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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: SUMMIT CLIMBING GYM
Number and street (or P O box, if mail is not delivered to street address) / Room/suite: PO BOX 722
City or town, state or province, country, and ZIP or foreign postal code: SILVERTHORNE, CO 804980722

D Employer identification number: 46-3208043
E Telephone number: (970) 368-6007
F Group Exemption Number:

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

I Website: WWW.SUMMITCLIMBING.ORG
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(7) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 76,355

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I			
Revenue	1	Contributions, gifts, grants, and similar amounts received	
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	72,932
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	3,423
	6c	Less direct expenses from gaming and fundraising events	2,106
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	1,317
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	74,249
Expenses	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	1,656
	14	Occupancy, rent, utilities, and maintenance	39,068
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	17,268
	17	Total expenses. Add lines 10 through 16	57,992
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	16,257
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	16,227
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	32,484

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	28,204	22	57,969
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,048	24	1,800
25 Total assets	31,252	25	59,769
26 Total liabilities (describe in Schedule O).	15,025	26	27,285
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,227	27	32,484

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
TO PROVIDE A WELL-FUNCTIONING CLIMBING GYM TO MEMBERS OF THE COMMUNITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
29

(Grants \$) If this amount includes foreign grants, check here ☐
30

(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
COLIN TIMM	2 00	0		
TREASURER				
KENT SHARP	2 00	0		
PRESIDENT				
MIKE WOLFSON	1 00	0		
SECRETARY				
BRYAN HEPPNER	1 00	0		
DIRECTOR				
TONY MATHISON	1 00	0		
DIRECTOR				
KINGSLEY POON	1 00	0		
DIRECTOR				
ERIC DISTAD	1 00	0		
DIRECTOR				
ROGER ABDELLA	1 00	0		
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 Section 501(c)(7) organizations Enter 39a			
a Initiation fees and capital contributions included on line 9			7,105
b Gross receipts, included on line 9, for public use of club facilities 39b			0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶			
42a The organization's books are in care of ▶ COLIN TIMM Telephone no ▶ (970) 368-6007 Located at ▶ PO BOX 722 SILVERTHORNE, CO ZIP + 4 ▶ 80498			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	▶	☐ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2017-09-08 Date		
	COLIN TIMM TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EMILY EDWARDS	Preparer's signature	Date 2017-09-08	Check ☐ if self-employed	PTIN P00642354
	Firm's name ▶ EMILY EDWARDS CPA LLC			Firm's EIN ▶ 27-4044584	
	Firm's address ▶ PO BOX 4752 FRISCO, CO 804434752			Phone no. (970) 368-2290	

	May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 46-3208043
Name: SUMMIT CLIMBING GYM

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 IN 2016, CLIMBING ROUTES WERE SET AND THE GYM WAS MAINTAINED TO PROVIDE A WELL-FUNCTIONING SPACE FOR MEMBERS, AND VOLUNTEERS WERE SCHEDULED TO OVERSEE THE FUNCTIONING OF THE SPACE 642 MEMBERS OF THE GYM BENEFITED FROM THIS SERVICE (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUMMIT CLIMBING GYM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

46-3208043

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES CREDIT CARD PROCESSING 3,313 BUSINESS LICENSES & FEES 85 TAXES 364 INFORMATION TECHNOLOGY 2,400 INSURANCE 5,408 SUPPLIES 5,047 MAINTENANCE 651 TOTAL 17,268

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,248 0 AUTO BELAY 2,580 2,580 LESS ACCUMULATED DEPRECIATION 2,580 2,580 TREAD WALL 1,750 1,750 LESS ACCUMULATED DEPRECIATION 1,750 1,750 WEIGHT LIFTING EQUIPMENT 1,834 1,834 LESS ACCUMULATED DEPRECIATION 1,834 1,834 ENTRY SYSTEM 2,632 2,632 LESS ACCUMULATED DEPRECIATION 2,632 2,632 AUTO BELAY 2,195 2,195 LESS ACCUMULATED DEPRECIATION 2,195 2,195 SECURITY DEPOSIT 1,800 1,800 TOTAL 3,048 1,800

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,371 1,780 DEFERRED REVENUE 11,177 25,505 DUE FOR AUTO BELAY 2,365 0 STATE TAXES 112 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	IN 2016, CLIMBING ROUTES WERE SET AND THE GYM WAS MAINTAINED TO PROVIDE A WELL-FUNCTIONING SPACE FOR MEMBERS, AND VOLUNTEERS WERE SCHEDULED TO OVERSEE THE FUNCTIONING OF THE SPACE 642 MEMBERS OF THE GYM BENEFITED FROM THIS SERVICE