OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

	FOI (	the 2915 Caleil	dai year, or tax year beginning 11/01 ,2013, and ending	10/31		2016
В	Check	if applicable	C	D Emp	loyer identi	fication number
	$\square_{A}$	Address change	THE ROUND UP ASSOCIATION	93	-02693	331
	$\vdash$	Name change	P.O. BOX 609		phone numb	
	H	nitial return	PENDLETON, OR 97801	5.4	1-276-	_2552
	$\vdash$				1-2/0	-2333
	$\vdash$	mal return/terminated				
	$\vdash$	Amended return	] 		s receipts	
	LJ^	Application pending	- Manual and a control of the contro	f(a) is this a group re		
			Same As C Above	(b) Are all subordina If 'No,' attach a li	ites included ist (see insi	I? Yes No
1_	Tax	c-exempt status	501(c)(3) X 501(c) ( 4 )    (insert no.) 4947(a)(1) or 527			
J	We	ebsite: ► N/	Α	H(c) Group exemption	number ►	
K	For	m of organization	X Corporation Trust Association Other ► L Year of formation	n 1933 N	State of le	egal domicile OR
Pa	rt 🖟	🔆 Summar	у			
	1	Briefly descri	be the organization's mission or most significant activities. PRCA SANC	TIONED ROL	EO	
a						
ĕ						
Activities & Governance						
Š	2	Check this bo	ox I if the organization discontinued its operations or disposed of more	e than 25% of it	s net ass	sets
ල	3		oting members of the governing body (Part VI, line 1a).	•	3	18_
య	4		dependent voting members of the governing body (Part VI, line 1b)		4	19
£	5		of individuals employed in calendar year 2015 (Part V, line 2a)		5	35
彙	6		of volunteers (estimate if necessary)		6	942
¥	,		ed business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<del>,</del>	7b	0.
-	1			Prior Yea		Current Year
င္တ	8		and grants (Part VIII, line 1h)		050.	30,191.
<b>}</b> हू	9	~	rice revenue (Part VIII, line 2g)	1,803,		1,970,722.
≥₹	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		611.	525.
<u> </u>	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	1,883,		2,155,555.
Expenses UTI (JENNAS)	12		add lines 8-through 11 (must equal Part VIII, column (A), line 12)	3,726,	300.	4,156,993.
<del>-</del>	13		ımilar amounts paid (Part IX, column (A), lines 1-3)			
ក	14	IMI '	to or for members (Part IX, column (A), line 4)			
۳.	15	Sālaries, oth	er-compensation, employee benefits (Part IX, column (A), lines 5-10)	265,	910.	228,244.
Se <	16 a	Professional	fundraising fees (Part IX, column (A), line 11e)			
<b>6</b> 5	Į.		sing expenses (Part IX, column (D), line 25) ►	於對於對極的	THE PARTY	
2 <u>\</u>	i					
į	17	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,454,		4,113,477.
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,720,		4,341,721.
<del></del>	19	Revenue less	s expenses Subtract line 18 from line 12 .	<del></del>	644.	
13 C				Beginning of Curr		End of Year
Balt	20		(Part X, line 16)	2,820,		2,771,241.
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)	771,	898.	939,787.
24	22	Net assets o	fund balances. Subtract line 21 from line 20 .	2,049,	082.	1,831,454.
Pa	irt II	Signatu	e Block			
			eclare that I have examined this return, including accompanying schedules and statements, and to tare (other than officer) is based on all information of which preparer has any knowledge	he best of my knowled	dge and beli	ef, it is true, correct, and
com	plete (	Declaration of prepared	arer (other than officer) is based on all information of which preparer has any knowledge			
		X	Casus Beard	<b>X</b> //	169/1	7
Sig	ın	Signati	are of officer	Date	-7	7
He	re	► CAS	EY BEARD ,	GENERAL M	ANAGEF	{
			r print name and title.			·
		Print/Type	preparer's name Pupparer's signature Date	Check	X if	PTIN
D-	id	Mark	D. Dickey CPA Mak D. Wuhey, CPA 11/9	self-empl		P01211026
Pa	ıa epar			1-1	-70- (1	01411040
	e O			Firm's El	N ► 20	.0250000
<b>J</b> 3		riins addi				0350998
NA :		IDC division "	Pendleton, OR 97801	Phone no	(541	
ivia			nis return with the preparer shown above? (see instructions)			X Yes No
-		ar Dananuaul, I	Reduction Act Notice, see the separate instructions. TEE	40113L 10/12/15		Form <b>990</b> (2015)

	n 990 (2015) THE ROUND UP ASSOCIATION	93-0	2693	31	F	age 2
Par						
	Check if Schedule O contains a response or note to any line in this Part III .					
1	Briefly describe the organization's mission:					-
	PRCA SANCTIONED RODEO					
2	Did the organization undertake any significant program services during the year which were not listed on the	prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.				لتتا	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.		Ц		لت	
4		services, as	measur	ed by	exper	ises
	Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca and revenue, if any, for each program service reported.	tions to othe	ers, the	total e	xpens	ses,
4 8	a (Code ) (Expenses \$ 2,220,538. including grants of \$	) (Revenue	\$			
	PRCA SANCTIONED RODEO	, (	·—			
	THEN DIMETIONED RODDO					
			<del>-</del>			
			- <b>-</b> -			
			- <b>-</b> -			
4 t	(Code: ) (Expenses \$ including grants of \$	) (Revenue	\$			)
			<del></del>			
			- <b>-</b> -			
4 (	c (Code) (Expenses \$ including grants of \$	) (Revenue	\$			)
		_	_			_
						<b>-</b>
				<del></del>		
4 (	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$ ) (Revenue	\$			)	
_ 4 (	e Total program service expenses ► 2,220,538.					
BAA	<del></del>			Forn	2 990	(2015)

Form 990 (2015), THE ROUND UP ASSOCIATION
Part IV | Checklist of Required Schedules

			Yes	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	Х	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	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	10		x_
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	13 July 18	W. W.	
	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? If 'Yes,' complete Schedule D, Part VII	11 b		X_
	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		_x_
	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		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		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, and XII	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 and XII is optional.	12 b		Х
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, 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	14b		Х
15	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	15		Х
16	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	16		X
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		X
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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
t	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 <sup>7</sup> If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
i	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
i	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		Х
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 'Yes', complete Schedule L, Part II.	26		X
27	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	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).	聚的		4
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
(	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990 (	2015)

Form 990 (2015), THE ROUND UP ASSOCIATION	93-02	69331	F	age
Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response or note to any line in this Part V				Γ
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	53 📆	1	13.3
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	. 1 b	0 👯 🕽	3	
c Did the organization comply with backup withholding rules for reportable payments to vendors a	and reportable gaming	1 c	وبعريها	X
(gambling) winnings to prize winners?	. i i i i i i	- '-	. 1 16	<del>  -</del>
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Staments, filed for the calendar year ending with or within the year covered by this return.	ate-	35		1, p=2 
b If at least one is reported on line 2a, did the organization file all required federal employ		2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se		3.73		. 4.
3 a Did the organization have unrelated business gross income of \$1,000 or more during the		3 a	1 2-2-	X
b 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	<u> </u>	<u> </u>
4 a At any time during the calendar year, did the organization have an interest in, or a signature or	other authority over la			
financial account in a foreign country (such as a bank account, securities account, or other	ner financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: ►		1 32 1 32 3 3	1	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finar	ncial Accounts. (FBAR)	-53		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the	ne tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax s	shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions?	00, and did the organization	n <b>6 a</b>		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such cont				
not tax deductible?		6 b	e The residen	Jens A. A
7 Organizations that may receive deductible contributions under section 170(c).			學際	12 m
a Did the organization receive a payment in excess of \$75 made partly as a contribution a services provided to the payor?	and partly for goods and 	7 a	<b>-工程</b>	2751
b If 'Yes,' did the organization notify the donor of the value of the goods or services provide	ded?	. 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	th it was required to file	7.		
Form 8282?	امحا	. 7 c	1	€5° corta
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			1500 150
e Did the organization receive any funds, directly or indirectly, to pay premiums on a pers f Did the organization, during the year, pay premiums, directly or indirectly, on a personal		7 e		├
		<u> </u>	<del> </del>	<del> </del>
g If the organization received a contribution of qualified intellectual property, did the organization as required?		7 g	<u> </u>	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, die Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ained by the sponsoring	EMM.	A - 1	
organization have excess business holdings at any time during the year?.	•	8	1.7.2.254	A PART NO.
9 Sponsoring organizations maintaining donor advised funds.		1 20 - 20 - 20		
a Did the sponsoring organization make any taxable distributions under section 4966?		. 9 a	<del></del>	<u> </u>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related	d person?	9 b		1 5 100
10 Section 501(c)(7) organizations. Enter	1 1			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			6.5
11 Section 501(c)(12) organizations. Enter	1 1	13 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3
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	17 15 15 15 15 15 15 15 15 15 15 15 15 15		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in I		12 a	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	0 1 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		186
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		A 18 18 18 18 18 18 18 18 18 18 18 18 18	-	1
a Is the organization licensed to issue qualified health plans in more than one state?		13 a	1	
Note. See the instructions for additional information the organization must report on Sci	hedule O.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	1.5		

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

13 c

14 b

Form 990 (2015)

Part VI 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1 a 18 b Enter the number of voting members included in line 1a, above, who are independent 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . See Schedule Q 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7 h X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . 8 a X b Each committee with authority to act on behalf of the governing body? X 8 b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? . . . X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b . . . . . . . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. X 12 c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? ... 14 X Did the process for determining compensation of the following persons include a review and approval by independent 数温 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.  $\bar{\mathbf{X}}$ 15 a **b** Other officers or key employees of the organization X 15 b 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? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

TREASURER P.O. BOX 609

PENDLETON OR 97801 541-276-2553

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rorm	990	(2015)	→ THE:	ROUND	UP	ASSOCIATION

93-0269331

#### 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.

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

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

		(C)								
(A) Name and Title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CARL CULHAM	10	-								
Director	0	<u>x</u>				]		0.	0.	0.
(2) JAYNE CLARKE	_8_									
Director	0	X		L.,				0.	0.	0.
(3) Brad Adams MD	55	}		İ						
Director	0	X				1		0.	0.	0.
(4) DOUG DOYLE	3									
Director	0	X						0.	0.	0.
(5) MIKE LEDBETTER	66	]							i	···
Director	0	X						0.	0.	0.
(6) BOB ROSSELLE	10_									
Director	0	X				1_1		0.	0.	0.
(7) KARL FARBER	3					1				
Director	0	X						0.	0.	0.
(8) JOHN TRUMBO	5	1	1	1		1 1				l
Director	0	X	<u> </u>	<u> </u>	ļ.,			0.	0.	0.
(9) RANDY BRACHER	4									
Director	0	X	<u> </u>		_			0.	0.	0.
(10) RANDY LEONARD	44					1				
Director	0	X	_					0.	0.	0.
(11) Rob Burnside	5	]								
Director	0	X	<u> </u>	ļ				0.	0.	0.
(12) RANDY THOMAS	10_	1	1	1						
Director	0	X		<u> </u>	<u> </u>			0.	0.	0.
(13) Tiah DeGrofft	5_		ļ	ĺ	1	j				
Director	0	X		<u> </u>				0.	0.	0.
(14) Tim Bennett	5	]								
Director		X		L			L	0.	0.	0.
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BAA

TEEA0107L 10/12/15

Form 990 (2015) THE ROUND UP ASSOCIATION	N		_						93-026933	
Part VII Section A. Officers, Directors, Tru	ıstees, l	Key	Em			es, a	and	d Highest Con	pensated Emp	loyees (continued)
` (A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) David O'Neill Vice President	<u>5</u>			Х				0.	0.	0.
(16) BILL LEVY President		<del>                                     </del>		Х				0.	0.	
(17) ROB COLLINS	8	<del>                                     </del>					_			0.
Secretary (18) NICK SIROVATKA	0	╁─		<u>X</u>			_	0.	0.	0.
Treasurer (19)	0	-	$  \cdot  $	<u>X</u>	-			0.	0.	0.
(20)	<del>-</del>									
(21)										
(22)		-		_						
(23)		<del>                                     </del>								
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Sect	ion A		-				<b>►</b>	0.	0.	0.
					•		<b>&gt;</b>	0.	0.	0.
<ul> <li>Total number of individuals (including but not limited from the organization ► 0</li> </ul>	to those	listed	abo	ve) י	who	recei	ved	more than \$100,00	00 of reportable comp	pensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru	ustee u <i>al</i>	, key	y en	nplo	yee,	or l	highest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	of reportab	ole co	mpe 00?	ensa <i>If</i> "	atıor <i>Yes</i> '	and com	oth ple	ner compensation te Schedule J for	from .	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ue compe s,' comple	nsatio	on fr <i>chec</i>	om dule	any J fo	unre or suc	elate ch p	ed organization or person	ındıvıdual	. 5 X
1 Complete this table for your five highest compete compensation from the organization. Report compe	nsated inc	leper the c	nden calen	t co	ntra year	ctors	tha	at received more to with or within the or	than \$100,000 of	•
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  (B) Description of services  (C) Compensation										
Total number of independent contractors (including \$100,000 of compensation from the organization)		nited	to the	ose	liste	d abo	ve)	who received more	e than	
4100,000 of compensation from the organization										- · · · · ·

	Check if Schedule O contains a response or note to any line in this Part VIII									
	Curry (Curry)					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
ats ats	1 a	Federated campaigns.	.	1 a	-				<b>建设建设</b>	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1 b			<b>是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>			
S, E	C	: Fundraising events	.	1 c						
ar,	d	Related organizations		1 d		स्विद्धि सि अस्				
s, ( imil	е	Government grants (contribution	ons)	1 e			医乳头 環境			
ion	f	All other contributions gifts of	rants, and			的人类流生的人				
but	•	All other contributions, gifts, g similar amounts not included	above	1 f	30,191.					
ntri d O	g	Noncash contributions included	l ın lınes 1a-	1f: \$						
Co	h	Total. Add lines 1a-1f.	•			30,191.				
ue					Business Code	The state of the s	The way was the first of the first	37 74 5 10 2 15 July 1		
Program Service Revenue	2 a	TICKET SALES		L		1,097,191.	1,097,191.			
Be .	b	CONCESSIONS/CON	MMISSI	<u>ZMC</u>		333,876.	333,876.			
ice:	C	SPONSORSHIP		L		217,235.	217,235.			
Ser	d	LET'ER BUCK ROO	MC			181,143.	181,143.			
E	е	ADMINISTRATIVE	SERVI	CESL		83,500.	83,500.			
g	f	All other program service	ce revenu	e [	WKS	57,777.	57,777.			
4	g	Total. Add lines 2a-2f			<b>-</b>	1,970,722.	<b>建设了温度基础</b>			
	3	Investment income (inc	luding div	idends	s, interest and	· · · · · ·				
		other similar amounts).			•	525.			525.	
	4	Income from investmen	t of tax-e	xempt	bond proceeds					
	5	Royalties .		•	•	***** * * * * * * * * * * * * * * * *	the state of the s	1 2 1 100 1		
		0	(i) Re		(II) Personal	医多类 植物		<b>常规约</b> 。	The same second to the	
		Gross rents .	33,	040	•		MAN AND AND			
		Less: rental expenses				<b>表现不能是是</b> 。		对最级链线		
		Rental income or (loss)		040		S. Santa S. Market		A STATE OF THE STA		
		Net rental income or (lo	(1) Secu	ritios	(ii) Other	33,040.	estembral birattings in start	Journal of the Conference of t	33,040.	
	7 a	Gross amount from sales of assets other than inventory	(i) Secu		(ii) Other					
		•				BARRATE DA	Resident to	<b>建筑</b>		
	b	Less: cost or other basis and sales expenses					<b>新生生活。在19</b>			
		Gain or (loss)					<b>《李子》:"我我</b>			
		Net gain or (loss)			<u> </u>	<u> </u>		ACCOMPANIES OF CA	Takes III in their	
						-RATE-BHARRIDE TO	OCTORY AND STATE AT THE SEC	20 P412 348 2004 9268	BENTAN TOWNS ARRESTS	
le l	8 a	i Gross income from fund (not including , \$	draising e	vents						
le l		of contributions reporte	d on line	1c)				17 18 18 18 18 18 18 18 18 18 18 18 18 18		
Re		See Part IV, line 18 .	u 0	,				据要的主义也		
erl	h	Less direct expenses	• •		a					
Other Revenu		: Net income or (loss) fro	m fundra	 Isina e	events ►	<u> </u>		300 00 00 00 00 00 00 00 00 00 00 00 00	Elita Cost F. Todars	
J		Gross income from gan		_		The state of the s	一支 (1995年) 新香港的報告於 (1995年)	TO THE CONTROL OF THE	Carlotte and the second	
	y a	See Part IV, line 19	ning activi		a				<b>特别提供的</b>	
	b	Less: direct expenses		. 1	b					
		: Net income or (loss) fro	m gamin	g activ	rities		and the second second second	21/25/2012/2013/2013/2013/2013/2013/2013/2013		
				-	·	在政治所認识和[F] 27.3	新新型的 100mm	Control of the second of the s		
	102	Gross sales of inventory and allowances	y, 1633 161		a 699,393.					
	b	Less: cost of goods sole	d	ı	591,308.		100 mm		<b>电影展现影</b> 观	
	c	: Net income or (loss) fro	m sales o	of inve		108,085.	التركي بدينها في المعاملة المع	normen to restaurable specimen arrangete handlifelinet	108,085.	
		Miscellaneous Reven	ue		Business Code	W 1513 1315			3, 17, 3, 7, 7, 3	
	11 a	ROYALTIES		[		1,647,677.			1,647,677.	
	b	MISCELLANEOUS		[		154,021.	154,021.			
	1	PBR				118,001.			118,001.	
	c	All other revenue			WKS	94,731.	35,823.		58,908.	
	e	• Total. Add lines 11a-11	d	_	•	2,014,430.	-,		-	
	12	Total revenue. See inst	ructions		<b>-</b>	4,156,993.	2,160,566.	0.	1,966,236.	

# Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX							
Do r 6b, 7	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		
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				· · · · · · · · · · · · · · · · · · ·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		<del>-</del>				
4	Benefits paid to or for members						
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)	0.1	0.	0.	0.		
7	Other salaries and wages .	193,642.		193,642.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,470.		1,470.			
9	Other employee benefits	8,366.		8,366.			
	Payroll taxes	24,766.	· · · · · · · · · · · · · · · · · · ·	24,766.			
	Fees for services (non-employees):						
а	Management						
Ł	Legal						
c	Accounting				<del></del>		
d	Lobbying		-				
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees .		, , , , , , , , , , , , , , , , , , ,				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) . Advertising and promotion	33,358. 729.		33,358. 729.			
13		<u> </u>					
14	Information technology						
15	Royalties			-			
16	Occupancy	1,540,733.		1,540,733.			
17	Travel	12,114.		12,114.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest	186.		186.			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance Other expenses not	85,596.	Market American Constant (AS) and	85,596.	42000000000000000000000000000000000000		
24	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a	ARENA	364,940.	364,940.	En las de got of 18 19 1 to 1 to 1	<u> </u>		
	GROUNDS	230,101.	230,101.				
	CAPITAL OUTLAY	214,551.	214,551.				
	TICKETING	212,643.	212,643.	. = 111			
	All other expenses See Sch. O	1,418,526.	1,198,303.	220,223.			
	Total functional expenses. Add lines 1 through 24e	4,341,721.	2,220,538.	2,121,183.	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)						

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1,603,399 1,385,085. Savings and temporary cash investments 2 3 Pledges and grants receivable, net . Accounts receivable, net 4 550,889 590,457. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 297,826 5 244,293 Loans and other 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' 6 beneficiary organizations (see instructions) Complete Part II of Schedule L. Notes and loans receivable, net 7 Inventories for sale or use 8 296,539 302,667 9 Prepaid expenses and deferred charges 66,327 9 57,358 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. . 10 a 185,381 b Less, accumulated depreciation ... 10b 100 185,381 Investments - publicly traded securities. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets . . 14 Other assets. See Part IV, line 11 15 15 6,000 6,000. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,820,980 2,771,241. Accounts payable and accrued expenses . 17 17 72,848 216,548. Grants payable . 18 18 Deferred revenue. 19 91,261 19 109,626. 20 Tax-exempt bond liabilities. . . 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 607,789 22 613,613 Secured mortgages and notes payable to unrelated third parties . 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 771,898 939,787 Organizations that follow SFAS 117 (ASC 958), check here X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 2,049,082 831,454 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ᆼ Capital stock or trust principal, or current funds 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Ret Total net assets or fund balances 2,049,082 33 1,831,454 Total liabilities and net assets/fund balances 34 34 2,820,980 2,771,241. BAA Form 990 (2015)

Forn	1 990 (2015), THE ROUND OF ASSOCIATION	93-026933	3 L	Page 1.		
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,1	56,993.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		41,721.		
3	Revenue less expenses. Subtract line 2 from line 1.	3		84,728.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,082.		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		32,950.		
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9		50.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
(A)	column (B))	10	1,8	31,454.		
Pai	TXIII 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.						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:    X   Separate basis	viewed on a				
ŀ	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 sebasis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	eparate				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audīt,	2 c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	•	3 a	X		
k	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b			
BAA			Form	990 (2015		

# ' SCHEDULE D ' (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Rublic Inspection

Employer identification number

	THE ROUND UP ASSOCIATION	93-0269331
Par	প্রাক্ত Organizations Maintaining Donor Advised Funds or Other Similar I	unds or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, I	ne 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held if are the organization's property, subject to the organization's exclusive legal control?.	n donor advised funds . Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for charitable purposes and not for the benefit of the donor or donor advisor, or for any of impermissible private benefit?	funds can be used only ther purpose conferring  Yes No
Par	t川 Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, I	ine 7.
7	Purpose(s) of conservation easements held by the organization (check all that apply).	
	L_J -	on of a historically important land area
	L-J	on of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	form of a conservation easement on the
		Held at the End of the Tax Year
ā	a Total number of conservation easements	2a
ŀ	b Total acreage restricted by conservation easements .	2b
(	Number of conservation easements on a certified historic structure included in (a)	2 c
c	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a histructure listed in the National Register	storic 2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ►	by the organization during the
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, and enforcement of the conservation easements it holds?	handling of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con \$	servation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements o and section 170(h)(4)(B)(II)?.	f section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exinclude, if applicable, the text of the footnote to the organization's financial statements the	pense statement, and balance sheet, and at describes the organization's accounting for
_ Ear	conservation easements.	or Other Similar Accets
Par	TIII Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered 'Yes' on Form 990, Part IV, I	ine 8.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rat, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items	
ł	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever historical treasures, or other similar assets held for public exhibition, education, or research in full following amounts relating to these items	nue statement and balance sheet works of art, ortherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X	<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for f amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
á	a Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	h Assets included in Form 990. Part X	► Ś

, Schedule <b>D</b> (Form 990) 2015 THE I				rical	Treasures, o	or Other S	93-0269 Similar Ass		Page 2
3 Using the organization's acquisition									
items (check all that apply)	,, 4,000,000,000,000,000			•	_	_			
a Public exhibition		•	<del></del>	or exch	nange programs				
b Scholarly research	1.	•	e U Other						
c Preservation for future gener  4 Provide a description of the organiz		ons and expl	ain how they	furthe	the organization	ı's exempt p	urpose in		
Part XIII  5 During the year, did the organiza	ition solicit or	receive don	ations of ar	t. histo	rical treasures.	or other sir	nılar assets 🕝	_	
to be sold to raise funds rather t								Yes	No
Escrow and Custodia line 9, or reported an	amount on	Form 990	npiete if t , Part X,	ne or line 2	ganization ar ?1.	nswered	Yes on For	m 990, F	art IV,
1 a Is the organization an agent, true on Form 990, Part X?		•			•	ner assets i	not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII a	nd complete	the followi	ng tabl	e	<del></del>		A	
- Danimura halama								Amount	
c Beginning balance		•	• •			1 c			
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>		• •				. 1e			
f Ending balance		•		•		16			
2 a Did the organization include an a	 amount on For	 m 990 Part	X line 21	for es	row or custodia		ability?	Yes	No
b If 'Yes,' explain the arrangement							· L		H'''
2					<b>P</b>				
Part V Endowment Funds. C	omplete if	the organ	zation ar	swer	ed 'Yes' on F	orm 990,	Part IV, Iin	e 10.	
	(a) Current	year	(b) Prior yea	r	(c) Two years bac	k (d) T	hree years back	(e) Four	years back
1 a Beginning of year balance									
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships.				-			<del> </del>		
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance									
<ol><li>Provide the estimated percentag</li></ol>	e of the curre	nt year end	balance (lır	e 1g, d	column (a)) held	as			
a Board designated or quasi-endown	ient ►		_ % _						
<b>b</b> Permanent endowment ►	- %	<u> </u>	<del></del>						
c Temporarily restricted endowmen	nt ►	~%							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%							
3a Are there endowment funds not in	the possession	of the organi	zation that a	re helo	and administere	d for the		Ye	s No
organization by: (i) unrelated organizations								3a(i)	S NO
(ii) related organizations		•		•	•	• •	•	3a(ii)	<del></del>
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organizat	 ions listed a	s required :	on Sch	edule R?	•	•	3b	
4 Describe in Part XIII the intended	•					•			
Part-VI Land, Buildings, and				-					
Complete if the organ			s' on For	n 990	), Part IV, lin	e 11a. Se	ee Form 990	), Part X	, line 10.
Description of property	-	(a) Cost or o	other basis ment)	<b>(b)</b>	Cost or other asis (other)	(c) Acc	umulated eciation	(d) Book	value
1 a Land .	-		35,381.			12 1 E.	9 12 4	18	35,381.
<b>b</b> Buildings									
c Leasehold improvements				· .					
<b>d</b> Equipment			_						
e Other .									
Total. Add lines 1a through 1e (Colum	nn (d) must ed	qual Form 9:	90, Part X,	columr	(B), line 10c)		<b>•</b>	18	35,381.
BAA		<u> </u>					Schedu	le <b>D</b> (Form	

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(a) Description of security or category (including name of security)	(b) Book value	90, Part IV, line 11b. See Form 990, Part X, line 12  (c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives	<del></del>	
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(C) (D) (E)		
(D)	· <del>_</del>	
(E)		
(F)		
(G)	<del></del>	
(H)		
(I)	<del></del>	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).  Part VIII: Investments — Program Related.		N/A
Complete if the organization answered	'Yes' on Form 99	90, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		Constitution of the second of
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		TOURTH COLL SECTION ASSESSMENT AND ASSESSMENT OF THE ASSESSMENT OF
	NT /	7.
Complete if the organization answered	N/2 'Yes' on Form 99	A 90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des	'Yes' on Form 99	A 90, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered (a) Des (1)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.	'Yes' on Form 99 cription	90, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part X, column (B)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X (S)  Complete if the organization answered 'Yes' on Form (a) Description of liability	'Yes' on Form 99 cription	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part X, column (B)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X (S)  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X (S)  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X (a)  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part (X)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part (X)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part (X)  Complete if the organization answered 'Yes' on Form (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	'Yes' on Form 99 cription  i) line 15.).	30, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value

Schedule <b>D</b>	(Form, 990) 2015	THE	ROUND	IJΡ	ASSOCTATION

93-0269331

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
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.	2-8-7
a Net unrealized gains (losses) on investments.	
b Donated services and use of facilities . 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) .	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	44.7 4.5
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	Tyg' A
c Add lines 4a and 4b	4 c
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 With Expenses per	Return. N/A
<u>Part XII</u> : Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	r Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	r Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	r Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	r Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	r Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	r Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part IVIII, line 7b  4 Amounts included on Form 990, Part VIII, line 7b	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)  1 Total expenses and losses per audited 'Yes' on Form 990, Part IX, line 25:  2 a 2 b 2 c 2 c 2 d 4 b 4 a 4 b 6 Other (Describe in Part XIII.)	1 2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)  1 Total expenses and losses per audited 'Yes' on Form 990, Part IX, line 25:  2 a 2 b 2 c 2 c 2 d 4 b 4 a 4 b 6 Other (Describe in Part XIII.)	1 2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 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.

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public, Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ROUND UP ASSOCIATION

Employer identification number

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 other documents available to the public.

#### Form 990, Part IX, Line 24e Other Expenses

Total   Program   Management   Services   & General   Fundraising		(A)	(B)	(C)	(D)
ANNOUNCIING ATM FEES 400. BANK CARD FEES 41,229. CEO 197,094. 197,094. 197,094. COMPUTER EVENTS 71,919. COMPUTER EXPENSES 8,052. CONCESIONS 101,931. CONTRACT SERVICES 50,739. BUES AND SUBSCRIPTIONS 130. EDUCATION 513. FAMILY PLAN 3,977. BAY AND BARNS 28,342. BBR 96,665. LIVESTOCK CONTRACTS 153,118. BEDICAL & ROOM 17 43,467. MISCELLANEOUS EXP NATIVIE AMERICANS 40,378. PARADES POLICING AND SECURITY POStage and Shipping PINTING PROGRAMS& USHERS 37,906. 37,906.				Management	
ATM FEES BANK CARD FEES CEO 197,094. 197,094. COMPETIVE EVENTS 71,919. 71,919. COMPUTER EXPENSES 8,052. 8,052. CONCESIONS 101,931. 101,931. CONTRACT SERVICES DUES AND SUBSCRIPTIONS 130. 130. EDUCATION 513. 513. FAMILY PLAN 3,977. 3,977. HAY AND BARNS 28,342. 28,342. LBR 96,665. 96,665. LIVESTOCK CONTRACTS 153,118. 153,118. MEDICAL & ROOM 17 43,467. 43,467. MISCELLANEOUS EXP NATIVIE AMERICANS PARADES POLICING AND SECURITY POStage and Shipping PROGRAMS& USHERS 37,906. 37,906.		Total	<u>Services</u>	<u>&amp; General</u>	<u>Fundraising</u>
ATM FEES BANK CARD FEES CEO 197,094. 197,094. COMPETIVE EVENTS 71,919. 71,919. COMPUTER EXPENSES 8,052. 8,052. CONCESIONS 101,931. 101,931. CONTRACT SERVICES DUES AND SUBSCRIPTIONS 130. 130. EDUCATION 513. 513. FAMILY PLAN 3,977. 3,977. HAY AND BARNS 28,342. 28,342. LBR 96,665. 96,665. LIVESTOCK CONTRACTS 153,118. 153,118. MEDICAL & ROOM 17 43,467. 43,467. MISCELLANEOUS EXP NATIVIE AMERICANS PARADES POLICING AND SECURITY POStage and Shipping PROGRAMS& USHERS 37,906. 37,906.	λΝΝΟΙΝΟΤΤΝΟ	31 267	34 267		
BANK CARD FEES 11,229. 11,229. CEO 197,094. 197,094. 197,094. COMPETIVE EVENTS 71,919. 71,919. COMPUTER EXPENSES 8,052. 8,052. CONCESIONS 101,931. 101,931. CONTRACT SERVICES 50,739. 50,739. DUES AND SUBSCRIPTIONS 130. 130. EDUCATION 513. FAMILY PLAN 3,977. 3,977. HAY AND BARNS 28,342. 28,342. LBR 96,665. 96,665. LIVESTOCK CONTRACTS 153,118. 153,118. MEDICAL & ROOM 17 43,467. 43,467. MISCELLANEOUS EXP 4,702. NATIVIE AMERICANS 40,378. 40,378. PARADES 45,880. 45,880. POLICING AND SECURITY 123,576. 123,576. POStage and Shipping 6,553. PRINTING PROGRAMS& USHERS 37,906. 37,906.			34,207.	400	
CEO COMPETIVE EVENTS COMPUTER EXPENSES R,052. CONCESIONS CONCESIONS CONTRACT SERVICES DUES AND SUBSCRIPTIONS EDUCATION FAMILY PLAN HAY AND BARNS LBR LIVESTOCK CONTRACTS LIVESTOCK CONTRACTS MEDICAL & ROOM 17 MISCELLANEOUS EXP NATIVIE AMERICANS PARADES PARADES POLICING AND SECURITY POstage and Shipping PROGRAMS& USHERS POLICE PROGRAMS& USHERS PARADES PRINTING PROGRAMS& USHERS PSOLO R,052 R					
COMPETIVE EVENTS COMPUTER EXPENSES R, 052.  R, 052.  CONCESIONS 101,931.  CONTRACT SERVICES 50,739.  DUES AND SUBSCRIPTIONS 130.  EDUCATION 513.  FAMILY PLAN 13,977.  HAY AND BARNS 28,342.  LBR 96,665.  LIVESTOCK CONTRACTS 153,118.  MEDICAL & ROOM 17 43,467.  MISCELLANEOUS EXP NATIVIE AMERICANS PARADES PARADES POLICING AND SECURITY POStage and Shipping PROGRAMS& USHERS R, 052.  8,053.  8,052.  8,052.  8,052.  8,053.  8,052.  8,066.  8			107 004	11,229.	
COMPUTER EXPENSES       8,052.       8,052.         CONCESIONS       101,931.       101,931.         CONTRACT SERVICES       50,739.       50,739.         DUES AND SUBSCRIPTIONS       130.       130.         EDUCATION       513.       513.         FAMILY PLAN       3,977.       3,977.         HAY AND BARNS       28,342.       28,342.         LIBR       96,665.       96,665.         LIVESTOCK CONTRACTS       153,118.       153,118.         MEDICAL & ROOM 17       43,467.       43,467.         MISCELLANEOUS EXP       4,702.       4,702.         NATIVIE AMERICANS       40,378.       40,378.         PARADES       45,880.       45,880.         POLICING AND SECURITY       123,576.       123,576.         POSTAGE and Shipping       6,553.       6,553.         PRINTING       8,226.       8,226.         PROGRAMS& USHERS       37,906.       37,906.	= :				
CONCESIONS CONTRACT SERVICES DUES AND SUBSCRIPTIONS EDUCATION FAMILY PLAN HAY AND BARNS LBR LIVESTOCK CONTRACTS LIVESTOCK CONTRACTS MEDICAL & ROOM 17 MISCELLANEOUS EXP NATIVIE AMERICANS PARADES POLICING AND SECURITY Postage and Shipping PROGRAMS& USHERS  101, 931. 101, 931. 50, 739. 130. 130. 130. 131. 153. 153. 153. 153. 153. 153. 153			71,919.	0 050	
CONTRACT SERVICES       50,739.       50,739.         DUES AND SUBSCRIPTIONS       130.       130.         EDUCATION       513.       513.         FAMILY PLAN       3,977.       3,977.         HAY AND BARNS       28,342.       28,342.         LBR       96,665.       96,665.         LIVESTOCK CONTRACTS       153,118.       153,118.         MEDICAL & ROOM 17       43,467.       43,467.         MISCELLANEOUS EXP       4,702.       4,702.         NATIVIE AMERICANS       40,378.       40,378.         PARADES       45,880.       45,880.         POLICING AND SECURITY       123,576.       123,576.         Postage and Shipping       6,553.       6,553.         PRINTING       8,226.       8,226.         PROGRAMS& USHERS       37,906.       37,906.			101 001	8,052.	
DUES AND SUBSCRIPTIONS       130.       130.         EDUCATION       513.       513.         FAMILY PLAN       3,977.       3,977.         HAY AND BARNS       28,342.       28,342.         LIVESTOCK CONTRACTS       96,665.       96,665.         LIVESTOCK CONTRACTS       153,118.       153,118.         MEDICAL & ROOM 17       43,467.       43,467.         MISCELLANEOUS EXP       4,702.       4,702.         NATIVIE AMERICANS       40,378.       40,378.         PARADES       45,880.       45,880.         POLICING AND SECURITY       123,576.       123,576.         Postage and Shipping       6,553.       6,553.         PRINTING       8,226.       8,226.         PROGRAMS& USHERS       37,906.       37,906.			101,931.	E0 700	
EDUCATION 513. 513.  FAMILY PLAN 3,977. 3,977.  HAY AND BARNS 28,342. 28,342.  LBR 96,665. 96,665.  LIVESTOCK CONTRACTS 153,118. 153,118.  MEDICAL & ROOM 17 43,467. 43,467.  MISCELLANEOUS EXP 4,702. 4,702.  NATIVIE AMERICANS 40,378. 40,378.  PARADES 45,880. 45,880.  POLICING AND SECURITY 123,576. 123,576.  Postage and Shipping 6,553.  PRINTING 8,226.  PROGRAMS& USHERS 37,906. 37,906.					
FAMILY PLAN HAY AND BARNS LIVESTOCK CONTRACTS LIVESTOCK CONTRACTS MEDICAL & ROOM 17 MISCELLANEOUS EXP NATIVIE AMERICANS PARADES POLICING AND SECURITY Postage and Shipping PRINTING PROGRAMS& USHERS  3,977. 28,342. 2					
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MEDICAL & ROOM 17       43,467.       43,467.         MISCELLANEOUS EXP       4,702.       4,702.         NATIVIE AMERICANS       40,378.       40,378.         PARADES       45,880.       45,880.         POLICING AND SECURITY       123,576.       123,576.         Postage and Shipping       6,553.       6,553.         PRINTING       8,226.       8,226.         PROGRAMS& USHERS       37,906.       37,906.	LIVESTOCK CONTRACTS		153,118.		
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Postage and Shipping       6,553.       6,553.         PRINTING       8,226.       8,226.         PROGRAMS& USHERS       37,906.       37,906.		123 576			
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QUEEN AND COURT 71,117. 71,117.			/1,11/.		
RENTAL 6,978. 6,978.					
REPAIRS AND MAINT. 163. 163.	REPAIRS AND MAINT.	163.		163.	
SUPPLIES 10,240. 10,240.	SUPPLIES			10,240.	
UTILITIES 12,458 12,458	UTILITIES				
Total \$ 1,418,526. \$ 1,198,303. \$ 220,223. \$ 0.		Total \$ 1,418,526.	\$ 1,198,303.	\$ 220,223.	\$ 0.

, Schedule O (Form 990 or 990-EZ) 2015	Page 2
Name of the organization	Employer identification number
THE ROUND UP ASSOCIATION	93-0269331

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

CAPTIAL STOCK.

\$ 50. Total \$ 50.