
| | 29 | Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances. | | 134,821. | 33 | 200,292. |
| 34 | Total liabilities and net assets/fund balances | | 161,938. | 34 | 257,312. | |

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Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

| | | | |
|-----------|--|-----------|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 334,378. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 268,907. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 65,471. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 134,821. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 200,292. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2 b | Were the organization's financial statements audited by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2 c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3 b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

CLIMBING WALL ASSOCIATION INC

86-1063819

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose of conservation easements, total number and acreage, modified easements, monitoring policy, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 15,238. | | 13,386. | 1,852. |
| e Other | 2,875. | | 2,355. | 520. |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 2,372.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . ▶ | | |

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) 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), line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶ | |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|--|------------|------------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains on investments | 2 a | | |
| | b Donated services and use of facilities | 2 b | | |
| | c Recoveries of prior year grants | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2a through 2d | | 2 e | |
| 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 | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4a and 4b | | 4 c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|---|------------|------------|--|
| 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 | 2 a | | |
| | b Prior year adjustments | 2 b | | |
| | c Other losses | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2a through 2d | | 2 e | |
| 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 | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4a and 4b | | 4 c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CLIMBING WALL ASSOCIATION INC

Employer identification number

86-1063819

Pt VI, Line 11b A complete copy of the organization's Form 990 (including
Pt VI, Line 11b all required schedules), was provided as a pdf document to
Pt VI, Line 11b each person who was a voting member of the governing body via e-mail
Pt VI, Line 11b in advance of E-filing the 990. Members were notified of
Pt VI, Line 11b the importance of board review prior to filing the form.
Pt VI, Line 7a The Bylaws provide that the organization shall have
Pt VI, Line 7a three to twelve directors (The Board of Directors) and
Pt VI, Line 7a that two of these positions shall be appointed by the CEO.
Pt VI, Line 12c The organization, its constituents, and its governing board have a right
Pt VI, Line 12c to expect a decision making process that is independent, objective,
Pt VI, Line 12c unbiased and conducted in the best interests of the CWA. Those
Pt VI, Line 12c participating in the decision making process must give the organization
Pt VI, Line 12c fair warning - and possibly take corrective action - if they have interests
Pt VI, Line 12c that conflict with or compete with those of the CWA. Appropriate
Pt VI, Line 12c actions include: (1) disclosure; (2) Recusal and if warranted; Removal or
Pt VI, Line 12c Resignation. Board members also review the conflict of interest policy
Pt VI, Line 12c and sign an advanced disclosure form annually. It is the board and/or
Pt VI, Line 12c officers of the CWA, not the person making the disclosure of other
Pt VI, Line 12c interests, that has the authority and responsibility to decide an
Pt VI, Line 12c appropriate reaction to a conflict or potential conflict of interest.
Pt VI, Line 15a The organization uses a process for determining compensation of the CEO that
Pt VI, Line 15a includes review, deliberation and decision by the board of directors.
Pt VI, Line 15a Neither the CEO, nor any persons economically benefitting, in an
Pt VI, Line 15a employment relationship, family members or those who receive
Pt VI, Line 15a compensation from the CWA are involved in deliberations or decision-making
Pt VI, Line 15a regarding the compensation arrangement.

| | |
|---|--|
| Name of the organization CLIMBING WALL ASSOCIATION INC | Employer identification number 86-1063819 |
|---|--|

Pt VI, Line 11b No board members involved in determining the compensation arrangement

Pt VI, Line 11b have a material financial interest in or benefit from the compensation arrangement.

Pt VI, Line 11b Furthermore, the board of directors makes use of data as to comparable compensation

Pt VI, Line 11b for similarly qualified persons in functionally comparable positions at

Pt VI, Line 11b similarly situated organizations. Contemporaneous minutes are kept for the purpose

Pt VI, Line 11b of recordkeeping regarding decisions involving compensation arrangements.

Pt VI, Line 18 The organizations's Form 990 (including all required schedules)

Pt VI, Line 18 are available upon request, at www.climbingwallindustry.org,

Pt VI, Line 18 and at www.guidestar.org.

Pt VI, Line 19 The organization makes the following information

Pt VI, Line 19 available to the public during the year by the means described:

Pt VI, Line 19 Governing Documents are available via the organization's

Pt VI, Line 19 website; Conflict of Interest Policy is available upon request;

Pt VI, Line 19 its financial statement compilation is restricted for management use only.

Pt XII, Line 2c The organization's Form 990 is prepared by its Certified

Pt XII, Line 2c Public Accountant, who also prepares its management-use-only compilation of

Pt XII, Line 2c financial statements and provides other accounting services.

Pt XII, Line 2c The organization's CPA may not be considered independent

Pt XII, Line 2c according to SSARS 19 issued by the AICPA. The organization

Pt XII, Line 2c assumes responsibility for oversight of the compilation

Pt XII, Line 2c of its financial statements and selection of its accountant.

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

CLIMBING WALL ASSOCIATION INC

Identifying number

86-1063819

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2012 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 | ▶ 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|----|---|----|------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 866. |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 319. |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|--|----|------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2013 | 17 | 698. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B – Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property | | | | | | |
| b 5-year property | | 386. | 5.0 yrs | HY | 200 DB | 77. |
| c 7-year property | | 379. | 7.0 yrs | HY | 200 DB | 54. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 27.5 yrs | MM | S/L | |
| | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C – Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------|--|--|--------|----|-----|--|
| 20 a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 2,014. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Includes rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Schedule O (Form 990) Supplemental Information to Form 990

Form 990, Page 6, Line 9 (continued)

| Name | Address | City | St | ZIP |
|------------------------|--------------------------------------|---------------------|-----------|--------------|
| <u>Robert Angell</u> | <u>13587 Capetown Ave</u> | <u>Pickerington</u> | <u>OH</u> | <u>43147</u> |
| <u>Carolyn Brodsky</u> | <u>Sterling Rope Co, 26 Morin St</u> | <u>Biddeford</u> | <u>ME</u> | <u>04005</u> |
| <u>Chris O'Connell</u> | <u>78G Olympia Ave</u> | <u>Woburn</u> | <u>MA</u> | <u>01801</u> |
| <u>Candie Fisher</u> | <u>1835 38th St</u> | <u>Boulder</u> | <u>CO</u> | <u>80301</u> |
| <u>Rick Vance</u> | <u>Freeport Ctr M-7 POB 160447</u> | <u>Clearfield</u> | <u>UT</u> | <u>84016</u> |
| <u>Jason Noble</u> | <u>845 Phalen Blvd</u> | <u>St. Paul</u> | <u>MN</u> | <u>55106</u> |
| <u>Aaron Stevens</u> | <u>3605 SE Mieke Dr</u> | <u>Grimes</u> | <u>IA</u> | <u>50111</u> |

Supporting Statement of:

Form 990 p 10/Line 5 col (A)

| Description | Amount |
|--------------------------|----------------|
| Officer Salary | 58,750. |
| Officer Health Insurance | 6,569. |
| Total | <u>65,319.</u> |

Supporting Statement of:

Form 990 p 10/Line 10 col (A)

| Description | Amount |
|------------------------|----------------|
| Payroll Taxes | 9,376. |
| Late Payment Penalties | 816. |
| Total | <u>10,192.</u> |

Supporting Statement of:

Form 990 p 10/Line 12 col (A)

| Description | Amount |
|---------------------------------|---------------|
| Advertising & Marketing | 5,054. |
| Publications - Outside Services | 813. |
| Design - Outside Services | 425. |
| Total | <u>6,292.</u> |

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

| Description | Amount |
|---------------------------|--------|
| Bank & Merchant Fees | 7,657. |
| Computer & Software Exp | 119. |
| Dues, Fees, Subscriptions | 4,901. |
| Equipment Rental | 926. |
| Payroll Processing | 482. |
| Postage & Delivery | 4,839. |
| Printing & Reproduction | 8,279. |
| Professional Development | 893. |
| Supplies & Materials | 3,199. |
| Telecommunications | 3,274. |

Continued

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

| Description | Amount |
|-------------|----------------|
| Total | <u>34,569.</u> |

Supporting Statement of:

Form 990 p 10/Line 14 col (A)

| Description | Amount |
|-------------|---------------|
| Website | <u>3,100.</u> |
| Total | <u>3,100.</u> |

Supporting Statement of:

Form 990 p 10/Line 16 col (A)

| Description | Amount |
|-------------|----------------|
| Rent | <u>15,893.</u> |
| Utilities | <u>1,130.</u> |
| Total | <u>17,023.</u> |

Supporting Statement of:

Form 990 p 10/Line 17 col (A)

| Description | Amount |
|------------------------|----------------|
| Travel: Transportation | <u>8,094.</u> |
| Travel: Lodging | <u>1,519.</u> |
| Travel: Food | <u>736.</u> |
| Meals & Entertainment | <u>2,006.</u> |
| Total | <u>12,355.</u> |

Supporting Statement of:

Form 990 p 10/Line 19 col (A)

| Description | Amount |
|------------------|----------------|
| Event Operations | 55,666. |
| Total | <u>55,666.</u> |

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

| Description | Amount |
|---------------------|----------------|
| Elevations Checking | 98,267. |
| Key Bank Checking | 1,312. |
| Total | <u>99,579.</u> |

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

| Description | Amount |
|---------------------|-----------------|
| Elevations Checking | 194,757. |
| Key Bank | 383. |
| Total | <u>195,140.</u> |

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

| Description | Amount |
|--|---------------|
| Accounts Payable | 3,615. |
| Sales Tax Payable | 1. |
| Payroll Liabilities:Fed W/H, FICA, Med | 2,147. |
| Payroll Liabilities:FUTA | 168. |
| Payroll Liabilities:State W/H | 1,003. |
| Payroll Liabilities:SUTA | 181. |
| Officer Commissions Accrued | 0. |
| Officer PTO Accrued | 2,192. |
| Total | <u>9,307.</u> |

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

| Description | Amount |
|---------------------|---------------|
| Accounts Payable | 3,478. |
| Sales Tax Payable | 13. |
| Officer PTO Accrued | 2,192. |
| Payroll Liabilities | 3,037. |
| Total | <u>8,720.</u> |

Supporting Statement of:

Sch D, page 2/Equipment col (a)

| Description | Amount |
|--------------------------------|----------------|
| Furniture, Fixtures, Equipment | 15,238. |
| Total | <u>15,238.</u> |

Supporting Statement of:

Sch D, page 2/Equipment col (c)

| Description | Amount |
|--------------------------|----------------|
| Accumulated Depreciation | 13,386. |
| Total | <u>13,386.</u> |

Supporting Statement of:

Sch D, page 2/Other col (a)

| Description | Amount |
|-----------------------------|---------------|
| Intangible Asset - Software | 2,875. |
| Total | <u>2,875.</u> |

Supporting Statement of:

Sch D, page 2/Other col (c)

| Description | Amount |
|--------------------------|---------------|
| Accumulated Amortization | 2,355. |
| Total | <u>2,355.</u> |

Form 4562

Depreciation and Amortization Report

2013

CLIMBING WALL ASSOCIATION INC
Form 990 - / Form 990EZ

Tax Year 2013
► Keep for your records

86-1063819

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation |
|---------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|
| DEPRECIATION | | | | | | | | | | | | |
| Epson 4540 Printer | | 03/11/13 | 208 | | 100.00 | | 104 | 104 | 5.00 | 200DB/HY | | 21 |
| Ikea Desk | | 03/20/13 | 139 | | 100.00 | | 70 | 69 | 7.00 | 200DB/HY | | 10 |
| Ikea Desks | | 04/09/13 | 620 | | 100.00 | | 310 | 310 | 7.00 | 200DB/HY | | 44 |
| Asus Monitor | | 04/09/13 | 374 | | 100.00 | | 187 | 187 | 5.00 | 200DB/HY | | 37 |
| Epson AIO Printer | | 04/09/13 | 190 | | 100.00 | | 95 | 95 | 5.00 | 200DB/HY | | 19 |
| Adobe Acrobat Software | | 04/09/13 | 199 | | 100.00 | | 100 | 99 | 3.00 | SL/NA | | 25 |
| SUBTOTAL CURRENT YEAR | | | 1,730 | 0 | | 0 | 866 | 864 | | | 0 | 156 |
| Filing Cabinet | | 05/23/05 | 286 | | 100.00 | | | 286 | 7.00 | 200DB/HY | 286 | 0 |
| Storage Shelves | | 11/03/07 | 271 | | 100.00 | 271 | | 0 | 7.00 | 200DB/HY | | 0 |
| Shelving | | 04/03/08 | 302 | | 100.00 | 302 | | 0 | 7.00 | 200DB/HY | | 0 |
| Network Attached Storage | | 04/03/08 | 1,432 | | 100.00 | 1,432 | | 0 | 5.00 | 200DB/HY | | 0 |
| Filing Cabinet | | 04/03/08 | 560 | | 100.00 | 560 | | 0 | 7.00 | 200DB/HY | | 0 |
| Filing Cabinet #2 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 |
| Filing Cabinet #1 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 |
| Lenovo Computer | | 04/03/09 | 1,396 | | 100.00 | 1,396 | | 0 | 5.00 | 200DB/HY | | 0 |
| Lenovo Dock | | 04/03/09 | 223 | | 100.00 | 223 | | 0 | 5.00 | 200DB/HY | | 0 |
| Netbook | | 11/03/09 | 508 | | 100.00 | 508 | | 0 | 5.00 | 200DB/HY | | 0 |
| Printer | | 07/12/10 | 601 | | 100.00 | 601 | | 0 | 5.00 | 200DB/HY | | 0 |
| Toshiba Computer | | 08/19/10 | 1,633 | | 100.00 | 1,633 | | 0 | 5.00 | 200DB/HY | | 0 |
| Adobe Software | | 01/10/11 | 207 | | 100.00 | | 207 | 0 | 3.00 | SL/NA | 0 | 0 |
| MS Office Software | | 01/10/11 | 303 | | 100.00 | | 303 | 0 | 3.00 | SL/NA | 0 | 0 |
| QuickBooks 2011 Software | | 03/14/11 | 398 | | 100.00 | | 398 | 0 | 3.00 | SL/NA | 0 | 0 |
| Mac Computer & Keyboard | | 12/16/11 | 1,373 | | 100.00 | | 1,373 | 0 | 5.00 | 200DB/MQ | 0 | 0 |
| MS Office Software | | 04/23/12 | 141 | | 100.00 | | 71 | 70 | 3.00 | SL/NA | 18 | 23 |
| MS Windows 7 | | 05/09/12 | 322 | | 100.00 | | 161 | 161 | 3.00 | SL/NA | 36 | 54 |
| Hon Steel Cabinet | | 07/11/12 | 469 | | 100.00 | | 235 | 234 | 7.00 | 200DB/HY | 33 | 57 |
| Desks-Printer Stand | | 07/11/12 | 619 | | 100.00 | | 310 | 309 | 7.00 | 200DB/HY | 44 | 76 |
| Utility Shelves (2) | | 07/11/12 | 305 | | 100.00 | | 153 | 152 | 7.00 | 200DB/HY | 22 | 37 |
| QB Computer Server | | 07/30/12 | 979 | | 100.00 | | 490 | 489 | 5.00 | 200DB/HY | 98 | 156 |
| Lenovo Drive & Memory | | 07/30/12 | 214 | | 100.00 | | 107 | 107 | 5.00 | 200DB/HY | 21 | 34 |
| Intuit QB License | | 08/09/12 | 620 | | 100.00 | | 310 | 310 | 3.00 | SL/NA | 43 | 103 |
| Adobe Acrobat Upgrade Mac | | 08/09/12 | 169 | | 100.00 | | 85 | 84 | 3.00 | SL/NA | 12 | 28 |
| MS Windows 7 | | 08/09/12 | 317 | | 100.00 | | 159 | 158 | 3.00 | SL/NA | 22 | 53 |
| Toshiba Portege | | 09/11/12 | 1,922 | | 100.00 | | 961 | 961 | 5.00 | 200DB/HY | 192 | 308 |
| Toshiba Portege Dock | | 09/11/12 | 184 | | 100.00 | | 92 | 92 | 5.00 | 200DB/HY | 18 | 30 |

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

Alternative Minimum Tax Depreciation Report

2013

CLIMBING WALL ASSOCIATION INC
Form 990 - / Form 990EZ

Tax Year 2013
► Keep for your records

86-1063819

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/ Convention | Prior Depreciation | Current Depreciation | Adjustment/ Preference |
|---------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|------|--------------------|--------------------|----------------------|------------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Epson 4540 Printer | | 03/11/13 | 208 | | 100.00 | | 104 | 104 | 5.00 | 200DB/HY | | 21 | 0. |
| Ikea Desk | | 03/20/13 | 139 | | 100.00 | | 70 | 69 | 7.00 | 200DB/HY | | 10 | 0. |
| Ikea Desks | | 04/09/13 | 620 | | 100.00 | | 310 | 310 | 7.00 | 200DB/HY | | 44 | 0. |
| Asus Monitor | | 04/09/13 | 374 | | 100.00 | | 187 | 187 | 5.00 | 200DB/HY | | 37 | 0. |
| Epson AIO Printer | | 04/09/13 | 190 | | 100.00 | | 95 | 95 | 5.00 | 200DB/HY | | 19 | 0. |
| Adobe Acrobat Software | | 04/09/13 | 199 | | 100.00 | | 100 | 99 | 3.00 | SL/NA | | 25 | 0. |
| SUBTOTAL CURRENT YEAR | | | 1,730 | 0 | | 0 | 866 | 864 | | | 0 | 156 | 0. |
| Filing Cabinet | | 05/23/05 | 286 | | 100.00 | | | 286 | 7.00 | 150DB/HY | | 0 | 0. |
| Storage Shelves | | 11/03/07 | 271 | | 100.00 | 271 | | 0 | 7.00 | 150DB/HY | | 0 | 0. |
| Shelving | | 04/03/08 | 302 | | 100.00 | 302 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Network Attached Storage | | 04/03/08 | 1,432 | | 100.00 | 1,432 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Filing Cabinet | | 04/03/08 | 560 | | 100.00 | 560 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Filing Cabinet #2 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Filing Cabinet #1 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Lenovo Computer | | 04/03/09 | 1,396 | | 100.00 | 1,396 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Lenovo Dock | | 04/03/09 | 223 | | 100.00 | 223 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Netbook | | 11/03/09 | 508 | | 100.00 | 508 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Printer | | 07/12/10 | 601 | | 100.00 | 601 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Toshiba Computer | | 08/19/10 | 1,633 | | 100.00 | 1,633 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Adobe Software | | 01/10/11 | 207 | | 100.00 | | 207 | 0 | 3.00 | SL/NA | 0 | 0 | 0. |
| MS Office Software | | 01/10/11 | 303 | | 100.00 | | 303 | 0 | 3.00 | SL/NA | 0 | 0 | 0. |
| QuickBooks 2011 Software | | 03/14/11 | 398 | | 100.00 | | 398 | 0 | 3.00 | SL/NA | 0 | 0 | 0. |
| Mac Computer & Keyboard | | 12/16/11 | 1,373 | | 100.00 | | 1,373 | 0 | 5.00 | 200DB/MQ | 0 | 0 | 0. |
| MS Office Software | | 04/23/12 | 141 | | 100.00 | | 71 | 70 | 3.00 | SL/NA | 18 | 23 | 0. |
| MS Windows 7 | | 05/09/12 | 322 | | 100.00 | | 161 | 161 | 3.00 | SL/NA | 36 | 54 | 0. |
| Hon Steel Cabinet | | 07/11/12 | 469 | | 100.00 | | 235 | 234 | 7.00 | 200DB/HY | 33 | 57 | 0. |
| Desks-Printer Stand | | 07/11/12 | 619 | | 100.00 | | 310 | 309 | 7.00 | 200DB/HY | 44 | 76 | 0. |
| Utility Shelves (2) | | 07/11/12 | 305 | | 100.00 | | 153 | 152 | 7.00 | 200DB/HY | 22 | 37 | 0. |
| QB Computer Server | | 07/30/12 | 979 | | 100.00 | | 490 | 489 | 5.00 | 200DB/HY | 98 | 156 | 0. |
| Lenovo Drive & Memory | | 07/30/12 | 214 | | 100.00 | | 107 | 107 | 5.00 | 200DB/HY | 21 | 34 | 0. |
| Intuit QB License | | 08/09/12 | 620 | | 100.00 | | 310 | 310 | 3.00 | SL/NA | 43 | 103 | 0. |
| Adobe Acrobat Upgrade Mac | | 08/09/12 | 169 | | 100.00 | | 85 | 84 | 3.00 | SL/NA | 12 | 28 | 0. |
| MS Windows 7 | | 08/09/12 | 317 | | 100.00 | | 159 | 158 | 3.00 | SL/NA | 22 | 53 | 0. |
| Toshiba Portege | | 09/11/12 | 1,922 | | 100.00 | | 961 | 961 | 5.00 | 200DB/HY | 192 | 308 | 0. |
| Toshiba Portege Dock | | 09/11/12 | 184 | | 100.00 | | 92 | 92 | 5.00 | 200DB/HY | 18 | 30 | 0. |

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

Form 4562

Depreciation and Amortization Report

2013

CLIMBING WALL ASSOCIATION INC
Form 990 - All Assets

Tax Year 2014 - Projected
► Keep for your records

86-1063819

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/ Convention | Prior Depreciation | Current Depreciation | Accumulated Depreciation* |
|-------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|------|--------------------|--------------------|----------------------|---------------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| Filing Cabinet | | 05/23/05 | 286 | | 100.00 | | | 286 | 7.00 | 200DB/HY | 286 | 0 | 286 |
| Storage Shelves | | 11/03/07 | 271 | | 100.00 | 271 | | 0 | 7.00 | 200DB/HY | | 0 | 271 |
| Shelving | | 04/03/08 | 302 | | 100.00 | 302 | | 0 | 7.00 | 200DB/HY | | 0 | 302 |
| Network Attached Storage | | 04/03/08 | 1,432 | | 100.00 | 1,432 | | 0 | 5.00 | 200DB/HY | | 0 | 1,432 |
| Filing Cabinet | | 04/03/08 | 560 | | 100.00 | 560 | | 0 | 7.00 | 200DB/HY | | 0 | 560 |
| Filing Cabinet #2 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 | 214 |
| Filing Cabinet #1 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 | 214 |
| Lenovo Computer | | 04/03/09 | 1,396 | | 100.00 | 1,396 | | 0 | 5.00 | 200DB/HY | | 0 | 1,396 |
| Lenovo Dock | | 04/03/09 | 223 | | 100.00 | 223 | | 0 | 5.00 | 200DB/HY | | 0 | 223 |
| Netbook | | 11/03/09 | 508 | | 100.00 | 508 | | 0 | 5.00 | 200DB/HY | | 0 | 508 |
| Printer | | 07/12/10 | 601 | | 100.00 | 601 | | 0 | 5.00 | 200DB/HY | | 0 | 601 |
| Toshiba Computer | | 08/19/10 | 1,633 | | 100.00 | 1,633 | | 0 | 5.00 | 200DB/HY | | 0 | 1,633 |
| Adobe Software | | 01/10/11 | 207 | | 100.00 | | 207 | 0 | 3.00 | SL/NA | 0 | 0 | 207 |
| MS Office Software | | 01/10/11 | 303 | | 100.00 | | 303 | 0 | 3.00 | SL/NA | 0 | 0 | 303 |
| QuickBooks 2011 Software | | 03/14/11 | 398 | | 100.00 | | 398 | 0 | 3.00 | SL/NA | 0 | 0 | 398 |
| Mac Computer & Keyboard | | 12/16/11 | 1,373 | | 100.00 | | 1,373 | 0 | 5.00 | 200DB/MQ | 0 | 0 | 1,373 |
| MS Office Software | | 04/23/12 | 141 | | 100.00 | | 71 | 70 | 3.00 | SL/NA | 41 | 23 | 135 |
| MS Windows 7 | | 05/09/12 | 322 | | 100.00 | | 161 | 161 | 3.00 | SL/NA | 90 | 54 | 305 |
| Hon Steel Cabinet | | 07/11/12 | 469 | | 100.00 | | 235 | 234 | 7.00 | 200DB/HY | 90 | 41 | 366 |
| Desks-Printer Stand | | 07/11/12 | 619 | | 100.00 | | 310 | 309 | 7.00 | 200DB/HY | 120 | 54 | 484 |
| Utility Shelves (2) | | 07/11/12 | 305 | | 100.00 | | 153 | 152 | 7.00 | 200DB/HY | 59 | 27 | 239 |
| QB Computer Server | | 07/30/12 | 979 | | 100.00 | | 490 | 489 | 5.00 | 200DB/HY | 254 | 94 | 838 |
| Lenovo Drive & Memory | | 07/30/12 | 214 | | 100.00 | | 107 | 107 | 5.00 | 200DB/HY | 55 | 21 | 183 |
| Intuit QB License | | 08/09/12 | 620 | | 100.00 | | 310 | 310 | 3.00 | SL/NA | 146 | 103 | 559 |
| Adobe Acrobat Upgrade Mac | | 08/09/12 | 169 | | 100.00 | | 85 | 84 | 3.00 | SL/NA | 40 | 28 | 153 |
| MS Windows 7 | | 08/09/12 | 317 | | 100.00 | | 159 | 158 | 3.00 | SL/NA | 75 | 53 | 287 |
| Toshiba Portege | | 09/11/12 | 1,922 | | 100.00 | | 961 | 961 | 5.00 | 200DB/HY | 500 | 184 | 1,645 |
| Toshiba Portege Dock | | 09/11/12 | 184 | | 100.00 | | 92 | 92 | 5.00 | 200DB/HY | 48 | 18 | 158 |
| MS Office for Toshiba Portege | | 09/11/12 | 199 | | 100.00 | | 100 | 99 | 3.00 | SL/NA | 44 | 33 | 177 |
| Epson 4540 Printer | | 03/11/13 | 208 | | 100.00 | | 104 | 104 | 5.00 | 200DB/HY | 21 | 33 | 158 |
| Ikea Desk | | 03/20/13 | 139 | | 100.00 | | 70 | 69 | 7.00 | 200DB/HY | 10 | 17 | 97 |
| Ikea Desks | | 04/09/13 | 620 | | 100.00 | | 310 | 310 | 7.00 | 200DB/HY | 44 | 76 | 430 |
| Asus Monitor | | 04/09/13 | 374 | | 100.00 | | 187 | 187 | 5.00 | 200DB/HY | 37 | 60 | 284 |
| Epson AIO Printer | | 04/09/13 | 190 | | 100.00 | | 95 | 95 | 5.00 | 200DB/HY | 19 | 30 | 144 |
| Adobe Acrobat Software | | 04/09/13 | 199 | | 100.00 | | 100 | 99 | 3.00 | SL/NA | 25 | 33 | 158 |

*Accumulated Depreciation = Section 179 + SDA + Prior + Current

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

Alternative Minimum Tax Depreciation Report

2013

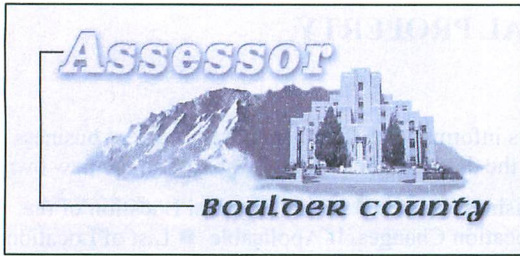
CLIMBING WALL ASSOCIATION INC
Form 990 - All Assets

Tax Year 2014 - Projected
► Keep for your records

86-1063819

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/ Convention | Prior Depreciation | Current Depreciation | Adjustment/ Preference |
|-------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|------|--------------------|--------------------|----------------------|------------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| Filing Cabinet | | 05/23/05 | 286 | | 100.00 | | | 286 | 7.00 | 150DB/HY | | 0 | 0. |
| Storage Shelves | | 11/03/07 | 271 | | 100.00 | 271 | | 0 | 7.00 | 150DB/HY | | 0 | 0. |
| Shelving | | 04/03/08 | 302 | | 100.00 | 302 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Network Attached Storage | | 04/03/08 | 1,432 | | 100.00 | 1,432 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Filing Cabinet | | 04/03/08 | 560 | | 100.00 | 560 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Filing Cabinet #2 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Filing Cabinet #1 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 | 0. |
| Lenovo Computer | | 04/03/09 | 1,396 | | 100.00 | 1,396 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Lenovo Dock | | 04/03/09 | 223 | | 100.00 | 223 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Netbook | | 11/03/09 | 508 | | 100.00 | 508 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Printer | | 07/12/10 | 601 | | 100.00 | 601 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Toshiba Computer | | 08/19/10 | 1,633 | | 100.00 | 1,633 | | 0 | 5.00 | 200DB/HY | | 0 | 0. |
| Adobe Software | | 01/10/11 | 207 | | 100.00 | | 207 | 0 | 3.00 | SL/NA | 0 | 0 | 0. |
| MS Office Software | | 01/10/11 | 303 | | 100.00 | | 303 | 0 | 3.00 | SL/NA | 0 | 0 | 0. |
| QuickBooks 2011 Software | | 03/14/11 | 398 | | 100.00 | | 398 | 0 | 3.00 | SL/NA | 0 | 0 | 0. |
| Mac Computer & Keyboard | | 12/16/11 | 1,373 | | 100.00 | | 1,373 | 0 | 5.00 | 200DB/MQ | 0 | 0 | 0. |
| MS Office Software | | 04/23/12 | 141 | | 100.00 | | 71 | 70 | 3.00 | SL/NA | 41 | 23 | 0. |
| MS Windows 7 | | 05/09/12 | 322 | | 100.00 | | 161 | 161 | 3.00 | SL/NA | 90 | 54 | 0. |
| Hon Steel Cabinet | | 07/11/12 | 469 | | 100.00 | | 235 | 234 | 7.00 | 200DB/HY | 90 | 41 | 0. |
| Desks-Printer Stand | | 07/11/12 | 619 | | 100.00 | | 310 | 309 | 7.00 | 200DB/HY | 120 | 54 | 0. |
| Utility Shelves (2) | | 07/11/12 | 305 | | 100.00 | | 153 | 152 | 7.00 | 200DB/HY | 59 | 27 | 0. |
| QB Computer Server | | 07/30/12 | 979 | | 100.00 | | 490 | 489 | 5.00 | 200DB/HY | 254 | 94 | 0. |
| Lenovo Drive & Memory | | 07/30/12 | 214 | | 100.00 | | 107 | 107 | 5.00 | 200DB/HY | 55 | 21 | 0. |
| Intuit QB License | | 08/09/12 | 620 | | 100.00 | | 310 | 310 | 3.00 | SL/NA | 146 | 103 | 0. |
| Adobe Acrobat Upgrade Mac | | 08/09/12 | 169 | | 100.00 | | 85 | 84 | 3.00 | SL/NA | 40 | 28 | 0. |
| MS Windows 7 | | 08/09/12 | 317 | | 100.00 | | 159 | 158 | 3.00 | SL/NA | 75 | 53 | 0. |
| Toshiba Portege | | 09/11/12 | 1,922 | | 100.00 | | 961 | 961 | 5.00 | 200DB/HY | 500 | 184 | 0. |
| Toshiba Portege Dock | | 09/11/12 | 184 | | 100.00 | | 92 | 92 | 5.00 | 200DB/HY | 48 | 18 | 0. |
| MS Office for Toshiba Portege | | 09/11/12 | 199 | | 100.00 | | 100 | 99 | 3.00 | SL/NA | 44 | 33 | 0. |
| Epson 4540 Printer | | 03/11/13 | 208 | | 100.00 | | 104 | 104 | 5.00 | 200DB/HY | 21 | 33 | 0. |
| Ikea Desk | | 03/20/13 | 139 | | 100.00 | | 70 | 69 | 7.00 | 200DB/HY | 10 | 17 | 0. |
| Ikea Desks | | 04/09/13 | 620 | | 100.00 | | 310 | 310 | 7.00 | 200DB/HY | 44 | 76 | 0. |
| Asus Monitor | | 04/09/13 | 374 | | 100.00 | | 187 | 187 | 5.00 | 200DB/HY | 37 | 60 | 0. |
| Epson AIO Printer | | 04/09/13 | 190 | | 100.00 | | 95 | 95 | 5.00 | 200DB/HY | 19 | 30 | 0. |
| Adobe Acrobat Software | | 04/09/13 | 199 | | 100.00 | | 100 | 99 | 3.00 | SL/NA | 25 | 33 | 0. |

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive



Jerry Roberts

P. O. Box 1759, 13th and Pearl
Boulder, Colorado 80306-1759

Phone: (303) 441-3316
FAX: (303) 441-1783
www.boulderassessor.org



Member
International Association
Of Assessing Officers

DS-056 61-14

Dear Business Owner:

Enclosed is the 2014 declaration schedule to be filed with the Boulder County Assessor's Office. By law, all owners of taxable business personal property must file a declaration with the Assessor's Office **every year**, whether or not there are additions or deletions. If an additional copy of the declaration is needed, please contact us.

The declaration **must be received or postmarked by April 15, 2014**. An extension may be requested in writing, accompanied by a check or money order. The extension fees are \$20 for 10-calendar days or \$40 for 20-calendar days. If the declaration or extension is not received by April 15th, a late filing penalty of \$50 or 15 percent of the taxes due, whichever is less will be applied. If a filing is not received, the assessor will determine a valuation based upon the BEST INFORMATION AVAILABLE, (BIA value), *and a penalty of up to 25 percent of the assessed value of the undeclared omitted property may be added.*

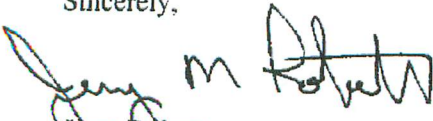
All businesses in the State of Colorado are required to file a personal property declaration on the furniture, fixtures and equipment used in the operation of the business. This is an ad valorem tax and not a sales and use tax. For a more detailed description of personal property, please refer to Section D on the back of this page. Business personal property is assessed on the 1st of January following the year in which the property was acquired and first put into use. Personal property values are not prorated.

To avoid **double taxation**, please pay particular attention to Section H regarding leased equipment. *All Personal Property leased, borrowed or rented by you for more than 30 days must be listed under Section H.* If you have no leased equipment, please check the "No" box or write "**None**" in Section H. **Please do not include the leased equipment on your listing under Section D.**

We ask that you **itemize** your original equipment cost, and provide complete descriptions of the equipment and year acquired, or attach a copy of your Federal depreciation schedule.

The Assessor's primary responsibility is to accurately and equitably value all taxable property. Thank you for taking the time to read the instructions before completing the declaration schedule. Please contact a Personal Property Appraiser at the number above if you have questions.

Sincerely,


Jerry Roberts
Boulder County Assessor

NOW YOU CAN FILE ON-LINE! [HTTP://WWW.BOULDERCOUNTY.ORG/LIVE/TAXES/PAGES/BPPASSET.ASPX](http://www.bouldercounty.org/live/taxes/pages/bppasset.aspx)
MINIMUM REQUIREMENTS TO FILE ON-LINE: ACCOUNT NUMBER, CURRENT PHYSICAL LOCATION AND MAILING ADDRESS, ITEM DESCRIPTION, ACQUIRED DATE, ORIGINAL COST, AND LEASED ITEMS, (PREFERRED FORMAT-EXCEL SPREADSHEET)

INSTRUCTIONS FOR COMPLETING THE PERSONAL PROPERTY DECLARATION SCHEDULE DS 056

- A. NAME AND MAILING ADDRESS:** Write any corrections to the preprinted name/address information. If you are not the current business owner, please list the name and address of the new owner in the appropriate box. Also, list the date that the property was sold to the new owner.
- BUSINESS NAME AND PHYSICAL LOCATION:** If not preprinted, provide the: ■ Business Name ■ Actual Physical Location of the Personal Property ■ Change in Physical Location, If Applicable ■ Additional Property Location Changes, If Applicable ■ List of Locations Where Other Personal Property Is Owned.
- B. BUSINESS:** Provide your business start-up date, the square footage your business occupies and the primary product or service that you provide.
- C. BUSINESS STATUS:** Check the appropriate boxes for your business status and indicate the date of any change in the property's location from the prior year. **The assessor may select your business for an audit whether or not you file a declaration schedule.**
- D. ITEMIZED LISTING OF PERSONAL PROPERTY:**
“Personal property” means everything that is the subject of ownership and that is not included within the term ‘real property’. ‘Personal property’ includes machinery, equipment, and other articles related to a commercial or industrial operation that are either affixed or not affixed to the real property for proper utilization of such articles. . . .” § 39-1-102(11), C.R.S. Regardless of whether property is affixed to a building, it is personal property if it is used for the purpose of a commercial or industrial operation and not for the enhancement of the real property. Do not report licensed vehicles in this section.
- PERSONAL PROPERTY INCLUDES:**
- All Residential Household Furnishings Producing Income
 - Equipment, Furniture, and Machinery Used by These Businesses: Commercial, Industrial, and Natural Resource
 - Taxable Personal Property Used As Part of an Agribusiness, that does not qualify as agricultural, pursuant to, § 39-1-102 (1.6) (a), C.R.S.
 - Expensed Assets With a Life of Greater Than One Year
 - Fully Depreciated Assets Still In Use
 - Assets in Storage that are Subject to IRS Depreciation
 - Leasehold Improvements
- “CONSUMABLE” PERSONAL PROPERTY EXEMPT FROM TAXATION:**
Pursuant to § 39-3-119, C.R.S., personal property classified as “consumable” as defined in ARL Volume 5, Chapter 7, is exempt from taxation and should **NOT** be listed on this declaration. “Consumable” personal property is defined as any asset having a life of one (1) year or less regardless of cost, and any asset with a life longer than one year that has an acquisition cost or fair market value of \$350 or less at the time of acquisition. The \$350 limitation applies to personal property that is fully assembled and ready for use and includes all installation costs, sales taxes, and freight expenses.
- IMPORTANT: YOU MUST SUBMIT A COMPLETE PROPERTY LISTING IF YOU HAVE NOT PROVIDED ONE FOR THIS LOCATION.** Do not list merchandise inventory, materials, or supplies. Do list all other personal property acquired by you prior to January 1. If you have given the assessor such a list, you may simply submit additions and deletions each year.
1. List **all** taxable personal property acquired by you prior to January 1, providing: ■ Item ID Number ■ Complete Property Description Including Model Number or Capacity ■ Year Acquired ■ If the Item is New or Used ■ Original Installed Cost to You (Current Owner) ■ The Month and Year Each Item was First Placed into Service or is Scheduled to be Placed into Service. You should separately submit any available market value, rent, or lease information. The Original Installed Cost to You is defined as the amount that was paid for the personal property when new inclusive of ■ Sales/Use Tax ■ Freight and ■ Installation Charges. If the item was purchased used, include its Cost to You along with Sales/Use Tax, Freight, and Installation Charges.
 2. List **all** taxable personal property sold, traded, or scrapped prior to January 1 of the current year. For all items deleted, provide: ■ Item ID Number ■ Property Description Including Model Number or Capacity ■ Year Acquired ■ If the Item is New or Used ■ Original Installed Cost to You (Current Owner).
- E. MOBILE EQUIPMENT:** Complete this section if there is any mobile equipment at this location. Check the box(es) if the listed mobile equipment is licensed or Z-tabbed. Attach a separate list if necessary.
- F. GENERAL LEDGER:** Extract your original installed cost information for all personal property items from your accounting records. You may submit general ledger information in lieu of completing this section.
- G. FULLY DEPRECIATED ASSETS / EXPENSED PERSONAL PROPERTY:** List all personal property assets that have been **fully** depreciated or expensed, but are still used. Attach a separate list if necessary.
- H. LEASED, LOANED, OR RENTED PROPERTY:** All personal property leased, loaned, or rented to you must be listed in this section. Property rented 30 days at a time or less, returned at the renter's option, and for which sales/use tax is collected before it is **finally sold** is considered exempt and should **NOT** be reported. You must identify each item of leased, loaned, or rented personal property as follows: ■ Owner's/Lessor's Name, Address, and Telephone Number ■ Property Description Including Model, Serial Number, or Capacity ■ Check New or Used ■ Total Cost of the Lease to You ■ Original Installed Cost ■ Lease Number ■ Lease Term (From-To) ■ Total Amount of Annual Rent. **If any of the leased equipment listed is capitalized on your books and records, please check the box at the beginning of the line corresponding with the name of the Lessor. Also, if purchase or maintenance options are included in the lease, check this box and provide details of these options on a separate sheet.**
- I. RENEWABLE ENERGY PERSONAL PROPERTY:** Check the appropriate boxes regarding renewable energy property at this location.
- J. DECLARATION AND SIGNATURE:** Print name of owner, name of person signing, phone number, and e-mail address. Then sign, date, and return this form to assessor by **April 15th**. § 39-5-107, C.R.S.

BOULDER COUNTY ASSESSOR
 PO BOX 1759
 BOULDER, CO 80306
 (303) 441-3316

STATE OF COLORADO
CONFIDENTIAL
 PERSONAL PROPERTY
 DECLARATION SCHEDULE
 (Confidential Data)
2014

Assessment Date Due Date
January 1, 2014 April 15, 2014

15 - DPT-AS Form DS-056 61-14

PLEASE READ INSTRUCTIONS ATTACHED
 BEFORE PROCEEDING.
 SIGN AND RETURN COPY TO ADDRESS ABOVE

| | |
|--------------------------------------|--|
| DO NOT USE-FOR ASSESSORS ONLY | |
| RECEIVED | |
| COMPLETED | |
| LATE FILING PENALTY APPLIES | YES <input type="checkbox"/> NO <input type="checkbox"/> |

IF NO ADDITIONS OR DELETIONS CHECK HERE

| PIN NUMBER | NH CODE | T.A. CODE | B.A. CODE | SCHEDULE/ACCT. NUMBER | PAGE NO. |
|------------|---------|-----------|-----------|-----------------------|----------|
| P0309015 | 4.00 | 000010 | 27350 | 146307058007 | 1 of 2 |

| | |
|--|---|
| A. NAME AND MAILING ADDRESS (INDICATE ANY CHANGES OR CORRECTIONS) CLIMBING WALL ASSOCIATION INC 1460 LEE HILL RD UNIT 2 UNIT 7 BOULDER, CO 80304 | B. BUSINESS: Start-Up (at this location) <i>720-838-8284</i> |
| | Square Footage the Business Occupies <i>734</i> |
| | Product or Service Provided <i>NON-PROFIT ASSOC : CLIMBING WALL INDUSTRY</i> |

BUSINESS NAME AND PHYSICAL LOCATION OF THE PERSONAL PROPERTY AS OF JANUARY 1, 2014
 PROPERTY ADDRESS:
 1460 LEE HILL RD, UNIT 7 BOULDER 80304

C. BUSINESS STATUS (Please Check the appropriate boxes **ONLY**).

NOT CURRENT BUSINESS OWNER. If you are not the current business owner, check here and provide the name and address of the new owner _____ Date Sold _____

NEW BUSINESS ORGANIZATION. You must give a complete itemized listing of all personal property. Use the first part of Section D and attach separate sheet(s) if needed. The assessor may select your business for an audit whether or not you file a declaration schedule.

EXISTING BUSINESS / ORGANIZATION. Indicate any additions and/or deletions to your listing in Section D.

NEW OWNER OF PREVIOUSLY EXISTING BUSINESS/ORGANIZATION. You must give a complete itemized listing of all personal property acquired in a business purchase. Include additions made prior to Jan. 1

AS OF JANUARY 1, DID YOUR BUSINESS CEASE OPERATIONS? YES NO If yes, please complete below:

Personal Property Sold Personal Property Stored Date sold/stored _____ if sold, Selling Price of Furnishings, Assets and Equipment Only: \$ _____
 If Sold, Name and Contact Information of New Owner of the Personal Property: _____ Phone Number (____) _____

NOTE: If sold to more than one new owner, please attach listing of the new owners.

PROPERTY CHANGED LOCATION TO _____ ON (DATE) _____

D. ITEMIZED LISTING OF PERSONAL PROPERTY: For the most accurate assessment, it is recommended that you attach a complete itemized asset listing with each business personal property declaration filing.

CHECK HERE IF THERE ARE NO CHANGES FROM LAST YEAR'S DECLARATION SCHEDULE INFORMATION. IF SO, GO DIRECTLY TO SECTION H. COMPLETE THE FORM, SIGN IT, AND RETURN FORM TO THE ASSESSOR. NOTE: DO NOT CHECK THIS BOX IF THIS IS A NEW BUSINESS OR ORGANIZATION.

NOTE: Include ALL expensed Assets With a Life of Greater Than 1 Year, Fully depreciated Assets Still in Use, and Stored Assets That are Subject to IRS Depreciation. Do not report licensed vehicles in this section.

IF NO ADDITIONS, check here; otherwise, list all personal property acquired prior to January 1. Attach separate sheet(s) if needed.

IF NO DELETIONS, check here; otherwise, list all personal property sold, traded, or discarded prior to January 1. Attach separate sheet(s) if needed.

| ITEM ID NO. | YEAR ACQUIRED | COMPLETE DESCRIPTION INCLUDING MODEL OR CAPACITY | YOUR ORIGINAL INSTALLED COST EACH | FACTOR/LIFE | SPECIFY ITEM NEW OR USED | MONTH & YEAR FIRST PLACED INTO SERVICE |
|-------------|---------------|--|-----------------------------------|-------------|--------------------------|--|
| 1 | 2008 | FILING CABINET | 560.00 | 03/10 | | |
| 2 | 2008 | NAS | 1,432.00 | 13/3 | | |
| 3 | 2009 | LENOVO DOCK & COMPUTER | 1,619.00 | 13/3 | | |
| 4 | 2009 | NETBOOK | 508.00 | 13/3 | | |
| 5 | 2010 | PRINTER-OFFICE DEPOT | 601.00 | 13/4 | | |
| 6 | 2010 | TOSHIBA COMPUTER | 1,633.00 | 13/3 | | |
| 7 | 2011 | MAC COMPUTER/KEYBOARD | 1,373.00 | 13/3 | | |
| 10 | 2012 | DESKS-PRINTER STAND | 619.00 | 03/10 | | |
| 11 | 2012 | HON STEEL CABINET | 469.00 | 03/10 | | |
| 8 | 2012 | QB COMPUTER SERVER | 979.00 | 13/4 | | |
| 9 | 2012 | TOSHIBA PORTEGE | 1,922.00 | 13/3 | | |

ITEMIZED LISTING IS BASED ON PRIOR YEARS RETURN. PLEASE REVIEW AND CORRECT

PLEASE COMPLETE AND SIGN THE REVERSE SIDE AND RETURN TO THE ASSESSOR ON OR BEFORE APRIL 15, 2014

INSTRUCTIONS FOR COMPLETION OF THIS FORM ARE ATTACHED AS A SEPARATE SHEET

THIS RETURN IS SUBJECT TO AUDIT

E. MOBILE EQUIPMENT(Not Leased, Loaned or Rented)

Check here and complete this section if there is any mobile equipment at this location.

| Item ID Number | Description / Model or Capacity | Licensed/ Z-Tabbed? | Year Acquired | Check New or Used for Each Item: | Your Installed Cost | Year In Use |
|----------------|---------------------------------|--------------------------|---------------|--|------------------------|----------------|
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | | |

F. GENERAL LEDGER (original installed costs only) DO NOT USE FISCAL YEAR BALANCES
Do not list mobile equipment with SMM license plates, rental decals or Z-tabs.

| | Furniture | Machinery & Equipment | Capitalized Mobile Equipment | Electronic Office Equipment | Computers | Signs | All Other |
|------------------------|-----------|--------------------------|---------------------------------|--------------------------------|-----------|-------|-----------|
| BALANCE JAN 1, 2013 | 3455 | | | | 10,252 | | |
| BALANCE JAN 1, 2014 | 4214 | | | | 11,024 | | |

G. FULLY DEPRECIATED ASSETS/EXPENSED ITEMS: Attach a separate sheet including the appropriate Federal Forms denoting all fully depreciated assets and expensed items. If you have none, write "None."

| Description | Year Acquired | Cost | Description | Year Acquired | Cost |
|-------------|---------------|------|-------------|---------------|------|
| 1. ATTACHED | | \$ | 4. | | \$ |
| 2. | | \$ | 5. | | \$ |
| 3. | | \$ | 6. | | \$ |

H. LEASED, LOANED, OR RENTED PROPERTY Declare Property Owned by Others.

Did you have any leased, loaned, or rented machinery, equipment, furniture, signs, vending machines, etc., at this location on January 1?

Yes No

If you checked yes, list the items below, showing owner's name, address, and telephone number; property description; etc. If any of the leased equipment listed is capitalized on your books and records, please check the box at the beginning of the line corresponding with the name of the Lessor. If additional room is needed, attach a complete listing of all leased personal property. If you checked no, go to Section I to complete this form.

| Owner/ Lessor's Name, Address, Telephone Number | Description Including Model/ Serial No. or Capacity | New or Used | Total Cost of Lease | Original Installed Cost | Lease Number | Term (From-To) | Annual \$ Rent |
|---|--|---|------------------------|----------------------------|--------------|-------------------|----------------|
| H. 1. Personal Property | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | \$ | \$ | | | \$ |
| <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | \$ | \$ | | | \$ |
| <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | \$ | \$ | | | \$ |

H. 2. Mobile Equipment

| | Licensed/ Z-Tabbed? | New or Used | Total Cost of Lease | Original Installed Cost | Lease Number | Term (From-To) | Annual \$ Rent |
|--------------------------|------------------------|---|------------------------|----------------------------|--------------|-------------------|----------------|
| <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | \$ | \$ | | | \$ |
| <input type="checkbox"/> | | <input type="checkbox"/> New <input type="checkbox"/> Used | \$ | \$ | | | \$ |

If purchase or maintenance options are included in the total annual \$ rent show above, check here and furnish details.

I. IS THERE ANY RENEWABLE ENERGY PROPERTY (e.g., solar panels, wind turbines, hydroelectric property) AT THIS LOCATION? Yes No

IF YES, THE PROPERTY IS: Owned, Leased, IF OWNED, COMPLETE THE DS 058 FORM.

J. DECLARATION

THIS RETURN IS SUBJECT TO AUDIT

"I declare, under penalty of perjury in the second degree, that this schedule, together with any accompanying exhibits or statements, has been examined by me and to the best of my knowledge, information, and belief sets forth a full and complete list of all taxable personal property owned by me, or in my possession, or under my control, located in this county, Colorado, on the assessment date of this year; that such property has been reasonably described and its value fairly represented; and that no attempt has been made to mislead the assessor as to its age, quality, quantity, or value." § 39-5-107(2). C.R.S.

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR SOCIAL SECURITY NUMBER (SSN) 86-1063819

NAME OF OWNER CLIMBING WALL ASSOCIATION INC

PRINT NAME OF PERSON SIGNING CATHERINE MACRAE, CPA

PHONE NUMBER 303-440-5365

E-MAIL ADDRESS gatos@indra.com

FAX NUMBER _____

SIGNATURE OF OWNER OR AGENT Catherine Macrae

DATE 3/21/14

Check here if new agent. If new agent, submit a letter of authorization when filing this form.

PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE APRIL 15, 2014
MAKE A COPY FOR YOUR RECORDS.

CLIMBING WALL ASSOCIATION INC Tax Year 2013

ASSET ADDITIONS SCHEDULE/ACCOUNT NO. P0309015 FEIN 86-1063819

| Year Acquired | Description | Cost | New/Used | Mo & Yr Placed in Service |
|---------------|--------------------------|-------------|---------------|---------------------------|
| 2013 | Epson 4540 Printer | 208 | Exempt <\$350 | 03/2013 |
| 2013 | Ikea Desk | 139 | Exempt <\$350 | 03/2013 |
| 2013 | Ikea Desks | 620 | New | 04/2013 |
| 2013 | Asus Monitor | 374 | New | 04/2013 |
| 2013 | Epson AIO Printer | 190 | Exempt <\$350 | 04/2013 |
| 2013 | Adobe Acrobat Software** | <u>199</u> | Exempt <\$350 | 04/2013 |
| | | <u>1730</u> | | |

**Software

NOTE: THERE WERE NO DELETIONS IN 2013

Form 4562

Depreciation and Amortization Report

2013

CLIMBING WALL ASSOCIATION INC
Form 990 - / Form 990EZ

Tax Year 2013
► Keep for your records

86-1063819

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/ Convention | Prior Depreciation | Current Depreciation |
|---------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|------|--------------------|--------------------|----------------------|
| DEPRECIATION | | | | | | | | | | | | |
| Epson 4540 Printer | | 03/11/13 | 208 | | 100.00 | | 104 | 104 | 5.00 | 200DB/HY | | 21 |
| Ikea Desk | | 03/20/13 | 139 | | 100.00 | | 70 | 69 | 7.00 | 200DB/HY | | 10 |
| Ikea Desks | | 04/09/13 | 620 | | 100.00 | | 310 | 310 | 7.00 | 200DB/HY | | 44 |
| Asus Monitor | | 04/09/13 | 374 | | 100.00 | | 187 | 187 | 5.00 | 200DB/HY | | 37 |
| Epson AIO Printer | | 04/09/13 | 190 | | 100.00 | | 95 | 95 | 5.00 | 200DB/HY | | 19 |
| Adobe Acrobat Software | | 04/09/13 | 199 | | 100.00 | | 100 | 99 | 3.00 | SL/NA | | 25 |
| SUBTOTAL CURRENT YEAR | | | 1,730 | 0 | | 0 | 866 | 864 | | | 0 | 156 |
| Filing Cabinet | | 05/23/05 | 286 | | 100.00 | | | 286 | 7.00 | 200DB/HY | 286 | 0 |
| Storage Shelves | | 11/03/07 | 271 | | 100.00 | 271 | | 0 | 7.00 | 200DB/HY | | 0 |
| Shelving | | 04/03/08 | 302 | | 100.00 | 302 | | 0 | 7.00 | 200DB/HY | | 0 |
| Network Attached Storage | | 04/03/08 | 1,432 | | 100.00 | 1,432 | | 0 | 5.00 | 200DB/HY | | 0 |
| Filing Cabinet | | 04/03/08 | 560 | | 100.00 | 560 | | 0 | 7.00 | 200DB/HY | | 0 |
| Filing Cabinet #2 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 |
| Filing Cabinet #1 | | 08/03/08 | 214 | | 100.00 | 214 | | 0 | 7.00 | 200DB/HY | | 0 |
| Lenovo Computer | | 04/03/09 | 1,396 | | 100.00 | 1,396 | | 0 | 5.00 | 200DB/HY | | 0 |
| Lenovo Dock | | 04/03/09 | 223 | | 100.00 | 223 | | 0 | 5.00 | 200DB/HY | | 0 |
| Netbook | | 11/03/09 | 508 | | 100.00 | 508 | | 0 | 5.00 | 200DB/HY | | 0 |
| Printer | | 07/12/10 | 601 | | 100.00 | 601 | | 0 | 5.00 | 200DB/HY | | 0 |
| Toshiba Computer | | 08/19/10 | 1,633 | | 100.00 | 1,633 | | 0 | 5.00 | 200DB/HY | | 0 |
| Adobe Software | | 01/10/11 | 207 | | 100.00 | | 207 | 0 | 3.00 | SL/NA | 0 | 0 |
| MS Office Software | | 01/10/11 | 303 | | 100.00 | | 303 | 0 | 3.00 | SL/NA | 0 | 0 |
| QuickBooks 2011 Software | | 03/14/11 | 398 | | 100.00 | | 398 | 0 | 3.00 | SL/NA | 0 | 0 |
| Mac Computer & Keyboard | | 12/16/11 | 1,373 | | 100.00 | | 1,373 | 0 | 5.00 | 200DB/MQ | 0 | 0 |
| MS Office Software | | 04/23/12 | 141 | | 100.00 | | 71 | 70 | 3.00 | SL/NA | 18 | 23 |
| MS Windows 7 | | 05/09/12 | 322 | | 100.00 | | 161 | 161 | 3.00 | SL/NA | 36 | 54 |
| Hon Steel Cabinet | | 07/11/12 | 469 | | 100.00 | | 235 | 234 | 7.00 | 200DB/HY | 33 | 57 |
| Desks-Printer Stand | | 07/11/12 | 619 | | 100.00 | | 310 | 309 | 7.00 | 200DB/HY | 44 | 76 |
| Utility Shelves (2) | | 07/11/12 | 305 | | 100.00 | | 153 | 152 | 7.00 | 200DB/HY | 22 | 37 |
| QB Computer Server | | 07/30/12 | 979 | | 100.00 | | 490 | 489 | 5.00 | 200DB/HY | 98 | 156 |
| Lenovo Drive & Memory | | 07/30/12 | 214 | | 100.00 | | 107 | 107 | 5.00 | 200DB/HY | 21 | 34 |
| Intuit QB License | | 08/09/12 | 620 | | 100.00 | | 310 | 310 | 3.00 | SL/NA | 43 | 103 |
| Adobe Acrobat Upgrade Mac | | 08/09/12 | 169 | | 100.00 | | 85 | 84 | 3.00 | SL/NA | 12 | 28 |
| MS Windows 7 | | 08/09/12 | 317 | | 100.00 | | 159 | 158 | 3.00 | SL/NA | 22 | 53 |
| Toshiba Portege | | 09/11/12 | 1,922 | | 100.00 | | 961 | 961 | 5.00 | 200DB/HY | 192 | 308 |
| Toshiba Portege Dock | | 09/11/12 | 184 | | 100.00 | | 92 | 92 | 5.00 | 200DB/HY | 18 | 30 |

Code: S = Sold, A = Auto, L = Listed, C = COGS

1:17 PM

02/05/14

Accrual Basis

Climbing Wall Association, Inc.
Transactions by Account
As of December 31, 2013

| <u>Type</u> | <u>Date</u> | <u>Name</u> | <u>Memo</u> | <u>Amount</u> | <u>Balance</u> |
|---------------------------------------|-------------|----------------|---------------------------------|-----------------|------------------|
| Furniture, Fixtures, Equipment | | | | | 13,706.84 |
| Bill | 3/11/2013 | Key Bank | Office Depot Epson 4540 Printer | 208.41 | 13,915.25 |
| Bill | 3/20/2013 | Kristina Quynn | Ikea Desk | 138.78 | 14,054.03 |
| Bill | 4/9/2013 | Key Bank | Ikea, Desks | 587.61 | 14,641.64 |
| Bill | 4/9/2013 | Key Bank | Ikea, Leg | 32.03 | 14,673.67 |
| Bill | 4/9/2013 | Key Bank | Newegg, Asus Monitor | 373.96 | 15,047.63 |
| Bill | 4/9/2013 | Key Bank | Epson WP 4530 AIO printer | 189.99 | 15,237.62 |
| Total Furniture, Fixtures, Equipment | | | | 1,530.78 | 15,237.62 |
| TOTAL | | | | 1,530.78 | 15,237.62 |

1:16 PM
02/05/14
Accrual Basis

Climbing Wall Association, Inc.
Transactions by Account
As of December 31, 2013

| <u>Type</u> | <u>Date</u> | <u>Name</u> | <u>Memo</u> | <u>Amount</u> | <u>Balance</u> |
|-------------------|-------------|-------------|------------------------|---------------|-----------------|
| Intangible | | | | | 2,676.04 |
| Software | | | | | 2,676.04 |
| Bill | 4/9/2013 | Key Bank | Adobe Systems, Acrobat | 199.00 | 2,875.04 |
| Total Software | | | | 199.00 | 2,875.04 |
| Total Intangible | | | | 199.00 | 2,875.04 |
| TOTAL | | | | 199.00 | 2,875.04 |