Short Form Return of Organization Exempt From Income Tax Under section 50 (c), 527, or 4987(n)(1) of the Internal Revenue Code (except private foundations)  Decentinate of the Transport Internal Revenue Rev	- <del>-</del> -			,			-	1606
Under section 50 Ic), 527, or 4947(e/t) of the Internal Revenue Code (except private foundations)  Possionated of the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated for the Timeser Internal Revenue Code (except private foundations)  Possionated (except private foundations)  Possionate	r	Č	; 100_Fフ				_	OMB No 1545-1150
Under section of title, 327, or self-right) for an internal revenue Code except private countainous programment the animals programment of the animals programment of the animals programment of the animals of the control of the con		Form 👻	/90-LZ	<ul> <li>Return of Organizatio</li> </ul>	n Exemp	t From Incom	e Tax	2015
Department of the Treasure Service Ser				Under section 501(c), 527, or 4947(a)(1) of ti	e Internal Reve	nue Code (except priva	te foundatio	
Department of the Treasure Service Ser		2	,	Do not enter social security nur	nbers on this fo	rm as it may be made o	ublic	<del></del>
A For the 2015 calendary year, or tax year beginning    Control		Departme	nt of the Treasury					// i
Common charge   Common charg							m990.	
Independent of the property					<u>, 2015</u>	and ending J		
RED_ANGUS POUNDATION_INC   T5-2617387				ne of organization			D Employer	identification number
Indication   Ind			- 1	D ANGUS FOUNDATION INC			75-2	617387
Influenterior   18335   E. 103RD AVENUE   202   940-387-3502			l (Urre-	er and street (or P.O. box, if mail is not delivered to	street address)	Room/suite		
Accounting Method:   XJ Cash   Accrual Other (specify)   Hother   XI Cash   Accounting Method:   XJ Cash   Accounting Method:   Accounting Method:   XJ Cash   XJ Cash   Accounting Method:   XJ Cash   XJ Cash   Accounting Method:   XJ Cash   XJ Cash   Accounting Method:   XJ Cash   Accounting Method:   XJ Cash   Accounting Method:   XJ Cash   Accounting Method:   XJ Ca		Fin	al return/ minated 18			202	940-	-387-3502
B Accounting Method:		Arr		-	postal code	62	F Group Ex	emption
Website:   Predamgus found at ion.org   Interest abuse (check only one) =   X   Solicit)   Solicit   Interest no.   4947(a)(1) or   527   Form \$90, 990-EZ, or \$90-PT.								
Tax-exempt status (check only one)   X   501(c)(3)   501(c)   (neart no.)   4947(a)(1) or   527   (form 990, 990-EZ, or 990-PF).			-				1	<del>-</del>
Add lines 56, 6c, and 76 to line 91 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, line Form \$90 instead of Form \$90-EZ.  Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Lead there are a seem and the season of the sea					) (upport so )	4047(a)(1) or 50	-1	
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, line Form 990 instead of Form 990-EZ.    Column (8) below are \$500,000 or more, line Form 990 instead of Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990 instead of Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990 instead of Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990 instead of Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, or if total assets or firm to the form 990-EZ.   Column (8) below are \$500,000 or more, or if total assets or firm to the form 990-EZ.   Column (8) below are \$500,000 or more, or if total assets or firm to the form 990-EZ.   Column (8) below are \$500,000 or more, line Form 990-EZ.   Column (8) below are \$500,000 or more, or if total assets or firm to the form 900-EZ.   Column (8) below are \$500,000 or more, or if total assets or found balances are don't are season or more, or if the form 18 and 500 or if the season or intertions to the form 18 and 500 or if the season or intertion in	<u> </u>					<del></del>	7] (FOITH 990	u, 990-EZ, 01 990-PF).
column (8) below) are \$500,000 or more, life Form \$90 instead of Form \$90-EZ  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in the Part I  Check if the organization used Schedule O to respond to any question in the Part I  Check if the organization used Schedule O to respond to any question in the Part I  Check if the organization used Schedule O to respond to any question in the Part I  Check if the organization used Schedule O to respond to any question in the Part I  Committee organization used to a seek schedule O to the part I the Check I the Schedule O to the Part I the Check I the Schedule O to the Part I the Check I the Schedule O to the Part I the Check I the Schedule O to the Part I the Check I the Schedule O to the Part I the Check I the Schedule O to the Part I the Par	55						t II.	
Check if the organization used Schedule O to respond to any question in this Part I  Contributions, gribs, grants, and similar amounts received  Program service reviews enubling operament fees and contracts  Membership dues and assessments  A linvestment income  See Schedule O  Less: cost or other basis and sales expenses  C Gain or (loss) from sale of assets other than inventory  Less: cost or other basis and sales expenses  C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  Garming and fundraising events  C Gross income from gaming (attach Schedule G if greater than storage events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  C Gross income from fundraising events (not including \$ of contributions from fundraising events (reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  A Ta Less: cost of goods sold  C Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  B Conservation of the subtract line 6c)  C Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  B Conservation of the subtract line 7c from line 7a)  Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			nn (B) below) are	500,000 or more, file Form 990 instead of Form 990	ΕZ		<b>▶</b> \$	72601.
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1 2015.06000 RED ANGUS FOUNDATION, INC

Form 990-EZ (2015) Page 2 RED ANGUS FOUNDATION, 75-2617387 Balance Sheets (see the instructions for Part II)  $\mathbf{x}$ Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 190084. 149135. Sash, savings, and investments 22 22 23 23 Land and buildings 197265. See Schedule O 171834. 24 Other assets (describe in Schedule 0) 24 320969. 387349. 25 25 Total assets 35682. See Schedule O 47508. 26 Total liabilities (describe in Schedule O) 26 285287. 339841. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See Schedule O organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title TO PROVIDE EDUCATION AND RESEARCH FOR THE RED ANGUS BREED OF LIVESTOCK TO JUNIOR MEMBERS AND DEVELOP LEADERSHIP TO THE JUNIOR MEMBERS 22238. (Grants \$ ) If this amount includes foreign grants, check here 29 (Grants \$ 29a ) If this amount includes foreign grants, check here 30 (Grants \$ ) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) . Dist of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) 22238. Check if the organization used Schedule O to respond to any question in this Part IV (e) Estimated (b) Average hours (d) Health benefits (C) Reportable contributions to employee benefit plans, and deferred per week devoted to amount of other (a) Name and title W-2/1099-MISC) position (if not paid, enter -0-) compensation compensation RAYMOND PRESCOTT 2.00 0 0 DIRECTOR 0. RYAN LUDVIGSON 0 0 0. DIRECTOR 2.00 FRANK WEDEL 0 0 0. 2.00 DIRECTOR JUDY FERGUSON 2.00 0. 0. 0. DIRECTOR ESTHER FISCHER 2.00 0 0 0. DIRECTOR LARRY DANIELS 0. 0 0 2.00 DIRECTOR STEVE NEWBERRY 0 0 0. PRESIDENT 4.00

Form **990-EZ** (2015)

5-2617387 Page

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N/ 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N X 36 ▶ 37a 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 ► **0** • ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any 40b X of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T X 40e List the states with which a copy of this return is filed **None** Telephone no.  $\triangleright 940-387-3502$ 42a The organization's books are in care of ▶ JANET RUSSELL-SUITE # 202, COMMERCE CITY, C ZIP+4 ➤ 80022 Located at ► 18335 E. 103RD AVE b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ X 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44h c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2015)

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

Department of the Treasury

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number 75-2617387 RED ANGUS FOUNDATION, INC 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 5 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 33 1/3% 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 33 1/3% 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. See section 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1.9) organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ection A. Public Support	clow, please com	piete r ait ii j		<u></u> .	<del></del> .	
Cal	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	ĺ	14530.	62170.	24005.	46622.	147327.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					-	
	organization's tax-exempt purpose			10100.	9800.	14500.	3 <b>44</b> 00.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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		14530.	72270.	33805.	61122.	181727.
7a	Amounts included on lines 1, 2, and	·					
	3 received from disqualified persons						0.
b	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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)				-	-	181727.
	ction B. Total Support			<del>-</del>		<u> 1</u>	1017274
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(8) 2011	14530.	72270.	33805.	61122.	181727.
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
L	and income from similar sources			2021.	11871.	11479.	25371.
D	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses acquired after June 30, 1975			2001	11051	11.450	05081
	Add lines 10a and 10b  Net income from unrelated business			2021.	11871.	11479.	25371.
• •	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)		14530.	74291.	45676.	72601.	207098.
	First five years. If the Form 990 is for	the organization's		•			
	check this box and stop here		·				<b>▶</b> □
	tion C. Computation of Publi				<del></del>	<del>- 1</del>	
	Public support percentage for 2015 (li		=	lumn (f))		15	87.75 %
	Public support percentage from 2014					16	<u>88.93 %</u>
	tion D. Computation of Inves					<del></del>	-
	Investment income percentage for 20			13, column (f))		17	12.25 %
	Investment income percentage from 2					18	<u>11.07 %</u>
19a	33 1/3% support tests - 2015. If the	-					
	more than 33 1/3%, check this box ar	•	_				►X
	33 1/3% support tests - 2014. If the	-					nd
	line 18 is not more than 33 1/3%, che		-				<b>▶</b> ;
	Private foundation. If the organization	n did not check a	box on line 14, 19a,	or 19b, check this			
2000	2 00-22-15				Scho	dule A (Form 990)	ヘト ロロハードフト クロイミ

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 15 Open to Public Inspection

Name of the organization

RED ANGUS FOUNDATION TNC Employer identification number 75-2617387

RED ANGUS FOUNDATION, INC	75-	<u> 2617387</u>
Form 990-EZ, Part I, Line 4, Other Investment In	ncome:	
Description of Property:		Amount:
DIVIDENDS		11479.
Form 990-EZ, Part I, Line 10, Payments to Affili	ates:	
Affiliate Name: RED ANGUS ASSOCIATION-JUNIOR PRO	OGRAM	
Affiliate Address: 4201 NORTH I-35 DENTON, TX 76	207	
Purpose of Payment: SUPPORT JUNIOR PROGRAM		
Amount of Payment:		18500.
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
BANK CHARGES		232.
BOARD MEETINGS		248.
Total to Form 990-EZ, line 16		480.
Form 990-EZ, Part I, Line 20, Changes in Net Ass	ets:	
Changes in Net Assets or Fund Balances:		Amount:
PRIOR PERIOD ADJUSTMENTS	<del> </del>	12953.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description	Beg. of Year	End of Year
INVESTMENTS-	165604.	191035.
INVENTORY-BOOKS	5685.	5685.
ACCOUNTS RECEIVABLE	545.	545.
Total to Form 990-EZ, line 24		197265.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  532211 09-02-15	Schedule O (Fo	rm 990 or 990-EZ) (2015)

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

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

Inspection **Employer identification number** 

RED ANGUS FOUNDATION, INC	<u> 75-2</u>	<u> 2617387                                    </u>
Form 990-EZ, Part II, Line 26, Other Liabilities:		
Description Beg.	of Year	End of Year
DUE TO RAAA	35682.	47508.
Form 990-EZ, Part III, Primary Exempt Purpose - TO PROTESEARCH FOR THE RED ANGUS BREED OF LIVESTOCK TO JUNION		
Form 990-EZ, Part V, Information Regarding Personal Ber The organization did not, during the year, receive any		
or indirectly, to pay premiums on a personal benefit co		
The organization, did not, during the year, pay any pro	emiums, ć	lirectly,
or indirectly, on a personal benefit contract.		,
	<del></del>	