

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493052000031

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010 D Employer identification number **B** Check if applicable ANGUS FOUNDATION use IRS 36-3084945 Address change label or Doing Business As E Telephone number Name change print or type. See Specific (816) 383-5100 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 2,124,425 3201 FREDERICK AVENUE Terminated tions. City or town, state or country, and ZIP + 4 ST JOSEPH, MO 64506 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for RICHARD WILSON ┌ Yes ┌ No affiliates? 3201 FREDERICK AVENUE ST JOSEPH, MO 64506 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (3) **◄** (insert no) √ 4947(a)(1) or
√ 527 Group exemption number 🕨 Website: ► www angusfoundation org K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1980 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities TO SECURE, MANAGE, AND STEWARD CHARITABLE GIFTS FOR THE PURPOSE OF CULTIVATING AND FOSTERING THE ADVANCEMENT OF EDUCATION, YOUTH, AND RESEARCH ACTIVITIES Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . Total number of employees (Part V, line 2a) 23 Total number of volunteers (estimate if necessary) . 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 911,299 941,713 67,762 Program service revenue (Part VIII, line 2g) . . 19.610 -72,292 127,399 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 117,110 76,350 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 975,727 1,213,224 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 293,663 426,995 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 Expenses 261.221 230.866 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 313,608 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 17 562,774 687,421 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,087,303 1,375,637 Revenue less expenses Subtract line 18 from line 12 . -111,576 -162,413 t Assets or in Balances **Beginning of Current End of Year** 5,233,153 5,360,933 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X. line 26) . 141.389 160.650 5,091,764 5,200,283 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2011-02-17 Here Signature of officer RICHARD WILSON SECRETARY Type or print name and title Date Check if Preparer's identifying number Preparer's signature Jo A Eyberg CPA (see instructions) empolyed 🕨 🦵 Paid Preparer's Firm's name (or yours Clifton Gunderson LLP if self-employed), address, and ZIP + 4 **Use Only** 2301 Village Drive Phone no (816) 232-8441 St Joseph, MO 64506 May the IRS discuss this return with the preparer shown above? (see instructions) $\,\cdot\,\,$. $\,\cdot\,\,$.

Cat No 11282Y

Form **990** (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE ANGUS FOUNDATION, THE 501(C)(3) NOT-FOR-PROFIT AFFILIATE OF THE AMERICAN ANGUS ASSOCIATION, SECURES AND STEWARDS CHARITABLE GIFTS TO CULTIVATE AND FOSTER THE ADVANCEMENT OF EDUCATION, YOUTH AND RESEARCH ACTIVITIES BENEFITING THE ANGUS BREED

4e	Total program service exp		717,078		, ,	·					
4d	Other program services ((Expenses \$		lule O) ling grants of \$	3) (Revenue \$)					
4c	·	(Expenses \$ Digects to identify possil	·	including grants of \$ e unique challenges incurre	150,000) (Revenue \$ d by agricultural interests, specifically	the beef cattle industry					
	PROGRAMS AND EVENTS	<i>'-</i>	150.005		4F0 000 \ (P)						
		ATIONAL JUNIOR ANG	JS ASSOCIATION,	YOUTH BEEF INDUSTRY C	ONGRESS, YOUNG CATTLEMAN'S CON	IFERENCE, AND OTHER					
4b	(Code)	(Expenses \$	290,083	including grants of \$	0) (Revenue \$	67,762)					
	ANNUAL SCHOLARSHIPS ARE AV	VARDED TO QUALIFYIN	IG INDIVIDUALS								
4a	(Code)	(Expenses \$	276,995	ıncludıng grants of \$	276,995) (Revenue \$	0)					
4		(c)(4) organizatio	ns and section	4947(a)(1) trusts are	rgest program services by ex e required to report the amoun rvice reported	·					
	If "Yes," describe these ch	anges on Schedule	e O								
3	Did the organization cease services?		ke sıgnıfıcant	-		Yes 🔽 No					
	If "Yes," describe these ne	w services on Sch	edule O								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuneu	ociieuuie:

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
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	Yes	
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (orm 990 (2009)				
Part V	Statements Regarding Other IRS Filings and Tax Compliance				
		Yes	No		

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	Yes	
	Did the organization notify the donor of the value of the goods of services provided?		res	
•	file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

ST JOSEPH, MO 64506 (816) 383-5100

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body 1a 9						
ь	Enter the number of voting members that are independent 1b 7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any						
3	other officer, director, trustee, or key employee?	2	Yes				
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was	3		No			
4	filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	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	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		No			
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?						
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13		Νο			
14	Does the organization have a written document retention and destruction policy?	14		Νο			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Νo			
Ь	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?						
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply						
19	Own website Another's website Vupon request Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the AMERICAN ANGUS ASSOCIATION 3201 FREDERICK AVENUE	ie orga	nızatıor	n ►			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) (C) Average hours Position (check all that apply)							(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
CHARLIE BOYD DIRECTOR	50	х						0	0	0	
SCOTT FOSTER DIRECTOR	50	х						0	0	0	
JAMES R RENTZ DIRECTOR	50	Х						0	0	0	
DOUG SCHROEDER DIRECTOR	50	х						0	0	0	
DARRELL SILVEIRA DIRECTOR	50	х						0	0	0	
ROBERT NORTON OUTSIDE REPRESENTATIVE	50	Х						0	0	0	
PHILIP TROWBRIDGE CHAIRMAN	50	х		Х				0	0	0	
BRYCE SCHUMANN VICE CHAIRMAN	5 00	х		Х				О	225,070	25,371	
MILFORD JENKINS PRESIDENT	40 00	х		Х				109,510	0	19,124	
RICHARD WILSON SECRETARY	5 00	х		×				0	166,416	22,210	

For	n 990 (2009)			Page 8
1b	Total	186		66,705
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶1	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm 99 0	(2009)

Form 99								Page 9
Part \	/1111	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
1ts	1a	Federated cam	paigns 1a					
효효	ь	Membership du	es					
s, g	c	Fundraising eve	ents 1c	4,906				
¥g a	d	Related organiz	zations 1d	335,000				
ž.	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	601,807		İ		
ਹਿੰ ਜ਼ਿਲ੍ਹ	g	Noncash contri	butions included in					
늍		lines 1a-1f\$ _	1,081					
ပွဲခဲ့	h	Total. Add lines	s 1a-1f	· · · •	941,713			
<u> </u>				Business Code				
e III	2a	SUPPORT & REGIS	TRATION	900,099	67,762	67,762		
Program Serwce Revenue	ь							
	c							
ž.	d							
Ξ	e							
∑ 73	f	All other progra	am service revenue					
š	g	Total. Add lines	s 2a-2f		67,762			
	3		ome (including dividen					
		and other simila	aramounts)	▶	115,417			115,417
	4	Income from inves	stment of tax-exempt bond	proceeds				
	5	Royalties		•	59,304			59,304
	_	Current Brents	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(1) Securities 896,716	(II) O ther				
	b	Less cost or other basis and	884,734					
	_c	sales expenses Gaın or (loss)	11,982					
	d	Net gaın or (los	s)		11,982			11,982
ψ	8a	Gross income f events (not inc						
Other Revenue		Ψ	,906 s reported on line 1c) ne 18					
<u>.</u>			а	18,701				
Ě	b		penses b	7,797	10.004			10.004
0	c 9a		(loss) from fundraising	events =	10,904			10,904
	94	See Part IV, lin	rom gaming activities ne 19 a					
	b		penses b					
	10a	Gross sales of	(loss) from gaming activity	vicies				
		returns and allo		23,100				
	Ь	=	oods sold b	18,670				
	С		(loss) from sales of inve		4,430			4,430
	44-	Miscellaneous		Business Code 900,099	1,712			1,712
	11a b	Miscellaneous	ıncome	500,039	1,/12			1,/12
	c d	All other reven						
	e e	Total. Add lines		·				
	12		See Instructions .	▶	1,712			225 - 44
	1				1,213,224	67,762	0	203,749

Part IX Statement of Functional Expenses

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

А	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do no	ot include amounts reported on lines 6b, b, 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 U S See Part IV, line 21	150,000	150,000					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	276,995	276,995					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	144,142	5,766	56,215	82,161			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	75,666	2,439	28,751	44,476			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,551	158	4,684	2,709			
9	Other employee benefits	18,299	1,020	12,553	4,726			
10	Payroll taxes	15,563	605	6,140	8,818			
11	Fees for services (non-employees)							
а	Management							
b	Legal							
C	Accounting	11,000		11,000				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees	6,181		6,181				
g	Other							
12	Advertising and promotion	40,978			40,978			
13	Office expenses	11,452	2,784	1,482	7,186			
14	Information technology	15,032		15,000	32			
15	Royalties							
16	Occupancy	5,400		5,400				
17	Travel	31,697	1,287	10,090	20,320			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	20,218	20,218					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	16,168		16,168				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	SPONSORSHIP AND EVENTS	141,875	141,875					
b	UNCOLLECTIBLE PLEDGES	134,230		134,230				
c	NJAA Events	66,643	66,643					
d	Banquets	47,241	24,700		22,541			
e	Production Costs	44,662	629		44,033			
f	All other expenses	94,644	21,959	37,057	35,628			
25	Total functional expenses. Add lines 1 through 24f	1,375,637	717,078	344,951	313,608			
26	Joint costs. Check here ► 🔽 if following SOP 98-2 Complete this line only if the organization reported in							
	column (B) joint costs from a combined educational	565,537	125,357	131,009	309,171			
	campaign and fundraising solicitation	1 303,337	123,337	131,009	303,171			

Pa	rt X	Balance Sheet								
				(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing		78,116	1	23,193				
	2	Savings and temporary cash investments	577,727	2	359,111					
	3	Pledges and grants receivable, net	s and grants receivable, net							
	4	Accounts receivable, net		90,100	4	41,285				
	5	Receivables from current and former officers, directors, trustees, key en								
		highest compensated employees Complete Part II of								
		Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section 49 persons described in section $4958(c)(3)(B)$ Complete Part II of	958(f)(1)) and							
S.		Schedule L			6					
ssets	7	Notes and loans receivable, net			7					
SSI	8	Inventories for sale or use		106,902	8	104,801				
A	9	Prepaid expenses and deferred charges		16,833	9	20,022				
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>								
	b	Less accumulated depreciation			10c					
	11	Investments—publicly traded securities		3,953,633	11	4,741,705				
	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	4,293	15	3,171					
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,233,153	16	5,360,933				
	17	Accounts payable and accrued expenses .		63,949	17	68,621				
	18	Grants payable			18					
	19	Deferred revenue		77,440	19	54,558				
	20	Tax-exempt bond liabilities			20					
<u>, 6</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D .	.		21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
ä		persons Complete Part II of Schedule L			22					
	23	Secured mortgages and notes payable to unrelated third parties ${f .}$.			23					
	24	Unsecured notes and loans payable to unrelated third parties $\ \ . \ \ \ .$			24					
	25	Other liabilities Complete Part X of Schedule D		0	25	37,471				
	26	Total liabilities. Add lines 17 through 25		141,389	26	160,650				
Ņ		Organizations that follow SFAS 117, check here ▶ 🔽 and complete line	s 27							
92	l	through 29, and lines 33 and 34.		2 2 4 2 2 2 2		0.457.047				
Fund Balance	27	Unrestricted net assets		2,640,362		2,457,617				
ä	28	Temporarily restricted net assets		1,892,609		2,096,315				
put	29	Permanently restricted net assets		558,793	29	646,351				
<u> </u>		Organizations that do not follow SFAS 117, check here F and completions 20 Abrough 24	ete							
ō	30	lines 30 through 34. Capital stock or trust principal, or current funds			30					
Assets	30 31	Paid-in or capital surplus, or land, building or equipment fund			31					
\$ 5	32	Retained earnings, endowment, accumulated income, or other funds	• •		32					
	33	Total net assets or fund balances		5,091,764	33	5,200,283				
Net										
	34	Total liabilities and net assets/fund balances		5,233,153	34	5,360,933				

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

ANGUS FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5, 7	<u>, or 8 of Part I.</u>)			
	ection A. Public Support	T	1	· · · · · · · · · · · · · · · · · · ·			———	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,287,59	5 1,480,538	1,385,585	934,258		936,807	6,024,783
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,287,59	5 1,480,538	1,385,585	934,258		936,807	6,024,783
5	The portion of total contributions by each person (other than a governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							2,221,637
6	(f) Public Support. Subtract line 5 from line 4							3,803,146
S	ection B. Total Support							
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	beginning in) A mounts from line 4	1,287,595	177,056	1,385,585	934,258		936,807	6,024,783
8	Gross income from interest,	1,201,633	17.7,000	1,000,000	30.1,200		300,001	
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	119,909	177,056	235,966	225,870		174,721	933,522
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,240	2,431	2,638	4,343		48,419	60,071
11	Total support (Add lines 7 through 10)					, ,		7,018,376
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		416,957
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub			thırd, fourth, or fil	fth tax year as a !	501(c)(3) organız	ation, ▶┌
<u> </u>	Public Support Percentage for 2009			11 column (f))		14		54 190 %
15	Public Support Percentage for 2008	•				15		57 170 %
	33 1/3% support test—2009. If the	•	•	on line 13 and li	ne 14 is 33 1/20%		check +	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza	alifies as a public organization did n qualifies as a pi —2009. If the org	ly supported orgal not check the box ublicly supported of anization did not c	nization (on line 13 or 16a organization (heck a box on line	a, and line 15 is 3 e 13, 16a, or 16b	33 1/3% and line	or more, o	▶ ✓
	in Part IV how the organization mee	ets the "facts and	l cırcumstances"	test The organiza	tion qualifies as a	a publicly	y support	ed ▶┌
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th tion meets the "f	e "facts and cırcu acts and cırcumst	mstances" test, c ances" test The	heck this box and organization qual	d stop he Ifies as a	ere. a publicly	▶ ┌
18	Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and s	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income SPECIAL EVENT GROSS INCOME GROSS MERCHANDISE SALES MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 36-3084945

Name: ANGUS FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SPONSORSHIP AND EVENTS	141,875	141,875		
UNCOLLECTIBLE PLEDGES	134,230		134,230	
NJAA Events	66,643	66,643		
Banquets	47,241	24,700		22,541
Production Costs	44,662	629		44,033

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493052000031

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** ANGUS FOUNDATION 36-3084945 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

- Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year
- Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?
- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Held at the End of the Year 2a 2b 2c
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located **-**__
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asur	es, or C	the	r Simila	ar Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing th	at are	a sıgnıfıca	ant us	se of its (collectio	n	
а	Public exhibition		d	Γ	Loan or	excha	nge prog	ams				
ь	Scholarly research		e	\sqcap	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further	the or	ganization	's ex	empt pur	pose in		
•	Part XIV	one care in a capita			,		gamzatioi	o ox	opt pa.	p000		
5	During the year, did the organization solicit								ılar	_		_
Day	assets to be sold to raise funds rather than t								oc" to E		Yes	☐ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	u it	25 (0 F)	טוווו פאל	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n	iot	Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng ta	able		_					
										A mo	ınt	
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	,										
Pa	rt V Endowment Funds. Complete	f the organization										
		(a)Current Year	(b)Prior		(c)Two	Years Back	(d)	Three Year	rs Back (e	Four Y	ears Back
1a	Beginning of year balance	1,343,363		1	1,209,790							
b	Contributions	179,542			179,926			_				
c	Investment earnings or losses	119,775			6,987							
d	Grants or scholarships											
е	Other expenditures for facilities and programs	90,127			53,340							
f	Administrative expenses											
q	End of year balance	1,552,553			1,343,363							
2	Provide the estimated percentage of the year	, ,			, ,							
		64 560 04	15									
а	Board designated or quasi-endowment	70										
Ь	Permanent endowment ► 38 440 % %											
c	Term endowment ► 0 % %											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	thata	are held a	and ad	mınıstere	dfor	the		Yes	No
	(i) unrelated organizations									. 3a(i)	Yes	
	(ii) related organizations									3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio			ched	ule R?					. 3b		
4	Describe in Part XIV the intended uses of th	e organization's end	lowm	ent fu	nds							
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	<u>0, Par</u>	t X, line	10.				
	Description of investment				a) Cost or Isis (invest		(b) Cost or basis (ot			cumulated eciation	(d) E	Book value
1a	Land											
b	Buildings		•									
c	Leasehold improvements											
d	Equipment											
e	Other	<u></u>	•									
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)), line	10(c).)							0
1514		, in Joo, Fare A, Colum	(0)	,, ,,,,,,	±0(C)./	• •	<u> </u>	•		dule D (Form 9	90) 20

Part VII Investments—Other Securities. See (a) Description of security or category		. (c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
, , , , , , , , , , , , , , , , , , , ,	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
	ption	(b) Book value
(a) Descri		
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X	<i>15.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>15.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(5.)	

Schedule D (Form 990) 2009

	Reconciliation of change in Net Abbets from Form 550 to Financial Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,213,224
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,375,637
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-162,413
4	Net unrealized gains (losses) on investments	4	270,932
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	270,932
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	108,519
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,504,442
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	297,399
3	Subtract line 2e from line 1	3	1,207,043
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 6,181		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	6,181
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,213,224
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,395,923
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	26,467
3	Subtract line 2e from line 1	3	1,369,456
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,181		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	6,181
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,375,637
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE FOUNDATION'S ENDOWMENTS CONSIST OF 34 FUNDS ESTABLISHED TO SUPPORT A VARIETY OF SCHOLARSHIPS AND PROGRAMS
Part X	Description of Uncertain Tax Positions Under FIN 48	On October 1, 2009, the Foundation adopted the Financial Accounting Standards Board's new accounting requirements for accounting for uncertain tax positions. Under these new requirements, a tax position that meets the more-likely-than not recognition threshold is initially and subsequently measured as the largest amount of tax benefit that has a greater than 50 percent likelihood of being realized upon settlement with a taxing authority that has full knowledge of all relevant information. The Foundation determined that it was not required to record a liability for unrecognized tax benefits as a result of implementing the new requirements.
Part XII, Line 2d - Other Adjustments		EXPENSES ALLOCATED TO COST OF GOODS SOLD 18670 SPECIAL EVENT EXPENSE 7797
Part XIII, Line 2d - Other Adjustments		EXPENSES ALLOCATED TO COST OF GOODS SOLD 18670 SPECIAL EVENT EXPENSE 7797

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493052000031

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ANC	305 FOUNDATION					36-3084945	5			
Pa		ctivities. Comple ers are not require				to Form 990, Part IV	/, line 17.			
1	Indicate whether the org	anızatıon raısed fund	ls through a	any of the	e following activities C	heck all that apply				
а	Mail solicitations			e	Solicitation of no	on-government grants				
b	Internet and e-mail s	olicitations	overnment grants							
c	Phone solicitations			g	☐ Special fundrais	ndraising events				
d	In-person solicitation	ns								
2a	Did the organization have or key employees listed						Г Yes Г No			
b	If "Yes," list the ten higher to be compensated at lea									
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
			Yes	No						
Tota	al									
	List all states in which	the organization is re	agistered o	rlicansa	d to solicit funds or has	been notified it is exem	unt from registration or			

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization of the second seco	on answered "Yes" to events with gross rece	Form 990, Part IV, lir eipts greater than \$5,	ne 18, or 000.	report	:ed
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Tot		
			GOLF TOURNAMENT (event type)	SILENT AUCTION (event type)	(total number)		(a) (ii	rougn
₽	1	Gross receipts	14,421				2	3,607
Revenue	2	Less Charitable		4,906				4,906
<u>~</u>	3	Gross income (line 1 minus line 2)	14,421	. 4,280			18	8,701
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	4,737	,				4,737
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	2,555	505			:	3,060
	10	Direct expense summary Add line						7,797
	11	Net income summary Combine lin			.			0,904
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
Rej	1	Gross revenue						
	2	Cash prizes						
xpenses	3	Non-cash prizes						
ш	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes				
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	oine lines 1, column d, ai	nd line 7			T.,	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain			 .	· 9a	Yes	No
10a b	, , ,							
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	p or other entity	12		
					Schedule G (Form 9	990 or 990	·EZ) 20	/U9

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493052000031

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ANGUS FOUNDATION

77843

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Employer identification number 36-3084945

Part I General Inform	nation on Grants	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants o	orassistance?					✓ Yes
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received by if additional space in	more than \$5,000.	Check this box if n		ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA 621 BOYD GRADUATE STUDIES ATHENS,GA 30602	581353149	501(c)(3)	60,000				APPLIED RESEARCH
UNIVERSITY OF ILLINOIS 1207 W GREGORY DR URBANA,IL 61801	376000511	501(c)(3)	35,000				APPLIED RESEARCH
MISSISSIPPI STATE UNIVERSITYPO BOX 5227 MISSISSIPPI STATE, MS 39762	646000819	501(c)(3)	12,500				APPLIED RESEARCH
NC STATE UNIVERSITY CAMPUS BOX 7621 RALEIGH, NC 27695	566000756	501(c)(3)	30,000				APPLIED RESEARCH
AGRILIFE RESEARCHDEPT OF ANIMAL SCIENCE 2471 TAMU 129 KLEBERG COLLEGE STATION, TX	746000541	501(c)(3)	12,500				APPLIED RESEARCH

2	Enter total number of section 501(c)(3) and government organizations	5
3	Enter total number of other organizations	Λ

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	101	273,645			
A WA RDS	26	3,350			
See Additional Data Table					

Part IV Supplem	nental Information. Con	nplete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE FOUNDATION HAS A SCHOLARSHIP COMMITTEE THAT APPROVES AND AWARDS SCHOLARSHIPS THE CRITERIA FOR AWARDING SCHOLARSHIPS IS PUBLISHED AND MADE AVAILABLE ON THE FOUNDATION WEBSITE THE SUPPORT FOR SCHOLARSHIPS INCLUDES ACTIONS OF THE SCHOLARSHIP COMMITTEE IN MOST CASES SCHOLARSHIP AWARDS ARE MADE DIRECTLY TO THE INSTITUTION THAT THE AWARD WINNER IS ATTENDING

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493052000031

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Name of the organization ANGUS FOUNDATION

Employer identification number

36-3084945

Pa	art I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Forr 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these iter			
	First-class or charter travel Housing allowance or residence for personal us	e		
	▼ Travel for companions	:e		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		Νo
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation commit	tee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing orgon or a related organization	anization		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			<u> </u>
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III			
	III F a I L I I I	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulat section 53 4958-6(c)?	ions 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC		SC compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ	
BRYCE SCHUMANN	(1) (11)	0 224,080	0	0 990	0 11,280	0 14,091	0 250,441	0	
RICHARD WILSON	(I) (II)	0 151,670	0 8,650	0 6,096	0 8,061	0 14,149	0 188,626	0 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation	
P	Part I, Line 1a	PART I, LINE 1A THE FOUNDATION PROVIDES TRAVEL REIMBURSEMENTS FOR TRAVEL OF SPOUSES TO BOARD MEETINGS	

Schedule J (Form 990) 2009

As Filed Data -

DLN: 93493052000031

2000

2009
Open to Public

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Supplemental Information to Form 990

Inspection

Name of the organization ANGUS FOUNDATION

Employer identification number

36-3084945

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		BY VIRTUE OF THE NATURE OF THE ORGANIZATION, MEMBERS OF THE BOARD OF DIRECTORS HAVE ONGOING BUSINESS RELATIONSHIPS AND DEALINGS WITH ONE ANOTHER ALL MEMBERS OF THE BOARD OF DIRECTORS REGISTER CATTLE WITH THE AMERICAN ANGUS ASSOCIATION INTERNAL CONTROLS ARE IN PLACE DESIGNED TO IDENTIFY AND ELIMINATE ANY INAPPROPRIATE ACTIVITY IN THE UNLIKELY EVENT THAT IT WOULD TAKE PLACE
Form 990, Part VI, Section A, line 6		THE FOUNDATION HAS MEMBERS AS OUTLINED IN THE ORGANIZATION'S BY-LAWS
Form 990, Part VI, Section A, line 7a		DIRECTORS OF ANGUS FOUNDATION ARE ELECTED ANNUALLY BY THE MEMBERSHIP
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED IN DETAIL BY SENIOR MANAGEMENT DUE TO TIMING CONSIDERATIONS, IT WAS NOT POSSIBLE TO PRESENT THE 990 TO THE BOARD PRIOR TO FILING THE 990 WILL BE DISCUSSED WITH THE OFFICERS OF THE SOLE MEMBER AT A BOARD MEETING IMMEDIATELY FOLLOWING THE DUE DATE OF THE RETURN
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS DISCUSSED BY THE BOARD ANNUALLY ALL EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY
Form 990, Part VI, Section B, line 15		THE BOARD OF DIRECTORS DELIBERATES AND DECIDES ON THE SALARY OF THE PRESIDENT OF THE FOUNDATION THE PRESIDENT DETERMINES SALARY OF OTHER EMPLOYEES THE FOUNDATION BOARD REVIEWS COMPENSATION PACKAGE OF THE PRESIDENT
Form 990, Part VI, Section C, line 19		THE FOUNDATION MAKES ANNUAL FINANCIAL INFORMATION AND HISTORICAL GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII, SECTION A HOURS WORKED FOR RELATED ORGANIZATION		VICE CHAIRMAN SCHUMANN AND SECRETARY WILSON ARE COMPENSATED BY THE AMERICAN ANGUS ASSOCIATION, A RELATED ENTITY BOTH WORK APPROXIMATELY 40 HOURS PER WEEK FOR THAT ORGANIZATION

ldentifier	Return Reference	Explanation
FORM 990, PART XI		THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT THE BOARD OF DIRECTORS OF THE FOUNDATION ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS IS CONSISTENT WITH PRIOR YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493052000031

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Part I

Name of the organization **Employer identification number** ANGUS FOUNDATION 36-3084945

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

► Attach to Form 990.

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

See separate instructions.

Total income

(e) End-of-year assets

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

AMERICAN ANGUS ASSOCIATION

3201 FREDERICK AVE ST JOSEPH, MO 64506

44-0605539

PROMOTE ANGUS BREED

МО

501(C)(5)

N/A

Yes

Yes

No

art III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(h) (i) (j) (c) (e) **(b)** Primary activity **(f)** Share of total income (a) Name, address, and EIN of (d) Direct controlling Disproprtionate Code V—UBI Lègal (g) General or Predominant income allocations? amount in box 20 of managing domicile Share of end-of-year (related, unrelated, Schedule K-1 partner? related organization entity (state or assets excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ANGUS PRODUCTIONS INC 3201 FREDERICK AVE ST JOSEPH, MO64506 43-1170802	JOURNAL PUBLICATION	МО	N/A	С			
ANGUS GENETICS INC 3201 FREDERICK AVE ST JOSEPH, MO64506 26-0588448	GENETIC EVALUATION	МО	N/A	С			

Part V	Transactions With Related Organizations	(Complete if the organization answered "Yo	es" on Form 990,	Part IV, line 34, 35, or 36.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
L D u	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactions with one or more related organızatıons listed ın Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1 j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) AMERICAN ANGUS ASSOCIATION		С	335,000
(2) ameRICAN ANGUS ASSOCIATION		В	65,729
(3) AMERICAN ANGUS ASSOCIATION		J	39,000
(4)			

(5) (6)

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No