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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 private foundations)

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

OMB No 1545-0047

Depa Inter	artment of the	e Treasury Service	► Do not e ► Informatio	nter Social Security numbe on about Form 990 and its in	rs on this form as it may be m structions is at www.irs.go	ade public. v/form990.		Open to Pub Inspection	lic
A	For the 2	013 calendar	year, or tax year begi	nning 11/01	, 2013, and endir	ng 10/3		, 2014	
В	Check if app	olicable: C	· · · · · · · · · · · · · · · · · · ·				D Employer Ide	entification Number	
	Address	s change TH	E ROUND UP ASS	SOCIATION		1	93-026	9331	
	Name o		O. BOX 609				E Telephone nu	ımber	
	Initial re	eturn PE	INDLETON, OR 97	7801			541-27	6-2553	
	Termina	ated							
		ed return					G Gross receipt		
	Applica	ition pending F	Name and address of princip	al officer			group return for	— — · · · -	XNo
		Sa	me As C Above			H(b) Are all :	subordinates ınclu attach a list. (see	ded? Yes	∐ No
<u> </u>	Tax-exem	pt status	501(c)(3) X 501(c) (4) (insert no.)	4947(a)(1) or 527		•	_	
<u>1</u>	Website					H(c) Group e	exemption number		
K			Corporation Trust	Association Other	L Year of forma	tion 19 <u>33</u>	M State of	of legal domicile: OR	·
Pa		Summary							
	1 Brie	efly describe t	the organization's miss	sion or most significant	activities PRCA SAN	<u>ICTIONE</u> I	<u>d rodeo</u> .		
မွ							-		
пап						- - ·			
Governance	2 Che	eck this hox	of the organization	on discontinued its one	rations or disposed of m	ore than 25	5% of its net	~ assets	
යි	3 Nur			erning body (Part VI, lir	•	0.0 0.0.	3	1	16
જ				rs of the governing bod		•	4		16
itie				n calendar year 2013 (Part V, line 2a)	•	5		<u>30</u>
Activities &			volunteers (estimate i			• •	6		0
Ă				Part VIII, column (C), from Form 990-T, line		• •	7	···	0.
_	D Met	unrelateu bu	Siness taxable income	: 170111 FOITH 990-1, line		· ·	ior Year	Current Ye	
	8 Cor	ntributions an	d grants (Part VIII, line	a 1h)		F	93,400		, 193.
en ne			revenue (Part VIII, lin	 1	,739,150				
Revenue				(A), lines 3, 4, and 7d).		<u> </u>	551		493.
8				ines 5, 6d, 8c, 9c, 10c,		1	,432,654		
	12 Tot	al revenue –	add lines 8 through 1	I (must equal Part VIII,	column (A), line 12)		,265,755		
	13 Gra	ints and simil	ar amounts paid (Part	IX, column (A), lines 1	-3)				
	14 Ber	nefits paid to	or for members (Part	IX, column (A), line 4)					
w	15 Sal	aries, other c	ompensation, employe	ee benefits (Part IX, co	lumn (A), lines 5-10) .		522,914	. 585	<u>,875.</u>
Expenses	16a Pro	6a Professional fundraising fees (Part IX, column (A), line 11e)							
ber	b Tot	al fundraising	expenses (Part IX, co	olumn (D), line 25) >		(, ,		in the second	
ũ	17 Oth	_	•	ines- <u>11a</u> -11d, 11f-24e)		2	,627,934	2,676	844
	18 Tot	al expenses.	Add lines 13-17 (must	equarran (X-dolum	(A), line 25) .		,150,848	3,262	
	19 Rev	venue less ex	penses Subtract line.	18 from line 12	ان ا		114,907		,855.
Assets or Balancos					j 8	Beginnin	g of Current Yea		
set.	20 Tot	al assets (Pa	rt X, line 16) .	JAN 26 2015) is	2	,636,893	. 2,965	,382.
355 255 255 255 255 255 255 255 255 255	21 Tot	al liabilities (l	Part X, line 26)		<u></u>		671,032	. 720	,566.
Įžį >	22 Net	assets or fur	nd balances. Subtract	line 21 from fine 20.	<u> </u>	1	,965,861	. 2,244	,816.
Pa	irtil 🗀 S	Signature E	Block	, , , ,					
Und	er penalties o	of perjury, I declar	e that I have examined this re	turn, including accompanying	schedules and statements, and to arer has any knowledge.	the best of m	y knowledge and	belief, it is true, correc	t, and
com	piete. Deciar	ation of preparer (other than officer) is based of	all information of which prepared	arer has any knowledge.	195	<u> </u>		
-		Signature of	Min R. By	simpony) P-1	1-21-1	5	
Siç	gn			$\cdot \cdot \cdot \cdot \cdot \circ_{\Omega}$	1	_ vai	le .		
^ւ He ∌	ere		AWKINS B.G. w	"Illum K. Cyues	enburry	Presi	ldent		
- -		Print/Type prepa		Branathr's constitue	Date.	 r	. जि	PTIN	
<u> </u>		'''		Preparer's signature	// / /	1,_	Check X if		
Pa			Dickey CPA	I your WY	chey CRA 1/16/	()	self-employed	P01211026	
TY Old	eparer se Only	Firm's name		remper, L.L.P.			5 5.12 5 0	0 025000	
US	e Only	Firm's address	110 S.E. Fir					0-0350998	
N 4 -	u the IDC	diagram Mari	Pendleton, C		-akualian-Y		Phone no. (5	41) 276-686	
_				er shown above? (see i				X Yes	No (2012)
RA	A FOR Pa	perwork Red	uction Act Notice, see	the separate instruction	ons. TE	EA0113L 11/	08/13	Form 99 0	J (ZUI3)

Form 990 (20		93-0	2 <mark>69</mark> 33	31	F	age 2
لـــــــا	Statement of Program Service Accomplishments		_			
	Check if Schedule O contains a response or note to any line in this Part III					. <u>Ц</u>
1 Briefly o	lescribe the organization's mission:					
'PRCA	SANCTIONED RODEO					
_						
2 Did the o	organization undertake any significant program services during the year which were not listed on the price)r				
Form 99	0 or 990-EZ?			Yes	X	No
If 'Yes,'	describe these new services on Schedule O		_		_	
3 Did the	organization cease conducting, or make significant changes in how it conducts, any program ser	vices?		Yes	X	No
If 'Yes,'	describe these changes on Schedule O.				_	
4 Describe Section others,	e the organization's program service accomplishments for each of its three largest program service of (501(c)(3)) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the total expenses, and revenue, if any, for each program service reported.	ces, as r grants ar	neasure nd alloca	ed by o	expen o	ses
4 a (Code:) (Expenses \$ 1,513,334. including grants of \$) (R	evenue	Ś			<u> </u>
	SANCTIONED RODEO	evenue	~			<u> </u>
FECH	SANCITONED RODEO	·		-		
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4b (Code:) (Expenses \$ including grants of \$) (R	evenue	\$			
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4 c (Code:) (Expenses \$ including grants of \$) (R	evenue	\$)
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		. .				
	rogram services. (Describe in Schedule O.)					
(Expens)	
4 e Total pr	ogram service expenses ► 1,513,334.					
BAA	TEEA0102L 07/02/13			Forn	n 990	(2013)

TEEA0102L 07/02/13

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A . . X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. 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 X 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 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 Х 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, 6 X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D, Part III 8 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule Х D, Part VI 11 a Х 11 b 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 Х 11 c 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 X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX . 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e 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 X X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. Х 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?. b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. Х 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . " 18 X 19 X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b

Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 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* Х 23 Schedule J 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 Х 24a 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 24c any tax-exempt bonds? . 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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 X 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. X 27 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) 28a X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV. 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 X **28c** Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X 32 Schedule N, Part II 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 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X 34 and V, line 1 . . X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b 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 36 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 38 Х

Form 990 (2013)

	Check if Schedule O contains a response or note to any line in this Part V					. Ц
_			-		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	42			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		ľ	'
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming				
•	(gambling) winnings to prize winners?			1 c		X
2 =	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		7		,	
	ments, filed for the calendar year ending with or within the year covered by this return	2 a	30			-
b	olf at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns? .		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	structions)	Π.		<u>.</u> .,	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the yea	r?	ſ	3 a		Х
b	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0			3 b		
1 9	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authority over, a				
70	financial account in a foreign country (such as a bank account, securities account, or other fi	nancial account)?	L	4 a		X
Ł	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 F	inancial Accounts.			`	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	k year?	.	5 a		X
Ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	[5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
		nd did the erganization				
68	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?			6 a		Х
L	olf 'Yes,' did the organization include with every solicitation an express statement that such contributi	ons or aifts were	t			
L	not tax deductible?	· · · ·		6 b		
7	Organizations that may receive deductible contributions under section 170(c).					1 .
	-	artly for goods and	li li	·		
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	arily for goods and	ľ	7 a		
ŀ	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?		. [7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as required to file	t			
	Form 8282?		۱ ۰ ۰	7 c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			ر ريادي.	, <u>, , , , , , , , , , , , , , , , , , </u>
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract? .	. [7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract? .	. [7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file f	Form 8899				
	as required?		- [7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a		71		ŀ
	Form 1098-C?		ŀ	7h	and the second	S 73.
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, h	ng organizations. Did the	e	311,	- 1 m	1
	supporting organization, or a donor advised fund maintained by a sponsoring organization, need to holdings at any time during the year?	ave excess business		8		
۵	Sponsoring organizations maintaining donor advised funds.	· ·	ŀ	•	25-7	- :
٠,	a Did the organization make any taxable distributions under section 4966?		l	9 a	سنات	
	b Did the organization make a distribution to a donor, donor advisor, or related person?		- 1	9 b		
	_					*10 - *
	Section 501(c)(7) organizations. Enter:	10 a		`. `	. 3	' - '
	a Initiation fees and capital contributions included on Part VIII, line 12	10 b		A		`
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100		27.3	÷	, 1, 1
	Section 501(c)(12) organizations. Enter:	ا معا			₹,	١.
	a Gross income from members or shareholders	11 a		,	- '	1.
(b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь	1			, ,
30	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			12a		
		126	•	124		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	120				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
	a Is the organization licensed to issue qualified health plans in more than one state?		•	158		·
	Note. See the instructions for additional information the organization must report on Schedu	ie U.			<u>'</u>	1
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136				1
	c Enter the amount of reserves on hand.	130				[
		130		14a		X
	a Did the organization receive any payments for indoor tanning services during the tax year?	Schodule O	•	14a		+~
	b If 'Yes.' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in	Scriedule C		14D	ı	1

Page 6

Par	t VI.	Governance, Management and Disclosure For each 'Yes' response to a 'No' response to line 8a, 8b, or 10b below, describe the circumstance.	o lines 2 through 7b : ces, processes, or ch	below, anges	and i in	for
		Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A	A. Governing Body and Management				
					Yes	No
1 a	If ther of the	the number of voting members of the governing body at the end of the tax year re are material differences in voting rights among members governing body, or if the governing body delegated broad rity to an executive committee or similar committee, explain in Schedule O	1a	16	-	
b	Enter	the number of voting members included in line 1a, above, who are independent.	1 Ь	16	٠.	
2		ny officer, director, trustee, or key employee have a family relationship or a business relations r, director, trustee or key employee?	nip with any other	. 2		X
	of offi	e organization delegate control over management duties customarily performed by or under th cers, directors or trustees, or key employees to a management company or other perso	e direct supervision on? .	3		<u>x</u>
4		e organization make any significant changes to its governing documents the prior Form 990 was filed?		4		x
5	Did th	ie organization become aware during the year of a significant diversion of the organizat	ion's assets?	. 5		X
6 7 a	Did the	ne organization have members or stockholders?	opoint one or more 	. 7a	X	
b		ny governance decisions of the organization reserved to (or subject to approval by) menolders, or other persons other than the governing body?	mbers,	7b		х
	the fo	e organization contemporaneously document the meetings held or written actions undertaken of Howing:	during the year by	lar.		
	_	overning body?	••	8 a	X	
		committee with authority to act on behalf of the governing body?		8 b		X
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cann ization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	ot be reached at the	9		x
Sec	tion E	3. Policies (This Section B requests information about policies not req	uired by the Internal	Reven	ue Co	ode.)
_					Yes	No
		e organization have local chapters, branches, or affiliates?		10 a		Х
ь		did the organization have written policies and procedures governing the activities of such chapters, affiliates, a one are consistent with the organization's exempt purposes?	and branches to ensure their	10 Ь		
11 a	Has the	organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	11 a		X
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990	See Schedule (o []		7.75° []
12 a	Did th	ne organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	X	
	to cor	officers, directors, or trustees, and key employees required to disclose annually interests that inflicts?		12 b		х
C		e organization regularly and consistently monitor and enforce compliance with the policy? If 'You'll dule O how this was done	'es,' describe in	12 c	<u> </u>	X
13		e organization have a written whistleblower policy?		13	<u> </u>	Х
14		e organization have a written document retention and destruction policy?		14		X
15	perso	e process for determining compensation of the following persons include a review and approvents, comparability data, and contemporaneous substantiation of the deliberation and de	al by independent cision?	藩		
-		rganization's CEO, Executive Director, or top management official	•	15 a		X
b		officers of key employees of the organization		15 b		Х
	If 'Ye	s' to line 15a or 15b, describe the process in Schedule O. (See instructions)			3	
16 a	Did th	ne organization invest in, contribute assets to, or participate in a joint venture or similar te entity during the year?	arrangement with a	16 a	<u> </u>	X
	partic organ		te its to safeguard the	16b	, ,	
		C. Disclosure				
		te states with which a copy of this Form 990 is required to be filed None	nd 990 T (501/a)(2)a a-l-			
10	inspe	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a ction. Indicate how you make these available. Check all that apply lwn website Another's website Upon request Oth	na 990-1 (501(c)(3)s only er (explain in Schedule O)	, avalla0	ie 10f	իսույշ
19	ш	be in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest p		vailable to		
20	the put	the name, physical address, and telephone number of the person who possesses the books at				
		ASURER P.O. BOX 609 PENDLETON OR 97801 541-276-2553				
ВАА		TEEA0106L 07/02/13		Forn	990	(2013)

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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) Name and Title	(B) Average hours per	one be	ox, ur cer ar	iless	perso	k more i on is bot or/truste	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CARL CULHAM	3_									
Secretary	0	X						0.	0.	0.
(2) DAVID O'NEILL	2	ļ		ŀ						
Director	0	X		<u> </u>				0.	0.	0.
(3) TROY_LEGORE	2									
Director	0	X		L				0.	0.	0.
_(4) BILL QUESENBERRY	4									
Vice President	0	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	ļ	<u> </u>			0.	0.	0.
(5) JAYNE CLARKE	2	ļ		ŀ						
Director	0	Х	<u> </u>	<u> </u>				0.	0.	0.
(6) DOUG DOYLE	8	ļ		Į					'	
Treasurer	0	X		L.,			L	0.	0.	0.
MIKE LEDBETTER	2	ļ	1)		Į		
Director	0	X	L	<u>L</u>	_		<u> </u>	0.	0.	0.
(8) TIM HAWKINS	8	1								
President	0	X	<u> </u>	<u> </u>				0.	0.	0.
_(9)_BILL_LEVY	2	1	1	}	ì	ł		l		
Director	0	X	<u> </u>	_	<u>L</u> .		_	0.	0.	0.
(10) JOHN TRUMBO	2	ļ								
Director	0	X		L.	_		$oxed{oxed}$	0.	0.	0.
(11) RANDY BRACHER	2	ļ			İ	İ				
Director	0	X		L	<u> </u>			0.	0.	0.
(12) ROB COLLINS	2	1	1		1					
Director	0	X	<u> </u>		<u> </u>			0.	0.	0.
(13) BILL LORENZEN	2	ĺ	1	ſ			[1		

Director

RANDY LEONARD Director

0

0.

0.

0

2

O

0.

0

	(B)				_	-				
(A) Name and title	Average hours per week	offic	, unles cer an	Pos heck ss pe	more more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/10 99 -MISC)	from the organization and related organizations
	below dotted line)	ıslee	rustee		ě	pensated				
(15) TYGH CAMPBELL Director	$-\frac{2}{0}$	X						0.	0.	0.
(16) RANDY THOMAS Director	6_	x						0.	0.	0.
(17)	 									
(18)		-								
(19)										
(20)										
(21)		\vdash								
(22)							_			
(23)										
(24)	 	<u> </u>								
(25)										
1 b Sub-total		 			!	L	>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						>	0.	0.	0.
d Total (add lines 1b and 1c).				-	_		<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	00 of reportable com	pensation
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or tru	ıstee <i>ıal</i>	, key		nplo		or h	nighest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab r than \$	le co 150,0	mpe 00?	nsa If '\	ition 'es'	and com	oth plet	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	comper	nsatio	on fro	om Iule	any J fo	unre	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors						-1	. ibe	t received more t	han \$100 000 of	
Complete this table for your five highest compens compensation from the organization. Report compens	sation for	the c	alen	dar	ntra year	endi	ng v	with or within the oi	ganization's tax yea	
Name and business addr	ess	_						Description	of services	(C) Compensation
				_						
	<u> </u>									
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		uted t	to the	ose I	liste	d abo	ve)	who received more	than	· .·

Check if Schedule O contains a response or note to any line in this Part VIII										
,	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b c d	Federated campaigns. Membership dues. Fundraising events. Related organizations Government grants (contribute	1 a 1 b 1 c 1 d ons). 1 e							
NTRIBUTION ID OTHER SI		All other contributions, gifts, g similar amounts not included Noncash contributions included		46,193.						
중록	h	Total. Add lines 1a-1f			46,193.					
필				Business Code						
	2 a	TICKET SALES_			997,621.	997,621.				
22	b	CONCESSIONS/COM	MMISSIONS		335,133.	335,133.				
용	С	SPONSORSHIP			190,713.	190,713.				
8	d	LET'ER BUCK RO	<u>MC</u>		17 <u>4,6</u> 67.	174,667.				
₹	е	ADMINISTRATIVE	<u>SERVICES</u>		75,336.	75,336.				
8	f	All other program service	ce revenue	WKS	56,471.	56,471.				
쭕	g	Total. Add lines 2a-2f .			1,829,941.					
	3	Investment income (incoher similar amounts) Income from investment		🏲	493.			493.		
l	5	Royalties		· •						
			(i) Real	(II) Personal	- ,					
	6 a	Gross rents .	29,825							
		Less: rental expenses	25,020	<u>' </u>	•	,				
:		Rental income or (loss).	29,825					1. 12 · 1. 12 · 1.		
		Net rental income or (lo		· · ·	29,825.			29,825.		
		·	(i) Securities	(II) Other	29,023.		14	23,023.		
	-	Gross amount from sales of assets other than inventory.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		er a first speed					
		Less: cost or other basis and sales expenses Gain or (loss)								
	d	Net gain or (loss)		•						
	8 a	Gross income from fundamental (not including \$						16		
짋		of contributions reporte	a on line 1c).		***	· ' '.' .' .'		, , , , , , , , , , , , , , , , , , ,		
3		See Part IV, line 18	•	a	, ,		1			
鬞		Less: direct expenses.		b			ļ	<u> </u>		
)		: Net income or (loss) fro i Gross income from gar See Part IV, line 19								
				a						
		Less direct expenses		D			-	<u> </u>		
		: Net income or (loss) fro					 			
		Gross sales of inventor and allowances			,					
		Less: cost of goods sol		b 338,713.				110 570		
	_	: Net income or (loss) from Miscellaneous Rever		Business Code	118,570.			118,570.		
	44 -		iue	Business Code	1 267 206	1 267 206				
		ROYALTIES	. – – – – –	·	1,267,296.	1,267,296.				
	i	PBR		 	122,024.	122,024.		 		
					72,169.	72,169.		 		
		All other revenue .	· ·	WKS	55,063.	55,063.	 	 		
	•	Total. Add lines 11a-11		*	1,516,552.			1		
	112	Total revenue. See ins	tructions .	▶	3,541,574.	3,346,493.	0.	148,888.		

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r			omplete column (A).	X
	nòt 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	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.			- (4	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 .				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				1,2,1,2,
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	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)	533,210.	244,440.	288,770.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		_		
9	Other employee benefits				
10	Payroll taxes	52,665.	1,586.	51,079.	
11	Fees for services (non-employees):				
ä	Management				
ì	Legal				
	Accounting				
(d Lobbying				
•	Professional fundraising services See Part IV, line 17		And the second of the second o	经国际法律 医流流	_
f	Investment management fees		1 Min		
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses			·	
14	Information technology	· -			
15	Royalties				
16	Occupancy				
17	Travel				
18					
19	Conferences, conventions, and meetings	52,750.	51,756.	994.	
20	Interest	<u> </u>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	-			
23	Insurance	75,442.		75,442.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses			_ '.#\'	7 12 2
	in line 24e. If line 24e amount exceeds 10%				4
	of line 25, column (A) amount, list line 24e			,	•
	expenses on Schedule O.)				· ·
	GROUNDS LEASE	1,135,203.	<u> </u>	1,135,203.	-
	PURSE_AND_PRIZES	<u>336,586.</u>	336,586.		
	LIVESTOCK_CONTRACTS	131,150.	131,150.		
	PROPERTY_TAXES	110,693.		110,693.	
	e All other expenses. See Sch. O	835,020.	747,816.	87,204.	
25	Total functional expenses. Add lines 1 through 24e	<u>3,262,719.</u>	1,513,334.	1,749,385.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

		* Check if Schedule O contains a response or note to	any line in this Part X .			
				(A) Beginning of year		(B) End of year
\neg	1	Cash - non-interest-bearing		1,361,433.	1	1,701,076.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		509,444.	4	507,312.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e	officers, directors,			
- 1		Part II of Schedule L .	· · · ·	229,819.	5	237,688.
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete	3)(B), and contributing	- 1	6	
A	7	Notes and loans receivable, net	er art ii or Schedule L		7	
A S S E T S	8	Inventories for sale or use	• •	272,590.	8	252,174.
E	_	Prepaid expenses and deferred charges .		59,159.	9	59,684.
S	9	Prepaid expenses and deferred charges .		59,159.		39,004.
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 201,448.			
l	b	Less: accumulated depreciation	10b	201,448.	10 c	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	
	15	Other assets See Part IV, line 11		3,000.	15	6,000.
	16	Total assets. Add lines 1 through 15 (must equal line	34) .	2,636,893.	16	2,965,382.
	17	Accounts payable and accrued expenses		42,123.	17	64,331.
i	18	Grants payable			18	01.040
ĺ	19	Deferred revenue	• •	94,211.	19	91,249.
-	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability. Complete Part		D	21	1
L	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons.	532,198.	22	564,986.
	23	Secured mortgages and notes payable to unrelated the	nird parties	00272301	23	33,7303.
E S	24	Unsecured notes and loans payable to unrelated third	1		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	2,500.	25	
	26	Total liabilities. Add lines 17 through 25		671,032.	26	720,566.
N E T	• •	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and complete			
A	27	Unrestricted net assets		1,965,861.	27	2,244,816.
ANNET-N	28	Temporarily restricted net assets		1,300,001.	28	2/211/0201
	29	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117 (ASC 958), cl	neck here ► □	 		7 7. (P. 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 .
1		and complete lines 30 through 34.			30	3.5
いるこう	30	Capital stock or trust principal, or current funds			30	
B	31	Paid-in or capital surplus, or land, building, or equipment			31	
Ĺ	32	Retained earnings, endowment, accumulated income	, or other funds		32	
BALAZCEN	33	Total net assets or fund balances		1,965,861.	33	2,244,816.
_	34	Total liabilities and net assets/fund balances .		2,636,893.	34	2,965,382.
BA	Α					Form 990 (2013)

Forn	n 990 (2013) THE ROUND UP ASSOCIATION 9.	3-0269331	Page 12
Pa	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,541,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,262,719.
3	Revenue less expenses. Subtract line 2 from line 1	3	278,855.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,965,861.
5	Net unrealized gains (losses) on investments	5	<u> </u>
6	Donated services and use of facilities	. 6	
7	Investment expenses	. 7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,244,816.
Pa	TEXIL 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		13
2	a 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 review separate basis, consolidated basis, or both:	ewed on a	
	X Separate basis Consolidated basis Both consolidated and separate basis		
1	b Were the organization's financial statements audited by an independent accountant?		2 b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	arate	The state of the s
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audıt	3 b
BA			Form 990 (2013)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

THE	ROUND UP ASSOCIATION			93-0269331
Part I	Organizations Maintaining Dono Complete if the organization answers	or Advised Funds or Oth wered 'Yes' to Form 990	ner Similar Funds or A I, Part IV, line 6.	ccounts.
		(a) Donor advised	funds (b	Funds and other accounts
1 T	otal number at end of year	(4)		
2 A	aggregate contributions to (during year).			
3 A	aggregate grants from (during year)			
4 A	ggregate value at end of year			
5 D	nd the organization inform all donors and dor re the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in donor advise control?	ed funds . Yes No
fc	old the organization inform all grantees, dono or charitable purposes and not for the benefit opermissible private benefit?	rs, and donor advisors in write of the donor or donor advisor	ing that grant funds can be r, or for any other purpose o	used only conferring Yes No
		<u> </u>		
	Conservation Easements. Complete if the organization answ			
1 P	rurpose(s) of conservation easements held by	•	`` ``	
	Preservation of land for public use (e g., r	ecreation or education)		rically important land area
Ĺ	Protection of natural habitat		Preservation of a certific	ed historic structure
_ [Preservation of open space			
	complete lines 2a through 2d if the organization bast day of the tax year.	neld a qualified conservation cor	ntribution in the form of a cons	servation easement on the
	ast day of the tax year.		· 3	Held at the End of the Tax Year
a T	otal number of conservation easements .			
b T	otal acreage restricted by conservation easer	ments	. 2b	
сN	lumber of conservation easements on a certif	fied historic structure included	I in (a) 2 c	
dΝ	lumber of conservation easements included in	n (c) acquired after 8/17/06, a	and not on a historic	
	tructure listed in the National Register .	(0) and 2 ou a	. 2 d	
	lumber of conservation easements modified, tran ax year ►	sferred, released, extinguished,	or terminated by the organiza	ation during the
4 N	lumber of states where property subject to conse	rvation easement is located >		
	loes the organization have a written policy re and enforcement of the conservation easemer		ng, inspection, handling of v	iolations, Yes No
6 S	taff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conser	rvation easements during the	year
	mount of expenses incurred in monitoring, inspe \$	ecting, and enforcing conservation	on easements during the year	
	loes each conservation easement reported or nd section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section 170(h)(4)(B)(i) Yes No
ır	Part XIII, describe how the organization reports occlude, if applicable, the text of the footnote	s conservation easements in its to the organization's financial	revenue and expense stateme statements that describes t	ent, and balance sheet, and he organization's accounting for
	onservation easements. Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or Other S	imilar Assets.
а	the organization elected, as permitted under the thickness of the similar assets he Part XIII, the text of the footnote to its finar	r SFAS 116 (ASC 958), not to	report in its revenue staten	nent and balance sheet works of of public service, provide,
h	the organization elected, as permitted under istorical treasures, or other similar assets held fool ollowing amounts relating to these items:	r SFAS 116 (ASC 958), to rep or public exhibition, education, o	ort in its revenue statement or research in furtherance of pi	and balance sheet works of art, ublic service, provide the
	Revenues included in Form 990, Part VIII,	line 1		▶\$
(i	ii) Assets included in Form 990, Part X .			►\$
2 If a	the organization received or held works of art, he mounts required to be reported under SFAS	nistorical treasures, or other simi 116 (ASC 958) relating to the	ılar assets for fınancıal gaın, p se items	provide the following
a R	Revenues included in Form 990, Part VIII, line	e 1.	• • • • • • • • • • • • • • • • • • • •	. > \$
ъΑ	Assets included in Form 990, Part X.			► \$

Schedule D (Form 990) 2013 THE					<u> </u>	93-026			Page 2
Part III Organizations Mainta	ining Colle	ctions	s of Art, Histo	orical T	reasures, or	Other Similar Ass	sets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other	records, check a	ny of the	following that are	a significant use of its	collection	on	
a. Public exhibition			d 🔲 Loan	or excha	nge programs				
b Scholarly research			e Other						
c Preservation for future gener	rations		_						
4 Provide a description of the organize Part XIII.					•				
5 During the year, did the organiza to be sold to raise funds rather to	ation solicit or han to be mai	receive intained	e donations of ar I as part of the o	t, histori organizat	cal treasures, or ion's collection?	other similar assets	Yes		No
Part V Escrow and Custodia line 9, or reported an	I Arrangen amount on	r ents. Form	Complete if to 990, Part X,	the orga line 21	anızatıon ans	wered 'Yes' to Fo	rm 990), Pari	t IV,
1 a Is the organization an agent, true on Form 990, Part X?		n, or ot	her intermediary	for cont	ributions or othe	er assets not included	Yes	-	No
b If 'Yes,' explain the arrangement	t in Part XIII a	ind com	plete the follow	ing table.					
							Amour	t	_
c Beginning balance .						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance					•	1 f			
2 a Did the organization include an a	amount on Fo	rm 990,	Part X, line 21?	?			Yes		No
b If 'Yes,' explain the arrangement	t in Part XIII	Check h	nere if the explai	ntion has	been provided	ın Part XIII		. [
Rant V Endowment Funds. C	omplete if	the or	ganızatıon ar	swered	'Yes' to For	m 990, Part IV, III	ne 10.		
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance								_	
b Contributions .									
C Net investment earnings, gains, and losses									
d Grants or scholarships .									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentag	e of the curre	nt year	end balance (lir	ne 1g, co	lumn (a)) held a	is:			
a Board designated or quasi-endown		-	8						
b Permanent endowment ►									
c Temporarily restricted endowme			8						
The percentages in lines 2a, 2b,		d equal	100%						
				- ادادها معم	and administration of the	far iba			
3 a Are there endowment funds not in to organization by:	uie possession	or (ne d	organization that a	are neio a	inu auministereo i	ioi die		Yes	No
(i) unrelated organizations .							3a(i)		<u> </u>
(ii) related organizations							3a(ii)	-	†
b If 'Yes' to 3a(ii), are the related	organizations	listed a	as required on Se		۲۶		3b		†
4 Describe in Part XIII the intende	_		· · · · · · · · · · · · · · · · · · ·						L
Part VI Land, Buildings, and									
Complete if the organ			I 'Yes' to Forr	n 990.	Part IV. line	11a. See Form 99	0, Par	t X. lır	ne 10.
Description of property		(a) Cos	at or other basis	(b) C	ost or other	(c) Accumulated depreciation		Book va	
1a Land			201,448.	- 50	(01.101)	3021001411011		201	,448.
b Buildings.	• • • • • • •		201/ 170.		 				<u>,</u>
c Leasehold improvements.						_	_		
d Equipment	· · · ·	-					-		
e Other		<u> </u>					 -		
Total. Add lines 1a through 1e. (Colum	nn (d) must e	gual Fo	rm 990 Part X	column i	B), line 10(c))			201	, 448.
BAA	(5) 111031 6	7000	550, 1 01(7)		,,		lule D (F		

Part VII. Investments - Other Securities. Complete if the organization answered	l 'Yes' to Form 990	N/A Part IV June 11h See F	orm 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l) 			
Total (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part: VIII Investments - Program Related. Complete if the organization answered	l 'Vos' to Form 990	N/A Part IV June 11c See F	orm 990 Part Y line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost	
(1)	(b) Book Value	(c) memor or valuation. cost	of one of year market value
(2)			
(3)	<u> </u>		
(4)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			The Fill of Bully and
RantiX Other Assets.	N/A	D-d IV I I 11d Co. F	000 David V Ivaa 15
Complete if the organization answered	scription	, Part IV, line I Id. See Fo	(b) Book value
(1)	scription		(b) Book Value
(2)			
(3)			
(4)			
(5)			
(6)		_ 	
<u>(7)</u>			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l)	D) Imp 15.)		
	5), lille 15)		
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	orm 990 Part IV line 11	e or 11f. See Form 990. Part X.	line 25
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			•
(6)		 , ·	
<u>(7)</u>	+	 	
(8)			
(10)		 	
(11)	- 	 	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	-	- 	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo		nancial statements that reports the orga	nization's liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote			

Schedule D (Form 990) 2013 THE ROUND UP ASSOCIATION	93-0269331 Fage 4
Part XI Reconciliation of Revenue per Audited Financial Statements W	
. Complete if the organization answered 'Yes' to Form 990, Part IV	T I III
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:	, <u> </u>
a Net unrealized gains on investments.	
b Donated services and use of facilities	, '
c Recoveries of prior year grants 2c	<u> </u>
d Other (Describe in Part XIII.)	
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 Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	. <u>4c</u>
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements V	
Complete if the organization answered 'Yes' to Form 990, Part IV	/, line 12a.
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2a	
b Prior year adjustments	
c Other losses	(5.8)
d Other (Describe in Part XIII.)	1,2,2
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:	y
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	
b Other (Describe in Part XIII) . 4b	
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
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	this part to provide any additional information.
BAA	Schedule D (Form 990) 2013

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number						
THE ROUND UP ASSOCIATION	93-0269331						
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body							
ANNUAL_MEETING							
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

Page 2

Client 22800

THE ROUND UP ASSOCIATION

93-0269331

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_ ____.

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management <u>& General</u>	<u>Fundraising</u>
ADVERTISING	51,581.	50,492.	1,089.	
ANNOUNCER, JUDGES, ECT	42,470.	42,470.		
BANK CHARGES	25,713.	695.	25,018.	
BARREL RACE - NET	467.	467.		
BEVERAGES AND SUPPLIES	86,030.	86,030.		
CAPITAL IMPROVEMENTS	66,323.	66,323.		
CHILDREN'S RODEO	2,682.	2,682.		
CLOTHING AND COSTUMES	24,038.	24,038.		
COMPUTER EXP	3,793.		3,793.	
CONTRIBUTIONS	21,806.	21,806.		
DUES, SUBSCRIPTIONS AND LICE	4,957.	4,782.	175.	
EOUIPMENT RENTAL	13,721.	4,830.	8,891.	
FOOD AND GATHERINGS	97,038.	97,038.		
MISCELLANEOUS EXP	2,008.	428.	1,580.	
MOTORHOME EXP	7,667.	7,667.		
MUSIC	7,700.	7,700.		
PASTURE, HAY AND GRAIN	19,676.	19,676.		
PICTURES AND PROMOTIONS	31,326.	31,326.		
POSTAGE	12,935.	1,364.	11,571.	
PRINTING AND SUPPLIES	52,756.	42,994.	9,762.	
PROFESSIONAL FEES	24,321.	10,224.	14,097.	
PROGRAMS	18,776.	18,776.		
PUBLIC RELATIONS	19,252.	18,156.	1,096.	
REPAIRS AND MAINT.	60,739.	60,739.		
ROOM 17	19,560.	19,560.		
ROUND-UP FOUNDATION	5,662.	5,662.		
SCHOLARSHIP AND DONATIONS	150.	150.		
SCOREBOARD	11,512.	11,512.		
UTILITIES AND PHONE	100,361.	90,229.	10,132.	
Total		\$ 747,816.	\$ 87,204.	\$ 0.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

CAPTIAL STOCK MISCELLANEOUS

. \$ 100.

Total \$ 100.