Form

Return of Organization Exempt From Income Tax

u Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 **2020**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2020 calendar year, or tax year beginning 09/01/20, and ending 08/31/	<u> </u>										
В	Check if ap	plicable: C Name of organization		D Employer	identification number								
П	Address ch	usa CLIMBING											
二		Doing hisiness as		91-1	899953								
Ш	Name char	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone									
П	Initial return			716-	392-1644								
Ħ	Final return												
\sqsubseteq	terminated	iniated SALT LAKE CITY UT 84101 G Gross receipts \$ 4,272,938											
	Amended r	eturn F Name and address of principal officer:		G Gross rec	eipis 4,2/2,938								
Ħ.			H(a) Is this a grou	in return for s	subordinates? Yes X No								
Ш	Application	12210 11012221	11(a) 15 a 15 a groc	ap rotain for a									
		537 W 600 S #300	H(b) Are all subc	ordinates incl	uded? Yes No								
		SALT LAKE CITY UT 84101	If "No,"	attach a list.	See instructions								
$\overline{}$	Tax-exem	ot status: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527											
÷													
<u> </u>	Website:		H(c) Group exem										
	Form of or		Year of formation: 19	998	M State of legal domicile: UT								
P	art I	Summary											
	1 B	riefly describe the organization's mission or most significant activities:											
a		SUPPORT THE WELL-BEING, DEVELOPMENT, AND COMPETITIVE EX	CELLENCE O	F OUR									
ဋ		ATHLETES AS WE ADVANCE THE ACCESSIBILITY AND GROWTH OF											
Ľ		COMMUNITY NATIONWIDE.		717									
Governance		··············· -·················											
ගි		theck this box ${f u}$ if the organization discontinued its operations or disposed of more than 25											
⋖	3 N	umber of voting members of the governing body (Part VI, line 1a)		. 3									
es	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	<u> 15 </u>								
Activities	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		5	16								
ŧ		atal acceptant of colorate and (actionate if acceptant)			1560								
⋖		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		. 🗀	276,354								
	'a	let unrelated business revenue from Fart VIII, column (O), line 12		· /a	270,331								
	D N	et unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year		Current Veer								
		Section of the Control of the Contro	2,759		Current Year 2,296,771								
ā		ontributions and grants (Part VIII, line 1h)											
e E		rogram service revenue (Part VIII, line 2g)	1,088		1,956,839								
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		208	125								
œ	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10	,386	-6,734								
	1	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,858	,260	4,247,001								
		Frants and similar amounts paid (Part IX, column (A), lines 1–3)	,	•	, , ,								
	1	enefits paid to or for members (Part IX, column (A), line 4)	1 040	264	1 150 053								
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,048	,364	1,170,253								
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0								
g	bT	otal fundraising expenses (Part IX, column (D), line 25) u 34,786											
ũ	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,586	,143	3,224,493								
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,634		4,394,746								
				753	-147,745								
<u> </u>		evenue less expenses. Subtract line 18 from line 12	Beginning of Curr		End of Year								
Net Assets or	20 -	otal assets (Part X, line 16)	1,081		1,290,913								
SSe	20 1												
et A	21 1	otal liabilities (Part X, line 26)		293	715,062								
_		et assets or fund balances. Subtract line 21 from line 20	723	,596	575 , 851								
P	art II	Signature Block											
U	nder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best	of my kno	wledge and belief, it is								
tr	ue, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer I	nas any knowledge.										
		N. Detro		141	Mar 2.22								
Sig	n l	Signature of officer		Date	181 2822								
_		•	IDDD	Date									
He	re	MATTHEW ROBERTS TREAS	URER										
		Type or print name and title	<u> </u>										
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN								
Pai	d	RICHARD SCORESBY, CPA RICHARD SCORESBY, CPA	2/24/2	22 self-em	ployed P00573067								
Pre	parer	TARGON C GOMPANY RG	<u> </u>		87-0516083								
	Only	11240 S RIVER HEIGHTS DR SUITE 300	Fir	m's EIN }	<u> </u>								
-30	y				001 212 1000								
		Firm's address } SOUTH JORDAN, UT 84095-5123		none no.	801-313-1900								
May	y the IRS	S discuss this return with the preparer shown above? See instructions			Yes No								

ra	Check if Schedule O contains a response or note to any line in this Part III	
S' A'	Briefly describe the organization's mission: UPPORT THE WELL-BEING, DEVELOPMENT, AND COMPETITIVE EXCELLENCE OF OUR THLETES AS WE ADVANCE THE ACCESSIBILITY AND GROWTH OF THE CLIMBING OMMUNITY NATIONWIDE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	.
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? If "Yes," describe these changes on Schedule O.	No
	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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
SI PI AI OI 3 YO TI RO	(Code:) (Expenses \$ 2,910,994 including grants of \$) (Revenue \$ 1,232,08 PORT DEVELOPMENT AND EVENTS: DEVELOP THE SPORT FROM THE GRASSROOTS UP BY ROVIDING EVENTS, EDUCATIONAL CONTENT, AND CERTIFICATION PROGRAMS ALL WHILE MERACING DIVERSITY, EQUITY, AND INCLUSION INITIATIVES TO BROADEN THE REACT NOT ACCESS TO THE SPORT NATIONWIDE. IN FISCAL YEAR 2021, USA CLIMBING REGANIZED A VIRTUAL YOUTH COMPETITION SERIES, THE WOMEN IN CLIMBING SUMMIT OF A COUTH CLIMBING FESTIVAL, 7 ELITE COMPETITIONS INCLUDING 2 WORLD CUPS, AND THE PARACLIMBING NATIONALS. THE ORGANIZATION HOSTED A TOTAL OF 4 COUTESETTING CLINICS IN VARIOUS LOCATIONS THROUGHOUT THE US TO ASSIST IN DEVELOPING THE SKILL OF ROUTESETTING IN THE SPORT. USA CLIMBING HAD A TOTAL OF 7,998 MEMBERS IN FISCAL YEAR 2021.	E H
H P R T T T	(Code:)(Expenses \$ 591,327 including grants of \$) (Revenue \$ IGH PERFORMANCE: PROVIDE SUPPORT TO ELITE ATHLETES FROM YOUTH, ARACLIMBING AND OLYMPIC HOPEFULS TO ACHIEVE THEIR ATHLETIC GOALS AND EPRESENT USA CLIMBING INTERNATIONALLY. USA CLIMBING FUNDED ELITE ATHLETES OF ATTEND 7 WORLD CUPS AND THE WORLD CHAMPIONSHIPS, AND OPERATED AN ELITE PRAINING FACILITY IN SALT LAKE CITY, UT TO FURTHER DEVELOP USA ATHLETES. DDITIONALLY, USA CLIMBING PARTICIPATED IN THE OLYMPIC DEBUT OF SPORT CLIMBING IN TOKYO, QUALIFYING A FULL TEAM OF FOUR OLYMPIC ATHLETES AND CINNING A SILVER MEDAL IN THE MEN'S COMBINED EVENT.)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	i/A	
	•	
	•	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses u 3,502,321	

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		x
	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	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	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
	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	9		x
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
	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.			
3	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
)	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	11b		x
;	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	11c		x
ı	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	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	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	11f	х	
3	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
3	Did the expenientian maintain an office ampleyees or exents systems of the United Ctates?	14a		X
•	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		14b		x
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	מדו		
	for any foreign experience of "Voc." complete School II F. Dorto II and IV	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	and the content for foreign in thick should be 600 and annual to Cohordal to C	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
		17		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	I	X

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Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3,5
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J		x	
24a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		1
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	206		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	↓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X

8	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.	38	X						
Pa	art 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					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ______ b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .

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1b

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 16 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3b Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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)? X 4a If "Yes," enter the name of the foreign country **u** b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c If "Yes," indicate the number of Forms 8282 filed during the year ______ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Х 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O.

91-1899953 Form 990 (2020) USA CLIMBING Page 6 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 15 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? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Х X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a 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? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 on Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u UT** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. |X| Own website | Another's website |X| Upon request | Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$ 20

537 W 600 S #300

UT 84101

USA CLIMBING

SALT LAKE CITY

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

- 1a 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.

 <u>See</u> instructions for the order in which to list the persons above.

ט (Check this box if	neither th	ne organization n	nor any related	organization compen	sated any curren	t officer, director, or trustee.
-----	-------------------	------------	-------------------	-----------------	---------------------	------------------	----------------------------------

(A) Name and title	(B) Average hours per week (list any	box	Position (do not check mot box, unless perso officer and a dire			ore than one on is both an ector/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) MARC NORMAN										
	40.00							1=0 000		
CEO	0.00			Х		\sqcup		179,038	0	5,048
(2) KELLY FEILKE	40.00									
	40.00 0.00					$ \mathbf{x} $		100 504	0	20,909
VP OF MARKETING & CO (3) MEAGAN MARTIN	0.00					^		123,524	0	20,909
(3) MEAGAN MARIIN	1.00									
DIRECTOR	0.00	x						7,500	0	0
(4) MAUREEN BECK	0.00	122				1 1		7,500		
(+)	1.00									
DIRECTOR	0.00	x						0	0	0
(5) JOHN BROSLER										
()	1.00									
DIRECTOR	0.00	x						0	0	0
(6) KYRA CONDIE										
	1.00									
DIRECTOR	0.00	Х						0	0	0
(7) AVERY COOK										
	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JESSE GRUPPER										
	1.00									
DIRECTOR	0.00	Х						0	0	0
(9) TRACE HARRIS	1 00									
	1.00	٦,								0
DIRECTOR	0.00	х				+		0	0	0
(10) CONNIE LIGHTNER	1.00									
DIRECTOR	0.00	x						0	0	0
(11) JOEL LITVIN	0.00					++				
,	1.00									
DIRECTOR	0.00	x						0	0	0

Part VII	Section A. Officers	, Directors, Tru	stee	s, Ke	у Е	mplo	oyees	s, a	nd Highest Compensated	d Employees (continued)				
1	(A) (B) Name and title Average hours per week (list any			Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	CI	(F) imated a of oth compensa from the	er ation he	
	Pub	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ectio	(W-2/1099-MISC)		ganizatio		•
(12) BI	RUCE MITCHEI													
PRESIDEN		1.00	x		x				0	0				0
		I PIETRO	_		Λ				0					
DIRECTOR		1.00	х						0	0				0
(14) J2	ASON PILL	1 00												
DIRECTOR		1.00	x						0	0				0
	ATTHEW ROBER													
		1.00	,,		7.7									^
(16) BI	RETT ROGERS	0.00	X		Х				0	0				0
DIRECTOR		1.00	x						0	0				0
(17) DI	JSTIN SKINNE													
DIRECTOR	 !	1.00 0.00	x						0	0				0
1b Subtot								u	310,062				25,9	€7
	rom continuation shee add lines 1b and 1c)	•						u u	310,062				25,9	957
2 Total n		cluding but not lir	nite	d to t) who received more than S	\$100,000 of				
3 Did the	organization list any fo	rmer officer, dire	ector	, trus	tee.	kev (emplo	ove	e, or highest compensated		Г		Yes	No
employ	ee on line 1a? If "Yes,"	complete Sched	ule .	J for	such	indi	vidua	ί	and other compensation fi	rom the		3		X
organiz	ation and related organ	nizations greater	than	\$150	0,000)? <i>If</i>	"Yes,	," cc	omplete Schedule J for suc	h		4	x	
5 Did any	<i>iai</i> , person listed on line 1	a receive or acc	rue	comp	ensa	ation	from	any	y unrelated organization or	individual		4	21	
	vices rendered to the or ndependent Contractor		es,"	comp	lete	Sche	edule	J fo	for such person			5		X
1 Comple	ete this table for your five	e highest compe							actors that received more that year ending with or within		ar.			
		(A) business address								(B) tion of services		Co	(C) mpensati	on
	ODUCTIONS		_			L10	5 s		TH 1680 WEST				·	
OREM		UT	8	40!	58			Е	BROADCASTS				101	, 755
2 Total n	umber of independent of	contractors (include	ding	but n	ot li	mited	to th	nose	e listed above) who					
	d more than \$100,000								,	1				

Pa	irt V		Schedule O cont	ains a	a respon	se or note	to any line in this	s 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	1a b c	Federated camp Membership due Fundraising ever	es	1a 1b 1c	ln	sp	ecti	on	Cop	У
	d e f	All other contributions,	ontributions)	1d 1e	1,	461,630 835,141				
a di	g	Noncash contributions	included in lines 1a-1f	1g		271,265				
<u>ನ ೯</u>	h	Total. Add lines	1a-1f			u	2,296,771			
						Business Code				
ice	2a	*				900099	1,224,300	1,224,300		
Program Service Revenue	b	MEMBERSHIP	DUES			900099	456,185	456,185		
	С	ADVERTISING	}			541800	276,354		276,354	
gran	d									
Pro	е									
	f	1 0	n service revenue			_				
	g		2a–2f			u	1,956,839			
	3		ne (including dividend ounts)		-	u	125			125
	4	Income from inve	estment of tax-exempt	bond	proceeds	u				
	5	Royalties				u				
			(i) Real		(ii)	Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental inc. or (loss)	6c							
	d	Net rental incom	e or (loss)			u				
	/a	sales of assets		Other						
		other than inventory	7a							
ine	b	Less: cost or other								
Revenue		basis and sales exps.	7b							
	С	Gain or (loss)	7c							
Other	d	Net gain or (loss)			u				
₹	8a	Gross income from								
		of contributions repo	,							
		See Part IV, line 18		8a						
	b		enses	8b						
	С		oss) from fundraising	events_		u				
	9a	Gross income from								
		See Part IV, line 19		9a						
			enses	9b						
		,	oss) from gaming acti	/ities .	<u></u> T	u				
	10a	Gross sales of ir	•	4.		10 000				
		returns and allow		10a		19,203				
		Less: cost of god		10b	I	25,937	-6 724	_6 734		
	C	ivet income of (i	oss) from sales of inve	ниогу		Business Code	-6,734	-6,734		
Sn	11-					DUSITIESS COUR				
neo iue	11a	***************************************								
	b									
Miscellaneous Revenue	۳ 2									
Σ			9 11a–11d			——				
_		Total revenue				u	4 247 001	1 673 751	276 354	125

Part IX Statement of Functional Expenses

Secti	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 n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising							
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses							
1	Grants and other assistance to domestic organizations	Inch			nv/							
	and domestic governments. See Part IV, line 21		76UU									
2	Grants and other assistance to domestic			- 0								
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	190,227	135,084	49,733	5,410							
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	812,126	571 , 862	216,247	24,017							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	12,409	5,750	6,106	553 2,426							
9	Other employee benefits	82,032	57,763	21,843	2,426							
10	Payroll taxes	73,459	51,727	19,560	2,172							
11	Fees for services (nonemployees):											
а	Management											
b	Legal	22,827	7,661	15,166								
С	Accounting	10,578	3,550	7,028								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on Schedule O.)	391,270	346,964	44,306								
12	Advertising and promotion	288,613	273,975	14,638								
13	Office expenses	45,106	538	44,568								
14	Information technology	162,409	45,912	116,497								
15	Royalties	120 514	04 000	FF F1.4								
16	Occupancy	139,714	84,000	55,714								
17	Travel	522,565	489,118	33,447								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates	33,745	27,687	6,058								
22	Depreciation, depletion, and amortization	151,927	27,007	124,780								
23 24	Insurance Other expenses. Itemize expenses not covered	131,321	4/,14/	127,700								
4 4	above (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
а	VENUE	907,226	907,226									
a b	ADMINISTRATION	404,908	327,265	77,434	209							
C	VENUE SUPPLIES	71,143	71,143	,,,131	205							
d	CHIDDING	54,061	54,061									
e	All other expenses	18,401	13,888	4,514	-1							
25		4,394,746	3,502,321	857,639	34,786							
26		,,	.,,	,	,							
	organization reported in column (B) joint costs											
	from a combined educational campaign and fundraising solicitation. Check here u if											
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)											
DAA					Farra 000 (0000)							

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 290,805 160,912 Cash—non-interest-bearing 251,103 251,228 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 360,014 275,062 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 47,612 32,944 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 422,071 10a 118,934 **b** Less: accumulated depreciation 10b 132,355 303,137 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 267,630 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 1,081,889 1,290,913 16 16 245,642 Accounts payable and accrued expenses 136,640 17 17 18 18 Grants payable 319,420 43,333 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 150,000 150,000 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 28,320 of Schedule D 358,293 715,062 Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow FASB ASC 958, check here u X **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 723,596 97,556 27 Net assets without donor restrictions 27 Net assets with donor restrictions 478,295 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 723,596 575,851 ĕ Total net assets or fund balances 32

1,290,913 Form **990** (2020)

1,081,889

Total liabilities and net assets/fund balances

Pa	rt 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	4	1,24	17,	001
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	4,39	94,	746
3	Revenue less expenses. Subtract line 2 from line 1	3		-14	17,	745
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7:	23,	596
5	Net unrealized gains (losses) on investments	5		V		
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5'	75,8	851
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	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?			3a		X
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 on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization USA CLIMBING 91-1899953 Reason for Public Charity Status. (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Nο Yes (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							_
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020)	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	Ctio	n (У
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020)	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the or	ganization's first, s				3)		
	organization, check this box and stop here	-)						▶ □
Sec	tion C. Computation of Public St	pport Percen						
14	Public support percentage for 2020 (line 6,	column (f) divided	by line 11, column	n (f))			14	%
15	Public support percentage from 2019 Sche	dule A, Part II, line	· 14			[15	%
16a	33 1/3% support test—2020. If the organ	zation did not ched	ck the box on line	13, and line 14 is 3	3 1/3% or more, ch	neck this		
	box and stop here. The organization quali	fies as a publicly s	supported organiza	tion				▶ □
b	33 1/3% support test—2019. If the organi	zation did not ched	ck a box on line 13					
	this box and stop here. The organization of							▶ □
17a	10%-facts-and-circumstances test—202	0. If the organizati	on did not check a					
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa	cts-and-circumstar	ces" test. The org	anization qualifies	as a publicly suppo	orted		
	organization							▶ □
b	10%-facts-and-circumstances test—201							
	15 is 10% or more, and if the organization	-						
	in Part VI how the organization meets the			•	•	•		
	organization					•		▶ □
18	Private foundation. If the organization dicinstructions	I not check a box of	on line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	9		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quamy arraer a		. с.с., р.сасс с		-,	
	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2 <u>0</u> 18	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	973,453	1,359,828	2,112,801	2,759,389	2,296,771	9,502,242
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,682,131	1,945,417	2,219,913	1,088,992	1,699,688	8,636,141
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,655,584	3,305,245	4,332,714	3,848,381	3,996,459	18,138,383
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		10,000	15,000			25,000
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		10,000	15,000			25,000
8	Public support. (Subtract line 7c from						
<u>Soc</u>	tion B. Total Support						18,113,383
	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2,655,584	3,305,245	4,332,714	3,848,381	3,996,459	18,138,383
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	195	187	226	208	125	941
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	193	187	220	200	123	341
С	Add lines 10a and 10b	195	187	226	208	125	941
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	55,240	62,436	24,215	11,223		153,114
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,711,019	3,367,868	4,357,155	3,859,812	3,996,584	18,292,438
14	and 12.) First 5 years. If the Form 990 is for the or						10,292,430
	organization, check this box and stop her						▶□
Sec	tion C. Computation of Public S	upport Percent	tage				
15	Public support percentage for 2020 (line 8,	column (f), divided	by line 13, colum	n (f))		15	99.02%
16	Public support percentage from 2019 Sche						98.37 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2020 (li			column (f))		17	%
18	Investment income percentage from 2019						%
19a	33 1/3% support tests—2020. If the orga						▶ X
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2019. If the orga		-				
D	line 18 is not more than 33 1/3%, check thi						▶ □
20	Private foundation. If the organization did	•	J		,	•	

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

E-6	_		
	71	Yes	No
1		V	
	1_		
	2		
	3a		
	3b		
	3с		
	- 30		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
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	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (F	orm 99	0 or 990-	EZ) 2020
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91-1899953 Schedule A (Form 990 or 990-EZ) 2020 USA CLIMBING Page 5 Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described in line 11a above? 11b A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have 3 a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С Yes 2 Activities Test. Answer lines 2a and 2b below. No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	ı. 20, 19	970 (explain in Part VI). Se	ee			
instructions. All other Type III non-functionally integrated supporting organizations must	t compl	ete Sections A through E.				
Section A – Adjusted Net Income (A) Prior Year						
Toolion / Trajacou Not mount		(rij i nor redi	(optional)			
1 Net short-term capital gain	1		n./			
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of						
gross income or for management, conservation, or maintenance of property						
held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors						
explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 0.035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C – Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, column A)	1					
2 Enter 0.85 of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functionally integrated	Type III	supporting organization				
(see instructions).	-	- -				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Current Year				
1_	Amounts paid to supported organizations to accomplish exempt purpose	es			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of suppo	rtad organizations			
<u>3</u>		itled organizations		y	
	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide detail	ils in Part VI)			
6	Other distributions (describe in Part VI). See instructions.	,			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization	tion is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2020 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
		(i)	(ii)	(iii)	
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020	
1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required– <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
	From 2016				
	From 2017				
d	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (For	rm 990 or 990-EZ) 2020	USA CLIMBING	;		91-1899953	Page 8
Part VI		nformation. Provide the	explanations requ	ired by Part II, line	10; Part II, line 17a or 17	7b; Part
		V, Section A, lines 1, 2,				
		Part IV, Section C, line				
		V, line 1; Part V, Sectior				ection E,
	lines 2, 5, and 6.	Also complete this part	for any additional	information. (See in	structions.)	
		IIC LOS	SDAC	TION		
PART I	II, LINE 12	- OTHER INCOME	DETAIL	<u> </u>		
			بع ا	153,114		
				133,114		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization

Employer identification number

91-1899953

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.					
Special Rules						
regulations under secti 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nat received from any one contributor, during the year, total contributions of the greater of (1) are amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.					
contributor, during the contributions totaled m during the year for an General Rule applies	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions a during the year					
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, it answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

USA CLIMBING

Employer identification number 91-1899953

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.1	rubiic irispec	\$ 560,330	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
2		\$ 491,709	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$ 335,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$ 201,414	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ 194,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
6		\$ 114,625	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number USA CLIMBING 91-1899953

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	rubiic irispec	\$ 55,442	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$ 35,867	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
9		\$ 33,333	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
10	Name, address, and ZIP + 4	Total contributions \$ 29,167	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$ 27,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$ 23,333	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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Page 2

Name of organization

USA CLIMBING

Employer identification number 91-1899953

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	rubiic irispec	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	Name, audiess, and zir + 4	\$ 6,667	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
15		\$ 6,425	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
16	Name, address, and ZIP + 4	Total contributions \$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17		\$ 5,875	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18		\$ 5,875	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			

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Page 2

Name of organization

USA CLIMBING

Employer identification number 91-1899953

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	i done mapee	\$ 5,875	Person X Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20		\$ 5,875	Person X Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
21		\$ 5,875	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No	Name, address, and ZIP + 4	Total contributions \$ 5,875	Person X Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23		\$ 5,875	Person X Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24		\$ 5,875	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		

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Page **2**

Name of organization
USA CLIMBING

Employer identification number
91–1899953

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
25	rubiic irispec	\$ 5,875	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$ 5,875	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a)	(b)	(c) Total contributions	(d) Type of contribution			
No. 27	Name, address, and ZIP + 4	\$ 5,875	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28	Name, address, and 2n + 4	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization
USA CLIMBING

Employer identification number 91-1899953

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	pace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	UNITED FLIGHT CREDIT	\$ 18,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	UNIFORMS, APPAREL, KITS	\$ 22,959	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	BAGS, BOTTLES, COOLERS	\$ 34,747	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	BOULDERING WALL, HOLDS	\$ 112,750	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	CLIMBING EQUIPMENT	\$ 9,609	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 8	MODEL CLIMBING WALLS	\$ 25,200	

Employer identification number Name of organization 91-1899953 USA CLIMBING Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I CLIMBING HOLDS 17 \$ 4,000 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) CLIMBING HOLDS 18 \$ 4,000 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) CLIMBING HOLDS 19 \$ 4,000 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) CLIMBING HOLDS 20 \$ 4,000

(b)

Description of noncash property given

CLIMBING HOLDS

(c)

FMV (or estimate)

(See instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
22	CLIMBING HOLDS				
		\$ 4,000			

(d)

Date received

(a) No.

from

Part I

⊃aαe **3**

Name of organization USA CLIMBING

Employer identification number 91-1899953

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	ace is needed.
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23	CLIMBING HOLDS	\$ 4,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
24	CLIMBING HOLDS	\$ 4,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
25	CLIMBING HOLDS	\$ 4,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	CLIMBING HOLDS	\$ 4,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	CLIMBING HOLDS	\$ 4,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

2020
Open to Public Inspection

Employer identification number Name of the organization 91-1899953 USA CLIMBING Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining	Collections of	Art, Histor	ical Treasur	es, or Othe	r Simi	lar As	ssets	(contin	ued))
3	Using the organization's acquisition, accession, collection items (check all that apply):	, and other records,	, check any of	the following the	at make signific	cant use	of its				
а	Public exhibition	d \square	Loan or excha	ange program							
b	Scholarly research										
С	Preservation for future generations	Inc		ctic				M	1 /		
4	Provide a description of the organization's colle	ections and explain	how they furth	ner the organiza	tion's exempt p	ourpose in	Part				
	XIII.										
5	During the year, did the organization solicit or	receive donations of	of art, historica	I treasures, or of	ther similar				_	_	_
	assets to be sold to raise funds rather than to	be maintained as p	art of the orga	nization's collect	tion?				Ye	es	No
Pa	ert IV Escrow and Custodial Arra	•									
	Complete if the organization a	answered "Yes"	on Form 9	90, Part IV, I	ine 9, or rep	orted a	ın am	ount o	n Forn	n	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian		•								٦
L	included on Form 990, Part X?	and complete the fell							∐ Ye	es _	_ No
Ь	If "Yes," explain the arrangement in Part XIII ar	na complete the loll	lowing table:						Amoun	t	
c	Reginning halance						1c		7 11110 0111		
q	Beginning balance Additions during the year						1d				
e	man and the state of the state						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on For	m 990, Part X, line	21, for escrov	v or custodial ac	count liability?				T Ye	s	No
	If "Yes," explain the arrangement in Part XIII. C										
Pa	rt V Endowment Funds.										
	Complete if the organization a	answered "Yes"	on Form 9	<u>90, Part IV, I</u>	ine 10.						
		(a) Current year	(b) Prior y	ear (c) 7	wo years back	(d) Th	ree years	back	(e) Fou	r years	back
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
	losses										
	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curren	at year and balance	/line 1g colu	mp (a)) hold as:							
	Board designated or quasi-endowment u	•	(IIIIe 19, colu	iiii (a)) iieiu as.							
	Permanent endowment u %										
	Term endowment u %										
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
3a	Are there endowment funds not in the possess	sion of the organizat	tion that are h	eld and administ	ered for the						
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Schedu	le R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.								
Pa	rt VI Land, Buildings, and Equip					_		5		_	
	Complete if the organization a							Part X			
	Description of property	(a) Cost or other b	basis (b) Cost or other basis	1	Accumulate enreciation	d		(d) Book	value	
	Land	(investment)		(other)	0	epreciation					
1a	Land										
n	Buildings Leasehold improvements							+			
	Equipment			422,0	71	118	,934		3	03 -	137
	Other						,	+		<u> , </u>	
	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, column (B)	, line 10c.)			u		3	03,	137

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on I	Form 990 Part IV line	e 11h See Form 990 P	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial		t		10 1 7
	eld equity interests	ACTIO	\mathbf{n}	$\cap \mathcal{V}$
(3) Other		COHO		$\mathcal{V}_{\mathcal{V}}$
(A)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments – Program Related.			
i ait viii	Complete if the organization answered "Yes" on I	Form 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Decomption of investment	(b) Book Value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11d. See Form 990, P	art X, line 15.
	(a) Description			(b) Book value
(1)	EMPLOYEE RETENTION CRED	IT RECEIVABLE		267 , 630
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				267 620
	• • • • • • • • • • • • • • • • • • • •		u	267,630
Part X	Other Liabilities.	Farms 000 Dart IV line	- 44- or 446 Coo Form	000 Dart V
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	e Tie or Tii. See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		u	
2 Liability for	uncertain tay positions. In Part XIII provide the text of the footr	note to the organization's fin	annual etatomonte that roporte	tho

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

					9-
Part XI	Reconciliation of Revenue per Audited Financial Stateme		•	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa				4 056 500
	evenue, gains, and other support per audited financial statements			1	4,256,798
	ts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1			
	realized gains (losses) on investments	2a	0 505		
	d services and use of facilities	2b	9,797		n/
c Recove	ries of prior year grants	2c	$\mathcal{A} \cup \mathcal{A}$		$\mathcal{O}_{\mathcal{A}}$
d Other	Describe in Part XIII.)	2d			
e Add lin	es 2a through 2d			2e	9,797
	et line 2e from line 1			3	4,247,001
	ts included on Form 990, Part VIII, line 12, but not on line 1:				
	nent expenses not included on Form 990, Part VIII, line 7b	4a			
	Describe in Part XIII.)	4b			
	es 4a and 4b			4c	
	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,247,001
Part XII	Reconciliation of Expenses per Audited Financial Stateme			Retur	n.
	Complete if the organization answered "Yes" on Form 990, Pa				
	xpenses and losses per audited financial statements			1	4,414,825
	ts included on line 1 but not on Form 990, Part IX, line 25:				
	d services and use of facilities	2a	9,797		
b Prior y	ear adjustments	2b			
c Other	osses	2c			
	Describe in Part XIII.)	2d	10,282		
e Add lin	es 2a through 2d			2e	20,079
3 Subtra	t line 2e from line 1			3	4,394,746
	ts included on Form 990, Part IX, line 25, but not on line 1:				
	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b Other	Describe in Part XIII.)	4b			
c Add lin	es 4a and 4b			4c	
5 Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,394,746
Part XIII	Supplemental Information.				
Provide the c	escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	ines 1b a	nd 2b; Part V, line 4; Part	X, line	Э
2; Part XI, lin	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additio	nal information.		
PART	x - FIN 48 FOOTNOTE				
ASC T	OPIC 740, INCOME TAXES, PROVIDES GUIDANO	CE ON	I HOW UNCERTA	IN	TAX
POSIT	IONS SHOULD BE RECOGNIZED, MEASURED, DIS	SCLOS	ED, AND PRES	ENT	ED IN THE
FINAN	CIAL STATEMENTS. THIS REQUIRES THE EVALU	JATIO	N BY MANAGEM	ENT	OF TAX
POSIT	IONS TAKEN OR EXPECTED TO BE TAKEN IN PI	REPAR	RATION OF THE		
ORGAN	IZATION'S TAX RETURNS TO DETERMINE IF T	HE PO	OSITIONS ARE	MOR	E-LIKELY-
THAN-	NOT OF BEING SUSTAINED IF EXAMINED BY T	HE TA	AXING AUTHORI	TIE	s.
MANAG	EMENT HAS DETERMINED THERE ARE NO UNCER	TAIN	TAX POSITION	s.	GENERALLY,
TAX Y	EARS REMAIN SUBJECT TO EXAMINATION FOR T	THREE	YEARS FROM	THE	DATE
FILED	•				

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Part X	III Supplem	ental Information	n (continued)				
USA	CLIMBING	FOUNDATION	EXPENSES			\$ 10,	282
	Pu	ıblic	Insp	oecti	on (Copy	y
•							
• • • • • • • • • • • • • • • • • • • •							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23. u Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

uGo to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 91–1899953

	USA CLIMBING	otion	91-1899953	\ /		
P	art I Questions Regarding Compensation			V		
					Yes	No
18	a Check the appropriate box(es) if the organization provided any of the following	g to or for a person listed on Form				
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant inf	ormation regarding these items.				
	First-class or charter travel Housing	allowance or residence for personal	use			
	Travel for companions Payment	s for business use of personal reside	ence			
	Tax indemnification and gross-up payments Health of	r social club dues or initiation fees				
	Discretionary spending account Personal	services (such as maid, chauffeur, c	chef)			
ŀ	b If any of the boxes on line 1a are checked, did the organization follow a writt	. , , , ,				
	or reimbursement or provision of all of the expenses described above? If "No	," complete Part III to				
	explain			1b		
2		•				
	directors, trustees, and officers, including the CEO/Executive Director, regard	=				
	1a?			2		
3	, ,,	·				
	organization's CEO/Executive Director. Check all that apply. Do not check an					
	related organization to establish compensation of the CEO/Executive Director					
		employment contract				
		sation survey or study				
	Form 990 of other organizations Approval	by the board or compensation comm	nittee			
	Desire the constant of the constant of the desire of the constant of the const	As with assessment to the CP or				
4	During the year, did any person listed on Form 990, Part VII, Section A, line	ra, with respect to the filing				
	organization or a related organization:			40		v
		ot plan2		4a 4b		x
	b Participate in or receive payment from a supplemental nonqualified retirement	roment?		46 4c		X
•	c Participate in or receive payment from an equity-based compensation arrang If "Yes" to any of lines 4a-c, list the persons and provide the applicable amou			40		
	ii Tes to any or lines 4a-c, list the persons and provide the applicable amor	ins for each item in Fait in.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must con	mplete lines 5–9.				
5		•				
·	compensation contingent on the revenues of:	non pay of accide any				
á	a The organization?			5a		х
i	b Any related organization?			5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.					
	,					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza	tion pay or accrue any				
	compensation contingent on the net earnings of:					
á	a The organization?			6a		Х
ŀ	b Any related organization?			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.					
7	, , , , , , , , , , , , , , , , , , , ,	tion provide any nonfixed				
	payments not described on lines 5 and 6? If "Yes," describe in Part III			7		X
8						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe				
	in Part III			8		<u> </u>
_						
9	3	procedure described in				
	Regulations section 53.4958-6(c)?			9	i	

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		W-2 and/or 1099-M (ii) Bonus & incentive compensation	IISC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MARC NORMAN (i	179,038	0	0	5,048	0	184,086	0
1 CEO (ii			0	0	0	0	0
(i) (ii)							
3 (i)	•						
(i) (i)	*						
5							
6 (ii							
(i) 7							
(i) 8	•						
g (i)	*						
(i) (ii)	•						
(i) (ii)	•						
(i) (ii)	•						
(i) (ii)	•						
(i) 4	•						
(ï.	•					<u>.</u>	
(ï.	•						

Part	rt III Supplemental Information	
Provide	ride the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also compler	e this part
or any	any additional information.	
	Public Inspection Copy	
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. u Attach to Form 990.

 \boldsymbol{u} Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	USA CLIME	BING	Inch	Octio	91-189995	3		
Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amou	unts		
1	Art — Works of art			Tomi 990, Fait VIII, line 1g				
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
·	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other u ()	X	1	271,265				
26	Other u ()							
27	Other u ()							
28	Other u (
29	Number of Forms 8283 received by	•	,					
	which the organization completed Fo	rm 8283,	Part IV, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	-			_			
	28, that it must hold for at least three							77
	to be used for exempt purposes for t		nolding period?			30a		X
	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	ceptance p	policy that requires the re-	view of any nonstandard				v
20:						31		<u> </u>
32a	Does the organization hire or use thi		_					v
1.						32a		X
	If "Yes," describe in Part II.	nountin ==	dumn (a) for a time of	porty for which column (-)	is shocked			
33	If the organization didn't report an an describe in Part II.	TOUTH IN CO	numin (c) for a type of pro	pperty for which column (a)	is difected,			
	GUGUIDE III I GIL II.							

Part II	the organization	n is reporting in I), the number of	f contributions, the	b, 32b, and 33, and ne number of iter	
	Pub	lic	Insp	ect	ion	Cop	ЭУ
•							

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.

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Employer identification number 91-1899953 USA CLIMBING FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE CEO AND AUDIT COMMITTEE REVIEW THE FORM 990 BEFORE FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BYLAWS INCLUDE A CODE OF ETHICS/CONFLICTS OF INTEREST POLICY. DISCLOSURES OF CONFLICTS OF INTEREST ARE REVIEWED BY THE ETHICS COMMITTEE. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT INTEREST POLICY ARE AVAIALBE ON THE ORGANIZATION'S WEBSITE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

U Allacii lo Formi 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

USA CLIMBING 91-1899953 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Primary activity Legal domicile (state Name, address, and EIN (if applicable) of disregarded entity Total income End-of-year assets Direct controlling or foreign country) (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled entity? Name, address, and EIN of related organization Legal domicile (state Public charity status Primary activity Exempt Code section Direct controlling (if section 501(c)(3)) or foreign country) Yes No USA CLIMBING FOUNDATION 537 W. 600 S., SUITE 300 85-0628740 SALT LAKE CITY UT 84101 SUPPORT UT 501C3 7 USA CLIMBI Х (2) (3) (4) (5)

Schedule R (Form 990) 2020 USA CLIMBING				899953									P	age 2
Part III Identification of Related Organization because it had one or more related or	ons Taxable	as a	Partnership	Complete if the	e organization	on ans	swered "Yes" o	n Fo	rm 9	90, Pa	rt IV, line	34,		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) Share of end-of- year assets	Dis porti all	(h) spro- ionate loc.?	Code amoun of Sch	(i) e V—UBI nt in box 20 nedule K-1 rm 1065)	General of managing partner?	Perce owne	k) entage ership
(1)														
(2)														
(3)														
(4)														
Part IV Identification of Related Organization in each state of the st	ons Taxable elated organiz	as a	Corporation s treated as a	or Trust. Com	plete if the trust during	organi the ta	zation answere	ed "Y	es" (on Forr	n 990, Pa	art IV,	1	
(a) Name, address, and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) hare of total income	s	(g) Share of	of	(h) Percenta ownersi	age	(i) Sect 512(b contro enti)(13) olled
40													Yes	No
(1)	.,													
(2)														
(3)														
(4)														
					1					ļ	1	ı		

Schedule R (Form 990) 2020 USA CLIMBING

C04558E01

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			· · ·			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	ed organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	<u> </u>
Sharing of paid employees with related organization(s)				10	Х	<u> </u>
p Reimbursement paid to related organization(s) for expenses				1p		Х
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this I	ine, including covered re	ationships and transaction	n thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	nt involve	ed	
(1)						
(2)						
(3)						
(4)						
(F)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions	regarding exclu	ision for	certain investm	ent pa	ırtnersh	nips.							
(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	Are all sec		Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	ral or aging	(k) Percentage ownership
		country)	sections 512-514)	Yes				Yes	No		Yes	No	
(1)								1.55			100		
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Page 4

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

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

uGo to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3)

	artment of the Treasury	uGo to www.irs.gov/Form990T for instructions and the latest information.	504/-)/2)	for 501(c)(3)
	nal Revenue Service	u Do not enter SSN numbers on this form as it may be made public if your organization is	. ,,,	Organizations Only
A [Check box if address changed. Exempt under section	Print USA CLIMBING Check box if name changed and see instructions.)	D Employer iden	n\/
	X 501(C)(3)	Or Number, street, and room or suite no. If a P.O. box, see instructions.	E Group exempt	on number
j	408(e) 220(e)	Type 537 W 600 S #300	(see instruction	s)
l I		City or town, state or province, country, and ZIP or foreign postal code		
ļ	408A 530(a)	SALT LAKE CITY UT 84101	F Chec	k box if
l	529(a) 529A	C Book value of all assets at end of year u 1,290,913	an ar	nended return.
G	Check organization type		st Applic	able reinsurance entity
Н	Check if filing only to u	Claim credit from Form 8941 Claim a refund shown on Form	n 2439	
	Check if a 501(c)(3) orga	nization filing a consolidated return with a 501(c)(2) titleholding corporation		u
J	Enter the number of atta	ched Schedules A (Form 990-T)		u 1
Κ	During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	?	u Yes X No
	If "Yes," enter the name	and identifying number of the parent corporation		
	u			
<u>L</u>	The books are in care of	u USA CLIMBING Telepho	one number u	716-392-1644
P	art I Total Unr	elated Business Taxable income		
1	Total of unrelated busin	ness taxable income computed from all unrelated trades or businesses (see		
	instructions)		1	-12,952
2	Reserved		2	
3	Add lines 1 and 2		3	-12,952
4	Charitable contributions	s (see instructions for limitation rules)	4	
5		s taxable income before net operating losses. Subtract line 4 from line 3		-12,952
6	Deduction for net oper	ating loss. See instructions	6	0
7	Total of unrelated busi	ness taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from line	9.5	7	-12,952
8	Specific deduction (ger	erally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A	deduction. See instructions	9	
10	Total deductions. Ad	d lines 8 and 9	10	1,000
11	Unrelated business t	axable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_
			11	0
	art II Tax Com			_
1		s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0
2		t rates. See instructions for tax computation. Income tax on the amount on		_
		Tax rate schedule or Schedule D (Form 1041)		0
3	Proxy tax. See instruc			
4	Other tax amounts. Se	e instructions	4	
5	Alternative minimum ta	x (trusts only)	5	
6	Tax on noncompliant	facility income. See instructions	6	
7	Total. Add lines 3 thro	ugh 6 to line 1 or 2, whichever applies	7	0

Form	990-T (2020) USA CLIMBING	91-1899953		Page 2
Pa	art III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	41.		
С	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
е			1e	
2	Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7	4100	2	M1/
3	Other taxes. Check if from: Form 4255 Form 8611 Form 865	7		
3			3	\mathcal{P}
	Other (attach statement)			
4	Total tax. Add lines 2 and 3 (see instructions).			0
_	section 1294. Enter tax amount here			0
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line		5	
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies \dots \mathbf{u}	_ 6b		
С	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)	. 6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	. 6f		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total u	ı 6g		
7	Total payments. Add lines 6a through 6g		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	ι	1 8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed \dots		u 9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	oaid	u 10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax u	Refunde		
Pa	art IV Statements Regarding Certain Activities and Other Info	rmation (see instructions	s)	
				Yes No
1	At any time during the 2020 calendar year, did the organization have an interest in or	a signature or other authority	,	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name of the foreign country		
	here u	• •		х
2	During the tax year, did the organization receive a distribution from, or was it the gran			
	foreign trust?			x
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year	u s	;	
4a	Did the organization change its method of accounting? (see instructions)			х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-F			
-	explain in Part V	.,		
Pa	art V Supplemental Information			
	de the explanation required by Part IV, line 4b. Also, provide any other additional infor	mation. See instructions.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my knowledge	and belief, it is	
Sig	n true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep			May the IRS discuss this return with the preparer shown below
Her	e u u treasurer			with the preparer shown below (see instructions)?
	Signature of officer Date Title			Yes No
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid	RICHARD SCORESBY, CPA RICHARD SCORESBY, CPA	A	self-em	ployed P00573067
Prep	parer Firm's name } LARSON & COMPANY, PC		Firm's EIN }	87-0516083
	Only 11240 S RIVER HEIGHTS DR SUIT	E 300		
	Firm's address } SOUTH JORDAN, UT 84095-5123		Phone no.	801-313-1900

Form **990-T** (2020)

USA

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

91-1899953

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

CLIMBING

uGo to www.irs.gov/Form990T for instructions and the latest information.

u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<u>c</u>	Unrelated Business Activity Code (see instructions) u 541800			D Sec	quence: 1	of 1
E	Describe the unrelated trade or business u ADVERTISING (NON-	-PERI	IODICAL			
	art I Unrelated Trade or Business Income		(A) Income	(В) Ехр	penses	(C) Net
1a	Gross receipts or sales 276,354					
b	Less returns and allowances c Balance u	1c	276,354			
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3	276,354			276,354
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from partnership and S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organization (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	276,354			276,354
P	art II Deductions Not Taken Elsewhere (See instructions for	or limita	ations on deduction	ns) Dedi	uctions mus	t be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				1 6 1	
7	Depreciation (attach Form 4562) (see instructions)		7			_
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	0
9	Depletion					
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		EE STATEME	NT I	14	289,306
15	Total deductions. Add lines 1 through 14				15	289,306
16	Unrelated business income before net operating loss deduction. Subtract line 15	from Pa	art I, line 13,			
	column (C)					-12,952
17	Deduction for net operating loss (see instructions)				1 1	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 16	<u> </u>			18	-12,952
For	Paperwork Reduction Act Notice, see instructions.				Schedule A	(Form 990-T) 2020

Par	t III	Cost of Goods Sold	Enter method of in	nventory valuation u		
1	Invent	ory at beginning of year			1	
2	Purcha				_	
3		of labor				
4	Additio	onal section 263A costs (attach statement)		4	
5	Other	costs (attach statement)		4	5	
6	Total.	Add lines 1 through 5	Inch	action	6	DI/
7					7	
8	Cost	of goods sold. Subtract line 7 from line 6	. Enter here and in Part I, lir	ne 2		
9		e rules of section 263A (with respect to pro	operty produced or acquired	for resale) apply to the org	anization?	. Yes No
Par	t IV	Rent Income (From Real Pro	operty and Personal	Property Leased with	n Real Property)	
1	Descri	iption of property (property street address,	city, state, ZIP code). Chec	k if a dual-use (see instruct	tions)	
	A					
	В					
	c _					
	D _					
			Α	В	С	D
2		received or accrued				
а		personal property (if the percentage of				
		or personal property is more than 10%				
		ot more than 50%)				
b		eal and personal property (if the				
	•	tage of rent for personal property exceeds				
		r if the rent is based on profit or income)				
С		rents received or accrued by property.				
	Add lii	nes 2a and 2b, columns A through D				
3	Total ı	rents received or accrued. Add line 2c colu	ımns A through D. Enter hei	e and on Part I, line 6, colu	ımn (A) u	
		Г				
4		ions directly connected with the income				
	III IIIIes	2(a) and 2(b) (attach statement)				
5	Total	deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	u .	
Par	t V	Unrelated Debt-Financed Inc	come (see instructions	2)		
1		iption of debt-financed property (street add	'	7	netructione)	
•	A	Thior or debt-illianced property (street add	iless, city, state, zii code).	Check ii a dual-use (see ii	istractions)	
	B -					
	c \vdash					
	Ď					
		·	Α	В	С	D
2	Gross i	income from or allocable to debt-financed				
	propert	у				
3	Deduct	ions directly connected with or allocable				
		t-financed property				
а		ht line depreciation (attach statement)				
		deductions (attach statement)				
		deductions (add lines 3a and 3b,				
	colum	ns A through D)				
4		t of average acquisition debt on or allocable				
	to debt	t-financed property (attach statement)				
5		ge adjusted basis of or allocable to debt-				
	finance	ed property (attach statement)				
6		e line 4 by line 5		%	%	%
7		income reportable. Multiply line 2 by line 6 [
	Total	gross income (add line 7, columns A thro	ough D) Enter here and an	Part Llino 7 column (A)		
8	ıotai	gross income (add line 7, columns A thro	טטאר. בחופו nere and on	rait i, iiiie 7, coiumn (A)	u .	
9	Allocab	ole deductions. Multiply line 3c by line 6 \dots				
10	Total	allocable deductions. Add line 9, column	ns A through D. Enter here	and on Part I line 7 column	n (B)	
J						
11	Total	dividends-received deductions included	d in line 10		<u>u</u>	

Schedule A	(Form 990-1) 2020									-10333		Page 3
Part VI	Interest, An	nuities,	Royal	lties, and l	<u>Rents</u>	from (<u>Controlled</u>	Or	ganizations (see instru	ctions)	
								Exer	mpt/Nonexempt C	controlled Or	ganizatio	n
	1. Name of controlled	I		2. Employer		3. Net	unrelated	4.	. Total of specified	5. Part of c	olumn 4	6. Deductions directly
	organization			identification		incon	ne (loss)		payments made	that is include	ded in the	connected with
				number		(see in	structions)			controlling or	-	income in column 5
		1.0						4 1		gross in	come	
(1)								ы	On			
(2)												UV
(3)									•			
(4)												
				No	nexem	pt Contro	olled Organiza	ation	ıs			•
7. Ta	axable income	8	. Net unre	elated		9. Total of	f specified		10. Part of co	lumn 9	1	1. Deductions directly
		i	income (I	loss)			ts made		that is include	d in the		connected with
		(s	see instru	ictions)					controlling orga	nization's		income in column 10
									gross inco	ome		
(1)												
(2)								T				
(3)								T				
(4)								T				
<u>. , </u>								T	Add columns 5	and 10.	Д	dd columns 6 and 11.
									Enter here and	on Part I,	E	nter here and on Part I,
									line 8, colum	nn (A)		line 8, column (B)
Totals							,	u				
Part VII									zation (see ir	structions)		
	1. Description of in				ount of inc		3. Ded		1	4. Set-asides		5. Total deductions
							directly			ttach statement)		and set-asides
							(attach s	statem	nent)			(add columns 3 and 4)
(1)												
(2)												
(3)												
(4)												
(+)				Add amo	unts in co	olumn 2.						Add amounts in column 5.
				Enter he	re and on	n Part I,						Enter here and on Part I,
				line 9	9, column	(A)						line 9, column (B)
Totals			1	u								
Part VIII	Exploited F	xemnt Δ			Other	Than	 ∆dvertisin	na li	ncome (see i	nstructions)	
	iption of exploited a		Otivit	y income,	Otilici	man	Autorioni	<u>.9 .</u>	1001110 (3000 1	ioti dotioi io		
	unrelated business	· -	m trade	or business	Enter h	ore and	on Part I line	10	column (A)		2	
	urrelated business uses directly connect										-	
•) solumn (D)										,	
											3	
	come (loss) from un						•		•		,	
	through 7										4	
5 Gross	income from activity	y that is no	τ unrela	ated business	ıncome						5	
6 Expen	ises attributable to in	ncome ente	ered on	line 5							6	
	s exempt expenses.										_	
4. Ent	er here and on Part	II, line 12 .									7	

Schedule A (Form 990-T) 2020

<u> Par</u>	t IX Advertising income				
1	Name(s) of periodical(s). Check box if reporting two or more	periodicals on a consolidated basi	s.		
	A				
	В				
	c				
	D L				
Enter	amounts for each periodical listed above in the corresponding		3 D		
					D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Part I, line 11, o	column (A)		u	
		T			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I, line 11, o	column (A)		u	
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
Ū	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of the line	8a columns total or zero here an	d on	<u> </u>	
u	Part II, line 13			u	
					
_					
Par					I
Par	t X Compensation of Officers, Directors,	and Trustees (see instruct		3. Percentage	4. Compensation
Par				3. Percentage of time devoted	attributable to
Par	t X Compensation of Officers, Directors,	and Trustees (see instruct		Percentage of time devoted to business	attributable to unrelated business
Par	t X Compensation of Officers, Directors,	and Trustees (see instruct		3. Percentage of time devoted to business	attributable to unrelated business
	t X Compensation of Officers, Directors,	and Trustees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1)	t X Compensation of Officers, Directors,	and Trustees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1)	t X Compensation of Officers, Directors,	and Trustees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	t X Compensation of Officers, Directors, and 1. Name	and Trustees (see instruct 2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	t X Compensation of Officers, Directors, and 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Name	2. Title	ions)	3. Percentage of time devoted to business % % % % %	attributable to unrelated business

Depreciation and Amortization

(Including Information on Listed Property) \boldsymbol{u} Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury (99) Internal Revenue Service

 $u \; \text{Go to} \; \textit{www.irs.gov/Form4562} \; \; \text{for instructions and the latest information.}$

						ı	ntifying number 1899953		
	ess or activity to which this form relates NDIRECT DEPRECIAT	C	nsne	ctic	7	\bigcap			nv N
	rt I Election To Exper	se Certain Prop	erty Under Section			. 5			M
			, complete Part V b	etore you c	ompi	ete Part i	•	4	1,040,000
1 2	Maximum amount (see instructions		instructions)					2	1,040,000
3		otal cost of section 179 property placed in service (see instructions)						3	2,590,000
3 4	Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-							4	2,330,000
5	Oollar 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 co							۳	
	(1)		(4)	((-, -		-	
								-	
7	Listed property. Enter the amount	from line 29			7			\neg	
8		otal 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		040 Farra 4500					10	
11	Business income limitation. Enter t	he smaller of busines						11	
12	Section 179 expense deduction. A	dd lines 9 and 10, but	t don't enter more than lin	ne 11				12	
13	Carryover of disallowed deduction	to 2021. Add lines 9	and 10, less line 12)	13				
Note	: Don't use Part II or Part III below f	for listed property. Inst	ead, use Part V.						
Pa	rt II Special Depreciati	on Allowance a	nd Other Depreciat	tion (Don't	inclu	de listed	propert	y. Se	e instructions.)
14	Special depreciation allowance for	qualified property (of	her than listed property) p	placed in serv	ice				
	during the tax year. See instruction							14	
15	Property subject to section 168(f)(1) election							15	
16	6 Other depreciation (including ACRS)							33,746	
Pa	rt III MACRS Depreciat	ion (Don't includ	e listed property. Se	e instruction	ons.)				
			Section A						
17	MACRS deductions for assets place	· ·						17	0
18	If you are electing to group any assets placed						u		
	Section B—A	(b) Month and year	vice During 2020 Tax Y (c) Basis for depreciation		e Gen	erai Depre	Ciation S	ystem	
	(a) Classification of property	placed in service	(business/investment use only–see instructions)	(d) Recovery period	(e) (Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
	7-year property								
d	10-year property								
	15-year property								
f	==) ==: F: = F: =			05			0/1		
<u>g</u>	25-year property			25 yrs.		NANA .	S/L		
n	Residential rental property			27.5 yrs.		MM	S/L	-	
	· · ·			27.5 yrs.		MM	S/L		
ı	Nonresidential real property			39 yrs.		MM MM	S/L S/L		
	· · ·	sets Placed in Servi	ce During 2020 Tax Ye	ar Using the	Δltorr			Systen	n
20a	Class life	Sets i lacea iii Gei vi	ce burning 2020 Tax Te	USING THE		lative Depi	S/L	J	.1
	12-year	-		12 yrs.			S/L		
	30-year			30 yrs.		MM	S/L	\neg	
d	· · ·			40 yrs.		MM	S/L		
	art IV Summary (See ins	structions.)		- ,			<u>-</u>		
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, I		nes 19 and 20 in column	(g), and line 2	21. Ent	er			
	here and on the appropriate lines	of your return. Partne	rships and S corporations					22	33,746
23	For assets shown above and place								
	portion of the basis attributable to	SECTION ZOOM COSTS			23				

C04558E01 USA Climbing

91-1899953 FYE: 8/31/2021

Federal Statements

Stateme	nt 1 - Sc	hedule A	(990T),	Part II,	Line 14 -	Other I	Deductions

Advertising (Non-Periodical Statement 1 - Schedule A (990T), Part II, Line 1 Description	4 - Othe	er Deductions Amount
BROADCAST PRODUCTION COSTS CONTRACT LABOR	\$	263,555 25,751
TOTAL	\$	289,306