

# Short Form Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the **2010** calendar year, or tax year beginning , **2010**, and ending , **20**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>CLIMBING WALL ASSOCIATION INC</b>	<b>D</b> Employer identification number <b>86-1063819</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address)	<b>E</b> Telephone number <b>720-838-8284</b>
<input type="checkbox"/> Name change	Room/suite <b>2</b>	<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 <b>BOULDER CO 80304-0870</b>	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **WWW.CLIMBINGWALLINDUSTRY.ORG**

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	85,608
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	98,258
	<b>4</b> Investment income . . . . .	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events . . . . .		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0
	<b>b</b> Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	183,866	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	0
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	70,233
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	8,115
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	11,339
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	5,945
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	63,520
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	159,152	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	24,714
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	49,848
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	74,562

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II . . . . .

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	64,403	84,427
23 Land and buildings . . . . .	0	0
24 Other assets (describe in Schedule O) . . . . .	7,706	15,138
25 <b>Total assets</b> . . . . .	72,110	99,565
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .	22,262	25,003
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	49,848	74,562

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III . . . . .

What is the organization's primary exempt purpose? <u>Climbing Wall Industry Development</u>	Expenses
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 <b>Consulting and Training - support commercial operators of manufactured rock climbing walls; provide a variety of services, including training for the staff of climbing facilities and risk management consulting for member organizations.</b> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a
29 <b>Conferences - provide direct experience and collaboration with resource experts and others sharing interest in the field of manufactured wall climbing. Climbing professionals benefited: 230.</b> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a
30 <b>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. Members benefited: 410</b> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a
31 <b>Other program services (describe in Schedule O)</b> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . .

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
William Zimmermann 1460 Lee Hill Rd #2, Boulder CO 80304	President/Exec Dir-40 hr/wk	57,342	3,902	
Casey Newman 194 Griffith St, Louisville CO 80027	Chair BOD-1 hr/week	0		
Carolyn Brodsky Sterling Rope Co, 26 Morin St, Biddeford ME 04005	VP BOD-1 hr/week	0		
Bob Richards 6525 Gunpark Drive, Suite 370-520 Boulder, CO 80301	Treasurer - 1 hr/week	0		
Rich Cook IMBA, PO Box 7578 Boulder, CO 80306	Director - .25 hr/week	0		
Dan Hague Rise UP Climbing, 1225 Church St, Lynchburg VA 24504	Director - .5 hr/week	0		
Rich Johnston - Vertical World 1319 Dexter Avenue North, Ste 350, Seattle WA 98109	Director - .5 hr/week	0		
Chris O'Connell Boston Rock Gym, 78G Olympia Ave, Woburn MA 01801	Director - .25 hr/week	0		
Nate Postma Vertical Endeavors, 845 Phalen Blvd, St Paul MN 55106	Director - .25 hr/week	0		
Antoine Richard - Entre Prises USA 63085 18th St Ste 101, Bend OR 97701	Director - .25 hr/week	0		
Mark Crowther 180 Varick St Ste 1514, New York NY 10014	Director - .25 hr/week	0		
Robert Angell PO Box 460 Pickerington, OH 43147-0460	Director - 1 hr/week	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input checked="" type="checkbox"/>	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	<b>39a</b>	
b	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ N/A		
42a	The organization's books are in care of ▶ <b>WILLIAM ZIMMERMANN</b> Telephone no. ▶ <b>720-838-8284</b> Located at ▶ <b>1460 LEE HILL RD UNIT 2, BOULDER CO</b> ZIP + 4 ▶ <b>80304-0870</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42b</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?		
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **CATHERINE MACRAE, CPA** Preparer's signature: *Catherine MacRae* Date: **8/9/11** Check  if self-employed PTIN: **P01220823**

Firm's name: **MACRAE ACCOUNTING PC** Firm's EIN: **84-1612506**

Firm's address: **PO BOX 4323, BOULDER CO 80306** Phone no.: **303-440-5365**

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

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

CLIMBING WALL ASSOCIATION INC

Employer identification number

86-1063819

Form 990-EZ, Page 1, Part I, Line 16 - Description of other expenses:

Bank & merchant fees, computer & software expense, depreciation, dues, fees, subscriptions, equipment rental and maintenance, event operations, insurance, meals and entertainment, office expenses, payroll taxes, supplies and materials, travel.

Form 990-EZ, Page 2, Part II, Line 24 - Description of other assets:

Accounts receivable, prepaid expenses, FF&E and software (net of depreciation and amortization), rent deposit.

Form 990-EZ, Page 2, Part II, Line 2 - Description of total liabilities:

Accounts payable, sales tax payable, accrued officer's commissions and benefits, payroll tax liabilities, deferred revenue, note payable.

Form 990-EZ, Page 2, Part III, Line 31 - Description of other program services:

Publications - Climbing Wall Association offers a variety of products and services including publications. Standards - CWA offers the industry's only consensus standards for the design and engineering of artificial climbing structures, structural inspection of artificial climbing structures, operation of climbing facilities, and certification for the staff of climbing facilities. Public Information - CWA sponsors a public information campaign about climbing and it publishes a variety of publications, some of which are available free to the public.

Form 990-EZ, Page 3, Part IV, Line 34 - Significant changes to the organizing or governing documents:

1. Climbing Wall Association maintains its offices and conducts its operations in Colorado; however the company originally formed in Utah. In order to end Climbing Wall Association's business existence in Utah, in 2010 it filed Articles of Dissolution with the State of Utah Department of Commerce. In 2010 the company also filed Articles of Incorporation with the Colorado Secretary of State.
2. Directors shall serve without compensation.
3. Term of office served by directors shall be three years.