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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

SCANNED JAN 1 9 2012

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

	For the 2		dar year, or tax year beginning 11/01 , 2010, and ending			2011							
	Check if app		dai year, or tax year beginning 117 01 12010, and on an			ation Number							
_		s change	THE ROUND UP ASSOCIATION	93.	-02693	31							
	Name (•	P.O. BOX 609	P.O. BOX 609									
	Initial r	•	PENDLETON, OR 97801	1-276-2	2553								
	Termin			<u> </u>									
	\vdash			G Gross	receipts \$	3,412,	321.						
	\vdash	ed return	F Name and address of principal officer	H(a) Is this a group ret			X No						
	Applica	ton pending		H(b) Are all affiliates in	cluded?	Yes	No						
_	Tax-exem	ent etatue	501(c)(3) X 501(c) (4) ◄ (insert no.) 4947(a)(1) or 527	If 'No,' attach a lis	t (see instru	ctions)	_						
뉴	Websit			H(c) Group exemption	number ►								
			X Corporation Trust Association Other ► L Year of Formati			al domicile. OR							
K		rganization Summai		I 1933 I	State of rega	ar domicie Ott							
Fee			be the organization's mission or most significant activities. PRCA_SANO	TTONED ROD	FΩ								
	' 5'''	eny descri	be the organization's mission of most significant between	71 TOWER TWE	<u> </u>								
Activities & Governance													
Ē													
8	2 Che	eck this bo	ox If the organization discontinued its operations or disposed of mo	re than 25% of its	net asse	ets.							
Ō			oting members of the governing body (Part VI, line 1a)		3		17						
90			dependent voting members of the governing body (Part VI, line 1b)		4		17						
¥			of individuals employed in calendar year 2010 (Part V, line 2a)		6		30						
Ę			of volunteers (estimate if necessary)		7a		<u> </u>						
•			ed business revenue from Part VIII, column (C), line 12 I business taxable income from Form 990-T, line 34		7b		0.						
	D Nei	urireiatec	Dusiness (axable income from Form 950-1, line 54	Prior Yea	• • • • • • • • • • • • • • • • • • • •	Current Yo							
	8 Co	ntributions	and grants (Part VIII, line 1h)		107.		, 562.						
9			rice revenue (Part VIII, line 2g)	2,178,		1,716							
Revenue			ncome (Part VIII. column (A), lines 3, 4, and 7d)		108.		,882.						
æ			e (Part VIII, column (A)) Imes 5, 60, 8c, 9c, 10c, and 11e)	1,280,	282.	1,179	,223.						
			e - add lines 8 through IT (must equal-Part VIII, column (A), line 12)	3,482,	795.	3,179	,263.						
	13 Gra	ants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)										
	14 Ber	nefits paid	to or for members (PalAIX, coljumin(A)), line (4)			· ·							
_	15 Sal	aries, othe	er compensation, employee benefits (Part Xocolumn (A), lines 5-10)	502,	<u> 282. -</u>	546	<u>, 553.</u>						
963	16a Pro	fessional	fundraising fees (Part) Septemn (A) line 1fe)										
Expenses			sing expenses (Part IX, column (D), line 25)	3 17 V 1880 S									
ă			ses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,916,	161.	2,463	.838.						
		•	es Add lines 13-17 (must equal Part IX, column (A), line 25)	3,418,		3,010							
	i .	•	s expenses. Subtract line 18 from line 12		352.		,872.						
h \$				Beginning of Curre		End of Ye							
Net Assets or Fund Balances	20 Tot	al assets	(Part X, line 16)	2,026,		1,939							
¥ a			s (Part X, line 26).	494,	573.	394,	,171.						
žž	22 Net	assets or	fund balances. Subtract line 21 from line 20 .	1,531,	718.	1,545	, 679.						
P			re Block										
			eclare that I have examined this return, including accompanying schedules and statements, and to lare (other than officer) is beautiest all information of which preparer has any knowledge	the best of my knowled	ge and belief,	, it is true, correct	t, and						
corr	iplete Declar	ration of prep	arer (other than officer) is based on all information of which preparer has any knowledge										
				<i>X 1/3/</i>	2012								
Siç	jn 💮	(Signatu	re of officer	∕Date ' I									
He	re	<u> </u>	CARL K. CULHAM, TREASURER										
		Type or	print name and title	·									
		1/// ·	preparer's name Preparer's signature Date	Check	X of PT								
Pa		./YAR	-B.O.C.	self-emplo	yed P	01211026							
	eparer	Firm's name			_								
Us	e Only	Firm's addre		Firm's EIN		350998_							
		<u> </u>	Pendleton, OR 97801	Phone no	(541)		2						
May	the IRS	discuss th	is return with the preparer shown above? (see instructions)		·	X Yes	No						
BA	A For Pa	perwork F	Reduction Act Notice, see the separate instructions.	A0113L 12/21/10		Form 99 6	(2010)						

913-16

Form 990 (2010)

Forn	990 (2010) THE ROUND	UP ASSOCIATION 93	-0269331	Page 2
Pa		gram Service Accomplishments		
		contains a response to any question in this Part III	<u> </u>	· · · · · · · · · · · · · · · · · · ·
1	Briefly describe the organiza			
	PRCA SANCTIONED R	ODEO		
				·
	Did the organization underta	ike any significant program services during the year which were not listed on the	prior	··
_	Form 990 or 990-EZ? .			es X No
	If 'Yes,' describe these new	services on Schedule O.		
3	Did the organization cease of	conducting, or make significant changes in how it conducts, any program services	? Y	es X No
	If 'Yes,' describe these char			
4	Describe the exempt purpos	e achievements for each of the organization's three largest program services by	expenses. Sec	ction 501(c)(3)
	expenses, and revenue, if a	and section 4947(a)(1) trusts are required to report the amount of grants and allony, for each program service reported.	cations to ou	iers, the total
4:	(Code: Expen	ses \$ 2,650,189. including grants of \$) (Reven	ue \$)
	PRCA SANCTIONED R			
				.
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			-	
	(Code: (Expen	ses \$ including grants of \$) (Reven	IP \$	```
41	(Code.	ses φ	.c •	
				
				
-				
		Δ	6	
40	(Code) (Expen	ses \$ including grants of \$) (Reveni	ле \$,
			-	
		·		
40	Other program services (De			`
	(Expenses \$ Total program service expe	including grants of \$) (Revenue \$ nses ► 2,650,189.		
BAA		TEEA0102L 10/06/10	F	orm 990 (2010)

Form 990 (2010) THE ROUND UP ASSOCIATION Partily Checklist of Required Schedules

			Tes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It is a complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	4		
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
1	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
1	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
-	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.	16	_	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	_	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
ļ	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

ror.	m 990 (2010) THE ROUND OF ASSOCIATION 93-026933	<u> </u>		age 4
P	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
22	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
۵	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		х
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35		35		Х
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. Yes X No			
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х

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Form 990 (2010)

Page 5

Form 990 (2010) THE ROUND UP ASSOCIATION

Parks Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in dust are v	· · · · ·		┰┷┺┷
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		3.3	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			200
b	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)		300	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	<u> </u>	
4a	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)?	4a		Х
b	olf 'Yes,' enter the name of the foreign country: ▶			***
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		ļ
6a	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?	6a		х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	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?.	7с		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	lf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ħ	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			8
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:		-	10
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
a	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2500	11 4423 15.2
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			and of
a	Is the organization licensed to issue qualified health plans in more than one state?.	13a	geone.	THE PERSON
	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		9,55	S
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2010) THE ROUND UP ASSOCIATION Partial Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 b **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed? 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? . X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? 8b X **b** Each committee with authority to act on behalf of the governing body? **9** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule Q* 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a X 10a Does the organization have local chapters, branches, or affiliates? **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? 14 14 Does the organization have a written document retention and destruction policy?. 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? 15a a The organization's CEO, Executive Director, or top management official . . . 15b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TREASURER P.O. BOX 609, PENDLETON, OR 97801 541-276-2553

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

Check if Schedule O contains a response to any question in this Part VII.

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

- 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

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

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

(A)	(B)							(D)	(E)	(F)	
Name and title	Average							Reportable	Reportable compensation from	Estimated amount of other	
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or over compensation from the organization and related organizations	
(1) CARL CULHAM											
Treasurer	8	Х						0.	0.	0.	
(2) DAVID O'NEILL	_										
Director	2	X			L		<u> </u>	0.	0.	0.	
(3) TROY LEGORE	_									_	
Secretary	3	X				ļ		0.	0.	0.	
(4) BILL QUESENBERRY	_			l					_	_	
Director	2	X	<u> </u>		<u> </u>			0.	0.	0.	
(5) WARREN STEWART	_							_		_	
Director	2	X	L.,	<u> </u>			_	0.	0.	0.	
6 DOUG DOYLE	_			-		-		_			
Director	2	X	<u> </u>				_	0.	0.	0.	
O DENNIS HUNT	_		j .	ł						_	
President	8	X	<u> </u>		<u> </u>	ļ		0.	0.	0.	
(8) TIM HAWKINS	_		1		ļ					_	
Vice President	2	X	Ь.	ļ	_	ļ	ļ	0.	0.	0.	
(9) LARRY WILLIAMS	_									_	
Director	4	X	<u> </u>	ļ		ļ		0.	0.	0.	
(10) BILL LEVY	_							_	_	_	
Director	1_1_	X	<u> </u>	<u> </u>		<u> </u>	ļ	0.	0.	<u> </u>	
(11) JOHN TRUMBO	_	1						_	_		
Director	2	X	L.		_			0.	0.	0.	
(12) HEATHER COREY	_										
Director	6	X	<u> </u>			ļ		0.	0.	0.	
(13) ROB COLLINS	_	•				<u> </u>					
<u> Director</u>	1	X		<u></u>			<u> </u>	0.	0.	0.	
(14) BILL LORENZEN	_										
Director	1	X	<u> </u>	<u> </u>				0.	0.	<u> </u>	
(15) RANDY LEONARD	_					ĺ	ĺ				
Director	2	X	L	<u> </u>			ļ	0.	0.	0.	
(16) TYGH CAMPBELL	_		1	1							
Director	2	X	L_	<u> </u>	<u>L</u>		ļ	0.	0.	<u>0.</u>	
RANDY THOMAS	_										
Director	6	X	<u> </u>	L		L	<u> </u>	0.	0.	0.	
BAA		•	TEEA	01071	_ 12	/21/10				Form 990 (2010)	

(A)	(B)			(c)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					-					
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)				-						
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total							•	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)			•				^	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0							re			able compensation Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii 4 For any individual listed on line 1a, is the sum of re 	ndıvıdua	<i>I</i>			٠.	•	•		-	3 X
the organization and related organizations greater the such individual	han \$15	0,00	0? <i>I</i> 	lf 'Y	es' (com _i	olet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	ompens complete	atıor Sci	n fro hedi	m a ule .	iny i <i>I foi</i>	unre ' <i>suc</i>	late h p	d organization or erson	ındıvıdual	5 X
1 Complete this table for your five highest compensate	ed indep	end	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	-
compensation from the organization. (A) Name and business address								(B) Description of	of services	(C) Compensation
rame and business duales.	-							200.194011		2011,50110000011
										
2 Total number of independent contractors (including		lımıt	ed t	o th	ose	liste	ed a	bove) who receive	ed more than	
\$100,000 in compensation from the organization	0									

Form 990 (2010) THE ROUND UP ASSOCIATION	93-0269331 Page
Part VIII Statement of Revenue	
(A)	(B) (C) (D) Related or Unrelated Revenue
Total revenue	
	exempt business excluded from tar function revenue under sections
	revenue
ທູ 1a Federated campaigns 1a	
b Membership dues 1b	
c Fundraising events.	
d Related organizations 1d	
e Government grants (contributions)	
NET E dovernment grants (contributions)	
f All other contributions, gifts, grants, and similar amounts not included above. 1f 281, 562.	
ĒΟ!	
g Noncash contributions included in lns 1a-1f: \$	
Business Code	050,000
2a TICKET SALES 959, 899	
b concessions/commissions 255,813	
c LET'ER BUCK ROOM 177, 408	
d SPONSORSHIP 171,135	
e ADS, CALENDARS, PROGRAMS 67,227	
2a TICKET SALES 959, 899 b CONCESSIONS/COMMISSIONS 255, 813 c LET'ER BUCK ROOM 177, 408 d SPONSORSHIP 171, 135 e ADS, CALENDARS, PROGRAMS 67, 227 f All other program service revenue 85, 114 g Total, Add lines 2a-2f 1,716,596	
E g Total. Add lines 2a-2f. ► 1,716,596	
3 Investment income (including dividends, interest and other similar amounts) 1,882	1,882
· · · · · · · · · · · · · · · · · · ·	1,002
4 Income from investment of tax-exempt bond proceeds	
5 Royalties . (i) Real (ii) Personal	
6a Gross Rents . 36,140.	
b Less: rental expenses c Rental income or (loss) 36,140.	
c Rental income or (loss) 36,140.	. 36,140.
(i) Securities (ii) Other	
7a Gross amount from sales of assets other than inventory	
b Less: cost or other basis and sales expenses	4460年的第三人称单位
c Gain or (loss).	
d Net gain or (loss).	
8a Gross income from fundraising events (not including . \$	
of contributions reported on line 1c)	
See Part IV, line 18 a	
(not including. \$	
c Net income or (loss) from fundraising events	
9a Gross income from gaming activities. See Part IV, line 19.	
b Less: direct expenses . b	
c Net income or (loss) from gaming activities	
10a Gross sales of inventory, less returns	
and allowances	
b Less cost of goods sold . b 233,058.	A STATE OF THE PROPERTY OF THE
c Net income or (loss) from sales of inventory. > 149,747	
Miscellaneous Revenue Business Code	
11a ROYALTIES 864, 663	
	. 106, 752.
b PBR 106,752	
b PBR 106,752 c POSTAGE 12,828	
b PBR 106,752 c POSTAGE 12,828 d All other revenue 9,093	. 9,093.
b PBR 106,752 c POSTAGE 12,828	. 9,093.

Partix Statement of Functional Expenses

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

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

	All other organizations must comp	piete column (A) but al	 		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees	489,100.	238,516.	250,584.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages .				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	57,453.	10,945.	46,508.	
11	Fees for services (non-employees):				
a	Management				
ŧ	Legal .				
•	Accounting				
C	Lobbying .			and the second s	
•	Professional fundraising services. See Part IV, line 17		488		
f	Investment management fees .		· -		
ç	Other				
12	Advertising and promotion				
13	Office expenses.				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	61,014.	61,014.		
	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance .	57,744.	46,195.	11,549.	
24	covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10%				
	of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	GROUNDS LEASE	731,310.	731,310.		
	PURSE AND PRIZES	328,966.	328,966.		
	ROUND-UP FOUNDATION	295,355.	295,355.		
	LIVESTOCK CONTRACTS	117,525.	117,525.		
	ADVERTISING	109,362.	109,362.		
	All other expenses See Sch. 0	762,562.	711,001.	51,561.	
25		3,010,391.	2,650,189.	360,202.	0.
	Joint costs. Check here ► if following	3,010,371.	2,000,100.	300,202.	<u> </u>
20	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation.			I	Form 990 (2010)

P	Tt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1,025,325.	1	907,791.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	313,274.	4	286,583.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	90,906.	5	198,603.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).	Department of the property of	6	
S S E	7	Notes and loans receivable, net .		_7_	
Ē	8	Inventories for sale or use	217,722.	8	313,835.
Š	9	Prepaid expenses and deferred charges	22,616.	9	31,590.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 201, 448			
	l t	Less: accumulated depreciation 10b	201,448.	10c	201,448.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<u> </u>
	15	Other assets. See Part IV, line 11	155,000.	15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,026,291.	16	1,939,850.
	17	Accounts payable and accrued expenses	23,117.	17	13,293.
	18	Grants payable .	-	18	
_	19	Deferred revenue	85,433.	19	65,693.
Ţ	20	Tax-exempt bond liabilities.		20	
B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	224 197	30	215 105
E		of Schedule L	234, 187.	22	315,185.
S	23	Secured mortgages and notes payable to unrelated third parties .	151,836.	23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		24 25	
	26	Total liabilities. Add lines 17 through 25	494,573.	26	394,171.
	20	Organizations that follow SFAS 117, check here X and complete lines	194, 373.	20	374,171.
Ę		27 through 29 and lines 33 and 34.		1	
A	27	Unrestricted net assets	1,517,209.	27	1,545,679.
ANNE	28	Temporarily restricted net assets	14,509.	28	1,545,015.
Ţ	29	Permanently restricted net assets	14/303.	29	
P	23	Organizations that do not follow SFAS 117, check here			
OZC" 7		lines 30 through 34.			
Б	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本 しんぱいしゅん	33	Total net assets or fund balances	1,531,718.	33	1,545,679.
5	34	Total liabilities and net assets/fund balances.	2,026,291.	34	1,939,850.
RΔ	A				Form 990 (2010)

Forn	990 (2010) THE ROUND UP ASSOCIATION	<u>93-0269331</u>	Р	age 12		
Pa	Reconciliation of Net Assets		-			
	Check if Schedule O contains a response to any question in this Part XI	<u></u> .	<u> </u>	. X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,179,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,010,			
3	Revenue less expenses. Subtract line 2 from line 1	3	168,	<u>872.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,531,			
5	Other changes in net assets or fund balances (explain in Schedule O) See. Schedule O	. 5	<u>-154,</u>	<u>911.</u>		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,545,	<u>679.</u>		
Pai	Financial Statements and Reporting			_		
	Check if Schedule O contains a response to any question in this Part XII .		·· <u> </u>	<u>,. []</u>		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	 		
ı	Were the organization's financial statements audited by an independent accountant?		2b	X		
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
(If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	issued on a				
	X Separate basis Consolidated basis Both consolidated and separate basis					
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	x		
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3b			
BAA			Form 990	(2010)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

2010

Open to Public Market Processor (15-00-10)

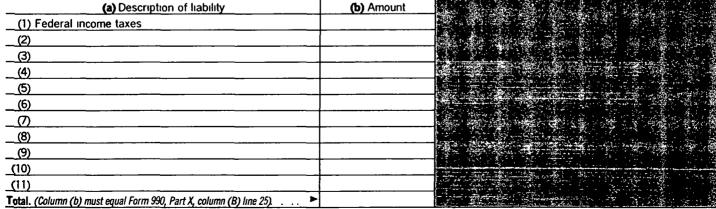
Employer identification number

	E ROUND UP ASSOCIATION				93-0269331	
Ra	TIS Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fun	ds or Acc	ounts. Complet	te if
	the organization answered 'Yes' t	o Form 990, Part IV, Iin	e 6.			
		(a) Donor advised	l funds	(b) F	unds and other ac	counts
1	Total number at end of year .					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year) .					
4	Aggregate value at end of year .					
5	Did the organization inform all donors and dor funds are the organization's property, subject			onor advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	nor advisor, or for	r any other	Ye s	☐ No
Pa	Conservation Easements. Compl	ete if the organization a	nswered 'Yes'	to Form 9	90, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by	the organization (check all t	that apply).			
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of	of an historica	ally important land	area
	Protection of natural habitat		Preservation of	of a certified	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservati	on contribution in		a conservation eas	ement on the
				F H	leld at the End of t	he Tax Year
ě	Total number of conservation easements.			2a		
t	Total acreage restricted by conservation ease	nents		2b	- -	
•	: Number of conservation easements on a certif	ied historic structure included	d in (a)	2c		
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, a	and not on a histor	ric 2d	···	
3	Number of conservation easements modified, tax year ►	transferred, released, extingu	ushed, or terminal	ted by the org	ganization during ti	he
4	Number of states where property subject to co	nservation easement is locat	ed -	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitorii	ng, inspection, had	ndling of viola	ations, Yes	☐ No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing	conservation ease	ements during	g the year	
7	Amount of expenses incurred in monitoring, ir ►\$	specting, and enforcing cons	ervation easemen	ts during the	year	
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?			• • • • • • • •	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	to the organization's financial	statements that o	lescribes the	organization's acco	and ounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or), Part IV, line	Other Sim	ıilar Assets.	
1 &	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	s held for public exhibition, ed	ducation, or resear	nue statemer rch in further	nt and balance she ance of public serv	et works of rice, provide,
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to rep d for public exhibition, educa	ort in its revenue tion, or research i	statement ar n furtherance	nd balance sheet we of public service,	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	••		► \$	
	(ii) Assets included in Form 990, Part X				- \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 (ASC 958) relating to the	er similar assets f se items:	or financial g	ain, provide the fol	llowing
a	Revenues included in Form 990, Part VIII, line	1			- \$	
<u>t</u>	Assets included in Form 990, Part X	<u> </u>		<u> </u>	▶\$	

Schedule D (Form 990) 2010 THE	ROUND UP	ASSO	CIATION		93-02	69331	Page 2
Partille Organizations Mainta	ining Colle	ections	s of Art, Histo	rical Treasures	, or Other Similar As	sets (conti	inued)
3 Using the organization's acquisit items (check all that apply):	ion, accessio	n, and o	other records, ch	eck any of the follow	ving that are a significant	use of its col	lection
a Public exhibition			d 🔲 Loan	or exchange prograr	ms		
b Scholarly research			e Other				
c Preservation for future gener	ations		 -				
4 Provide a description of the orga Part XIV.			•	•	•	ose in	
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit or	receive	donations of ar	t, historical treasure	s, or other similar	Yes	No
Part V Escrow and Custodia 9, or reported an amo	l Arrangen	nents.	Complete if	organization ans			
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	ın, or ot	her intermediary	for contributions or	other assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV a	and com	plete the followi	ng table.			
						Amount	
c Beginning balance					1c	-	
d Additions during the year					1 d		
e Distributions during the year					1e		
f Ending balance					. 16		
2a Did the organization include an a	imount on Fo	rm 990,	Part X, line 21?		•	Yes	No
b If 'Yes,' explain the arrangement				******			
Part V Endowment Funds. Co	mplete if t	he org	anization ans	wered 'Yes' to F	orm 990, Part IV, Iin	<u>e 10</u>	
	(a) Current	year	(b) Prior year	(c) Two years	back (d) Three years back	(e) Four y	ears back
1 a Beginning of year balance	ļ						
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses	L						
g End of year balance			L				
2 Provide the estimated percentage	e of the year	end bal	ance held as				
a Board designated or quasi-endov	vment >		%				
b Permanent endowment ►	%			=	•	-	-
c Term endowment ►	8						
3a Are there endowment funds not a organization by:	n the possess	sion of t	he organization	that are held and ac	lministered for the	Yes	s No
(i) unrelated organizations					•	3a(i)	
(ii) related organizations	•					3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations	listed a	s required on So	hedule R?		3b	
4 Describe in Part XIV the intended							
Part VI Land, Buildings, and I	<u>Equipment</u>	. See	Form 990, Pa	rt X, line 10.			
Description of investment			t or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land			201,448.			20	1,448.
b Buildings				<u> </u>	 		
c Leasehold improvements						<u> </u>	
d Equipment.					<u> </u>		
e Other	<u> </u>				<u> </u>		
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Fori	n 990, Part X, c	olumn (B), line 10(c)). <u>) </u>	20	1,448.

BAA

201, 448. Schedule **D** (Form 990) 2010



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

Schedule D (Form 990) 2010 THE ROUND UP ASSOCIATION	93-02	59331	Page 4
Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1.			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses	•		
7 Prior period adjustments.			
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	N/A	
1 Total revenue, gains, and other support per audited financial statements .	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
a Net unrealized gains on investments 2a			
b Donated services and use of facilities 2b			
c Recoveries of prior year grants			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	. 2e		
3 Subtract line 2e from line 1	. 3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***		
a Investments expenses not included on Form 990, Part VIII, line 7b . 4a			
b Other (Describe in Part XIV.).			
c Add lines 4a and 4b	4c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
PartXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	m N/A	
1 Total expenses and losses per audited financial statements.	1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	3 4		
a Donated services and use of facilities 2a			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIV.) . 2d			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	. 3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV.)			
c Add lines 4a and 4b	4c		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
PartXIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also cor	art IV, lines nolete this i	1b and 2b; part to provid	le
any additional information.			
***************************************	- -		
			
	 -		
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TEEA3304L 02/11/11

Schedule **D** (Form 990) 2010

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Schedule D (Form 990) 2010 THE ROUND UP ASSOCIATION	93-0269331	Page 5
Schedule D (Form 990) 2010 THE ROUND UP ASSOCIATION Par XIV Supplemental Information (continued)		
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TEEA3305L 07/16/10

Schedule **D** (Form 990) 2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047
2010

Employer identification number

93-0269331 THE ROUND UP ASSOCIATION Form 990, Part VI, Line 11b - Form 990 Review Process No review was or will be conducted. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available No documents available to the public.

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Schedule O - Supplemental Information

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Client 22800

THE ROUND UP ASSOCIATION

93-0269331

12/23/11

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Form 990, Part IX, Line 24f Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
ANNOUNCER, JUDGES, ECT	32,900.	32,900.		
ATM OPS	1,472.	·	1,472.	
BEVERAGES AND SUPPLIES	79,097.	79,097.	•	
BRONZE PROGRAM	14,509.	14,509.		
CAPITAL IMPROVEMENTS	72,161.	72,161.		
CHILDREN'S RODEO	2,402.	2,402.		
CLOTHING AND COSTUMES	28,143.	28,143.		!
COMPUTER EXP	3,198.	•	3,198.	!
DUES, SUBSCRIPTIONS AND LICE	5,948.	5,390.	558.	!
EOUIPMENT RENTAL	16,130.	12,904.	3,226.	!
FOOD AND GATHERINGS	94,154.	93,116.	1,038.	
MISCELLANEOUS EXP	27,831.	22,265.	5,566.	
MOTORHOME EXP	3,204.	3,204.	-,	
MOUNTED BAND	1,429.	1,429.		
MUSIC	7,700.	7,700.		
PASTURE, HAY AND GRAIN	28,840.	28,840.		
PICTURES AND PROMOTIONS	29,821.	29,821.		
Postage and Shipping	1,017.	1,017.		
PRINTING AND SUPPLIES	91,358.	76,462.	14,896.	
PROFESSIONAL FEES	18,817.	11,602.	7,215.	
PROGRAMS	20,538.	20,538.	. ,	
PUBLIC RELATIONS	31,882.	28,631.	3,251.	
REPAIRS AND MAINT.	52,732.	52,455.	277.	
ROOM 17	1,810.	1,810.	<u></u>	
SCHOLARSHIP AND DONATIONS	9,087.	9,087.		
SCOREBOARD	8,500.	8,500.		
SPONSOR EXP	430.	430.		
UTILITIES AND PHONE	77,452.	66,588.	10,864.	
				<u>\$0.</u>

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Prior Period Adjustment . . . STOCK