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DLN: 93493350003216

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

			lendar year, or tax year be C Name of organization	ginning 10-01-2015 , and ending	9 09-30-201	6	D 5		
	eck if app Idress ch		US Livestock Genetics Export	Inc				-	ntification number
•	iuress cir ame chai	-					43-1	67516	7
	itial retui		Doing business as						
FII			Number and street (or B.O. I	pox if mail is not delivered to street addre	ss) Room/sur	to	E Teleph	one num	ber
	'terminal iended ri		413 N Broadway Suite C	oox ii maii is not delivered to street addre	SS) KOOIII/SUI	te	(618) 548-9	154
		pending	City or town, state or provin	ce, country, and ZIP or foreign postal code	 e			,	
1 ,41	Sileacion	pending	Salem, IL 62881	, ,,			G Gross	receipts :	\$ 2,147,817
			F Name and address of	principal officer		H(a)	Is this a group	return	for
							subordinates?		⊤ Yes 🗸
							No		, , , , , ,
[Ta:	x-exemp	ot status	501(c)(3) √ 501(c)	(5) ◄ (insert no) 4947(a)(1) or	F 527		Are all subord included?	inates	⊤Yes 🔽 No
				(3) ((1)3611110) 4347(4)(1) 01	1 327			n a list	(see instructions)
, vv	ebsite:	► ww	w uslge org			H(c)	Group exemp	tıon nur	mber ▶
K Forr	n of orga	anızatıon	✓ Corporation Trust	Association ☐ Other ►		L Yea	ar of formation 1	994 M	State of legal domicile
В-		<u> </u>							
Рa	rt I		scribe the organization's m	ussion or most significant activitie	\c.				
			_	arket development and market ac		ım actıv	ities as authoi	ized by	the United States
a.	<u>De</u>	partme	nt of Agriculture, Foreign A	Agriculture Service and Commodit	y Credit Co	rporatio	n		
ဋိ									
Ĕ									
0 / 6	2 C	heck th	nis box ▶ ┌ if the organiza	tion discontinued its operations or	disposed o	of more	than 25% of it	s net as	ssets
5									
Activities & Governance			-	overning body (Part VI, line 1a)				3	10
	l		· -	ibers of the governing body (Part V	•			4	10
E C	l		• •	ed in calendar year 2015 (Part V ,	•			5	1
⋖	l		•	te if necessary)				6	
				rom Part VIII, column (C), line 12 me from Form 990-T, line 34 .				7a	0
	р ме	t unitera	ated business taxable inco	ine iroin roini 990-1, inie 34 .			Brian Vaar	7b	Current Voor
	8	Contri	ibutions and grants (Part V	(III line 1h)			Prior Year 2,002	697	Current Year 1,822,587
<u>Qı</u>	9		am service revenue (Part \	· · · · · · · · · · · · · · · · · · ·			2,002		232,180
Ravenue	10			column (A), lines 3, 4, and 7d).				,969	5,939
Œ.	11		•	in (A), lines 5, 6d, 8c, 9c, 10c, and			•	,,,,,,	
	12		,	igh 11 (must equal Part VIII, colu	•		2 226	465	2.060.706
		12)					2,236	,465	2,060,706
	13	Grants	s and similar amounts paid	l (Part IX, column (A), lines 1–3)			2,002	,697	1,822,587
	14	Benefi	its paid to or for members	(Part IX, column (A), line 4)					(
ς,	15	Saları 5-10		mployee benefits (Part IX, column	(A), lines		154	,548	158,970
Expenses	16a		•	art IX, column (A), line 11e) .					
e do	b		undraising expenses (Part IX, col	, ,,					
ū	17		3 ' ' '	n (A), lines 11a-11d, 11f-24e) .			51	498	86,754
	18			7 (must equal Part IX, column (A)			2,208		2,068,311
	19		•	et line 18 from line 12	•			722	-7,605
× %						D	<u> </u>		End of Year
Net Assets or Fund Balances						Begin	ning of Current	теаг	End of Year
Bal	20	Total	assets (Part X, line 16) .				346		350,910
2 2	21		liabilities (Part X, line 26)			•	28	,299	34,381
	22			btract line 21 from line 20			317	,773	316,529
	t II		nature Block	ve examined this return, including	accompany	vina sch	nedules and st	atemen	ts and to the hest of
				nd complete Declaration of prepar					
orepa	rer has	any ki	nowledge						
	I	***	c * *				2016-12-15		
Sign		Signa	ature of officer				Date		
Here		Mich	ael Phillips President & CEO						
			or print name and title						
			Print/Type preparer's name lames G Leuty	Preparer's signature James G Leuty	Da	ate	Check If	PTIN P00321	1361
Paid	k	_	·	<u> </u>			self-employed	1 0032	
Pre	parei	′ –	Firm's name				Firm's EIN	0) 244 0	
	Only	1 1	Firm's address > 125 N 11th St P				Phone no (61	5) 244-21	000
	•		Mount Vernon, 1	IL 628640017			1		

. ✓Yes No

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11 a	Yes	
	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	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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28b

28c

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35a

35b

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Yes

Form 990 (2015)

Pai	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
22			Ī

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Yes

Par		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this F				_
		check if Schedule O contains a response of flote to any line in this r	rait v	· ·	Yes	No
1a	Enter th	ne number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 5		103	110
		ie number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
		organization comply with backup withholding rules for reportable payments to	vendors and reportable			
·		(gambling) winnings to prize winners?	•	1 c		No
2a	Enter th	e number of employees reported on Form W-3, Transmittal of Wage and				
		tements, filed for the calendar year ending with or within the year covered	2a 1			
.		return		2b	Yes	
D		the sum of lines 1a and 2a is greater than 250, you may be required to e-file			103	
3a	Did the	organization have unrelated business gross income of \$1,000 or more during	the year?	3a		No
b	If "Yes,"	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation"	on in Schedule O	3b		No
4a	At any t	ime during the calendar year, did the organization have an interest in, or a sig	gnature or other authority			
		financial account in a foreign country (such as a bank account, securities acc	count, or other financial	4a		N.o.
						No
b		" enter the name of the foreign country ▶	and Financial Associate			
	(FBAR)	tructions for ining requirements for Fince N Form 114, Report of Foreign Bank	and Financial Accounts			
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during	a the tax year?	5a		No
		taxable party notify the organization that it was or is a party to a prohibited t		5b		No
	·	to line 5a or 5b, did the organization file Form 8886-T?		30		
·	11 105,	to line 3d of 3D, and the organization line form occor is a first in a		5c		
6a		e organization have annual gross receipts that are normally greater than \$10		6a		No
.	-	ation solicit any contributions that were not tax deductible as charitable conti " did the organization include with every solicitation an express statement th				
U		t tax deductible?		6b		
7	Organiza	ations that may receive deductible contributions under section 170(c).				
а		organization receive a payment in excess of \$75 made partly as a contribution		7a		
b		s provided to the payor? " did the organization notify the donor of the value of the goods or services pr		7b		
		organization sell, exchange, or otherwise dispose of tangible personal properly				
		n 8282?	·	7 c		
d	If "Yes,	" indicate the number of Forms 8282 filed during the year	7d			
e	Did the	organization receive any funds, directly or indirectly, to pay premiums on a po	ersonal benefit contract?			
	Didtho	organization, during the year, now promiums, directly or indirectly, on a nervo	unal honofit contract?	7e 7f		
		organization, during the year, pay premiums, directly or indirectly, on a perso		/1		
g	required	ganization received a contribution of qualified intellectual property, did the or	· ·	7g		
h		ganization received a contribution of cars, boats, airplanes, or other vehicles	, did the organization file a			
_	Form 10			7h		
8	•	ing organizations maintaining donor advised funds. onor advised fund maintained by the sponsoring organization have excess bus	siness holdings at any time			
		he year?		8		No
9a	Did the	sponsoring organization make any taxable distributions under section 4966?	·	9a		No
b	Did the	sponsoring organization make a distribution to a donor, donor advisor, or rela	ited person?	9b		No
10	Section	501(c)(7) organizations. Enter				
а	Initiatio	n fees and capital contributions included on Part VIII, line 12	10a			
b	Gross re	· · · · · · · · · · · · · · · · · · ·	10b			
11		501(c)(12) organizations. Enter				
		1	11a			
b	Grossır	ncome from other sources (Do not net amounts due or paid to other sources				
	agaınst	amounts due or received from them)	11b			
12a	Section	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lieu of Form 1041?	12a		No
b		enter the amount of tax-exempt interest received or accrued during the	12b			
13	year Section	501(c)(29) qualified nonprofit health insurance issuers.				
	220011					
а		rganization licensed to issue qualified health plans in more than one state? N o ial information the organization must report on Schedule O	ote. See the instructions for	13a		No
Ь		ial mormation the organization must report on Schedule O be amount of reserves the organization is required to maintain by the states		134		NO
-		the organization is licensed to issue qualified health plans	13b			
С	Enter th	e amount of reserves on hand	13c			
		organization receive any payments for indoor tanning services during the tax	•	14a		No
b	If"Yes,	" has it filed a Form 720 to report these payments? <i>If "No," provide an explanat</i>	tion in Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
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?	8 b	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	even	ue Cod	e.)

Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Nο c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Did the organization have a written document retention and destruction policy? . . . 14 Νo 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? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

List the States with which a copy of this Form 990 is required to be filed▶

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 made these available. Check all that apply

Own website. Another's website. Upon request. Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Section C. Disclosure

State the name, address, and telephone number of the person who possesses the organization's books and records ▶Mike Phillips 413 N Broadway Suite C Salem, IL 62881 (618) 548-9154

interest policy, and financial statements available to the public during the tax year

16b

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F)										
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers	than on is	(do one bot	not bo: h ar or/ti	chec , unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	from the organization and related organizations
(1) Dr Gordon Doak	0 00	×						0	0	_
Director	0 00	*						l u	0	0
(2) Dr Chene Bayer	0 00	×						0	0	0
Chairperson	0 00									
(3) Mr Ennque Gandara	0 00	×						o	0	0
Director	0 00	^							0	ľ
(4) Dr Doug Newcom Director	0 00	x						0	0	0
(5) Dr Darrel DeGrofft	0 00	×						0	0	0
Director	0 00								0	
(6) Mr Chauncey Morris Director	0 00	x						0	0	0
(7) Dr Tommy Perkins	0 00	x						0	0	0
Director	0 00									
(8) Mr Michael Phillips Sec/Treas	40 00			x				83,976	0	20,958
(9) Ms Marty Earnheart	0 00			х				0	0	0
ViceChairperson	0 00									
(10) Mr Tony Clayton				×				0	0	0
Director	0 00									

Part VII	Section A. Off	ficers, Directors,	Trustees,	Key Employees,	and Highest	Compensated Empl	oyees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one l both	oox, an c	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ub-Total			٠.			•		'		
otal from continuation she otal (add lines 1b and 1c)	·			•	•	. >		83,976		20,958
otal number of individuals (- N w		an l	
100,000 of reportable com							C) W	no received more th	19411	

Did the organization list any former officer, director or truste	e, ke	y er	nplo	yee,	or	high	est	com	pen	sat
on line 1a? If "Yes," complete Schedule J for such individual										

ated employee

on line 1a? If "Yes," complete Schedule J for such individual	•	•	•	•	•	•	•	•	•	•	•	•	•	•
For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150,00													the	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person . . .

4	No
5	No
_	

Yes

3

No

Νo

Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
(A) Name and business address	(B) Description of services	(C) Compensation				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 0

Form 99								Page 9
Part V	Ш	Statement o						_
		Check if Schedu	ıle O contains a respor	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	es 1b					
	С	Fundraising eve	ents 1 c					
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e	1,822,587				
	f		ons, gifts, grants, and 1f					İ
	q	similar amounts no Noncash contribution	ons included in lines					
		1a-1f \$. 4 - 46		1,822,587			
<u> </u>	h	Total. Add lines	s la-lr		1,822,367			
된	2a	Administration fees		Business Code 110000	2.066	2.066		
eVer	b	Annual meeting inc		110000	2,066 8,880	2,066 8,880		1
a∱ CE	c	Membership Dues 8		110000	215,750	215,750		
Program Service Revenue	d	Miscellaneous incor	me	110000	179	179		
ъ Б	e	Special projects		110000	5,305	5,305		
grai	f	All other progra	ım service revenue					
ĕ	g	Total. Add lines	32a-2f	>	232,180			
	3		ome (including dividend		7,780			7,780
	4		ar amounts) tment of tax-exempt bond ;	H	0			<u>'</u>
	5	Royalties		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)		0			
	7a	Gross amount	(ı) Securities	(II) O ther				
	/a	from sales of assets other than inventory	84,961	309				
	b	Less cost or other basis and	87,090	21				
	_	sales expenses Gain or (loss)	-2,129	288				
	c d		s)		-1,841	-1,841		
venue		Gross income fi events (not incl \$	rom fundraising	,				
Other Revenue	<u> </u>	See Part IV, lin	e 18 a					
ō	l		penses b loss)from fundraising e	events ▶	o			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	ь	Less directex	penses b					
	С	Net income or (loss) from gaming activ	vities	О			
	10a	Gross sales of i	inventory, less	<u> </u>				
		returns and allo	wances .					
	ь	Less cost of go	a oods sold b					
		_	loss) from sales of inve	entory ▶	О			
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	q c	All other revers						
	d e		ue	▶				
	12		See Instructions		0			
		. ocal levellue.	Sec Instructions	•	2,060,706	230,339		7,780

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

	Γ				
	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 domestic organizations and domestic governments See Part IV, line 21	1,822,587	1,822,587		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	104,934	104,934		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	39,422	39,422		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	7,930	7,930		
10	Payroll taxes				
		6,684	6,684		
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	5,400	5,400		
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,759	29,759		
12	Advertising and promotion	0			
13	Office expenses	1,592	1,592		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	9,600	9,600		
17	Travel	7,408	7,408		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,563	14,563		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,577	1,577		
23	Insurance	4,759	4,759		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Dues and Fees	4,221	4,221		
b	Misc/Special Projects	3,315	3,315		
c	Equipment Rental & Maintenance	1,883	1,883		
d	Telephone	1,802	1,802		
е	All other expenses	875	875		
25	Total functional expenses. Add lines 1 through 24e	2,068,311	2,068,311	0	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2015)					Page 11	
Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any line in	n this P	art X				
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			43,802	1	470	
	2	Savings and temporary cash investments				2	0	
	3	Pledges and grants receivable, net		3	0			
	4	Accounts receivable, net			1,503	4	52,022	
ts	5	Loans and other receivables from current and former officer key employees, and highest compensated employees Com Schedule L		5	0			
	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(contributing employers and sponsoring organizations of sec voluntary employees' beneficiary organizations (see instruct II of Schedule L	and)1(c)(9)		-			
Assets	l _			6	0			
Ä	7	Notes and loans receivable, net		7	0			
	8	Inventories for sale or use	1.007	8	0			
	9	Prepaid expenses and deferred charges			1,667	9	45,909	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,983				
	b	Less accumulated depreciation	10 b	5,322	1,275	10 c	4,661	
	11	Investments—publicly traded securities			297,825	11	247,848	
	12	Investments—other securities See Part IV, line 11				12	0	
	13	Investments—program-related See Part IV, line 11				13	0	
	14	Intangible assets				14	0	
	15		Other assets See Part IV, line 11					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	346,072	16	350,910			
	17	Accounts payable and accrued expenses			10,799	17	24,381	
	18	Grants payable				18		
	19	Deferred revenue			17,500	19	10,000	
	20	Tax-exempt bond liabilities				20		
۲۵.	21	Escrow or custodial account liability Complete Part IV of S	chedul	e D		21		
Liabilities	22	Loans and other payables to current and former officers, dir key employees, highest compensated employees, and disqu		trustees,				
Ö		persons Complete Part II of Schedule L \cdot . \cdot .				22		
Ë	23	Secured mortgages and notes payable to unrelated third pa	rties			23		
	24	Unsecured notes and loans payable to unrelated third partie	es .			24		

12	Investments—other securities See Part IV, line 11		12	0
13	Investments—program-related See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11		15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	346,072	16	350,910
17	Accounts payable and accrued expenses	10,799	17	24,381
18	Grants payable		18	
19	Deferred revenue	17,500	19	10,000
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
26		28,299	26	34,381
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
27	Unrestricted net assets	317,773	27	316,529
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	317,773	33	316,529
34	Total liabilities and net assets/fund balances	346,072	34	350,910
	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Investments—program-related See Part IV, line 11 Intangible assets Other assets See Part IV, line 11 Total assets.Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities.Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Total liabilities (and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Investments—program-related See Part IV, line 11 Intangible assets	13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 346,072 16 17 Accounts payable and accrued expenses 10,769 17 18 Grants payable 18 18 19 Deferred revenue 17,500 19 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 4 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities on tincluded on lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 28.299 26 36 Total liabilities.Add lines 17 through 25 317,773

a separate basis, consolidated basis, or both Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both Separate basis

Schedule O

Schedule O

c If "Yes," to line 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?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Both consolidated and separate basis

Cash ✓ Accrual COther

Both consolidated and separate basis

2b

2c

3a

3b

2a

Yes

Yes

Yes

Yes Form 990 (2015)

Νo

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493350003216

Open to Public **Inspection**

Na	me of the organization Livestock Genetics Export Inc			loyer identification number
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar F		or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year	(.,	(-,	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	-	nor advi	sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l conferring impermissible private benefit?			
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e g , recreeducation)		an histor	rically important land area
	Protection of natural habitat	Preservation of a	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	held a qualified conservation contribution in	the form	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c	Number of conservation easements on a certified	` '	2 c	
d	Number of conservation easements included in (c historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminat	ed by th	e organization during the
	tax year ▶			
1	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		ndling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, i year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	conserva	ation easements during the year
3	Does each conservation easement reported on lir (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	(¹0(h)(4)
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		se statement, and
'a r	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education	, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		

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 (ASC 958) relating to these items

▶ \$ __

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	t IIII	Organizations Maintaining (continued)	Collections of	Art, Hi	storic	al Tr	easures,	or Ot	her Similar A	ssets	-
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other re	ecords, c	heck ar	y of t	he following t	that are	e a sıgnıfıcant us	e of its	
а		Public exhibition		d		Loan	or exchange	progra	ims		
b	F :	Scholarly research		e	Г	Othe	r				
С		Preservation for future generations									
4	Provide Part >	de a description of the organization? KIII	s collections and ex	xplaın ho	w they	furthe	r the organiz	atıon's	exempt purpose	ın	
5		g the year, did the organization solid s to be sold to raise funds rather th							sımılar Ye	s □N	0
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, F	art I	V, line 9, o	r repo	rted an amour	nt on For	m 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	ermediary	for co	ntrıbu	tions or othe	rasset	ts not Ye	s N	o
b	If"	Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing	table			Am	ount	
c	Beg	ginning balance						1 c			
d	A d	ditions during the year						1d			
e	Dıs	tributions during the year						1e			
f	End	ding balance						1f			
2 a		ne organization include an amount o	n Form 990, Part X	, lıne 21,	for esc	row o	ı r custodıal a	ccount	liability? 🗆 🗸	s	
									, , , ,	3 10	J
b	If"Ye	es," explain the arrangement in Part	XIII Check here if	f the expl	anatior	n has l	been provide	d ın Pa	rt XIII		
Pa	rt V	Endowment Funds. Comple	te if the organiza	ition ans	swered	d "Ye	s" to Form	990, F	art IV, line 10		
			(a)Current year	(b) P	nor year	b	(c)Two years I	back (d) Three years back	(e)Four y	ears back
1 a	Begir	nning of year balance				_					
b	Cont	ributions									
c	Net II losse	· · · · · · · · · · · · · · · · · · ·									
d	Grant	ts or scholarships									
e		r expenditures for facilities programs									
f	Λ dmi	nistrative expenses				_		-			
g		of year balance									
2	Provid	de the estimated percentage of the	current vear end ba	lance (lu	ne 1a. c	olumi	n (a)) held as	 ;			
а		I designated or quasi-endowment >	,	(***			(,,				
b		anent endowment									
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	-								
3a		nere endowment funds not in the pos ization by	ssession of the orga	anızatıon	that ar	e held	l and adminis	tered	for the	Yes	No
	_	related organizations							38	a(i)	110
		lated organizations								ı(ii)	
b	If"Ye	s" on 3a(II), are the related organiz	ations listed as req	uired on	Schedu	le R?				3b	
4		ribe in Part XIII the intended uses o		endown	nent fun	ıds					
Pai	rt VI	Land, Buildings, and Equip		Form C	100 Da	r+ T\/	lino 11a S	oo Eo	rm 000 Bart V	/ line 10	1
		Description of property	iliswered res to	(a	Cost or		basis (b) ther basi	Accumulate	d (d) B	ook value
	Land						(00)	,			
		gs		· ·							
		nold improvements		. –							
		nent		· [9,983	3 5	322	4,661
								2,20.	,		1,001
		lines 1a through 1e (Column (d) mus	t equal Form 990, Pa	art X, colu	mn (B),	line 1	10(c))		>		4,661
			•	-			·		Schedule	D (Form 9	990) 2015

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financia	al derivatives			Cost of end-of-year market valu
2) Closely-	-held equity interests			
3) O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	} •		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiz	-	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	n Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) De	ation answered 'Yes' description		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the complete if the complete in the complet	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
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Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015

2

Part XIII

information

Return Reference

Supplemental Information

2,067,067

а	Net unrealized gains (losses) on investments 2a 6,3	61	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	6,361
3	Subtract line 2e from line 1	3	2,060,706
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		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,060,706
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	ises pei	Return.
1	Total expenses and losses per audited financial statements	1	2,068,311
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 XIII)............. 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,068,311
4	Amounts 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		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	2,068,311

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

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Schedule D (Form 990) 2015		Page 5						
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							
		_						

Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization
US Livestock Genetics Export Inc

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

n answered Yes, on Form 990, Part 1V, line 21 or 2.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

2015

Open to Public

DLN: 93493350003216OMB No 1545-0047

Inspection
Employer identification number

03 Livestock defleties Export The						43-1675167	
Part I General Informat	ion on Grants an	d Assistance					
Does the organization maintal the selection criteria used to Describe in Part IV the organ Part II Grants and Other Assisthat received more tha	award the grants or a ization's procedures stance to Domestic O	ssistance? for monitoring the use rganizations and Dome	of grant funds in the Un	ited States		orm 990, Part IV, line 21	√ Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							
2 Enter total number of section3 Enter total number of other or							14
For Paperwork Reduction Act Notice, s				Cat No 50055P	<u> </u>		le I (Form 990) 2015

Additional Data

HOUSTON,TX 77054

AMERICAN EMBRYO

1800 South Oak St Suite 100 CHAMPAIGN,IL 61820

TRANSFER ASSOC

36-3234146

Software ID: 15000324
Software Version: 2015v2.0

EIN: 43-1675167

Name: US Livestock Genetics Export Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN ANGUS ASSOC 3201 FREDERICK AVENUE SAINT JOSEPH,MO 64506	44-0605539		6,739	0			Market Development
AMERICAN BRAHMAN BREEDERS ASSOC 3003 SOUTH LOOP WEST SUITE 520	74-1054596		65,159	0			Market Development

22,397

Market Development

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 02-0103680 5,257 Market Development AMERICAN GUERNSEY ASSOC 1224 Alton Darby Creek Dd G evelopment

8,437

Market Development

Columbus, OH 43228					
AMERICAN JERSEY CATTLE ASSOC 6486 EAST MAIN STREET REYNOLDSBURG,OH 43068		26,119	0		Market De

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AMERICAN MILKING

SHORTHORN SOCIETY 23515 RANGE ROAD UNION CITY, PA 16438

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) AMERICAN MINIATURE 75-1608397 22,120 Market Development HORSE ASSOC 5601 S INTERSTATE 35 W ALVARADO, TX 76009 AMERICAN PAINT HORSE 75-1104655 74,042 Market Development ASSOC FORT WORTH, TX 76161

Market Development

161,519

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 961023 FORT WORTH,TX 7616 AMERICAN QUARTER HORSE ASSOC PO BOX 200 1600

QUARTER HORSE AMARILLO, TX 79168

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 81-0422884 16,963 AMERICAN SIMMENTAL Market Development ASSOC ONE SIMMENTAL WAY BOZEMAN, MT 59715 74-1294627 27,976 Market Development

20,487

Market Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AMERICAN-INTL
CHAROLAIS ASSOC
11700 NW PLAZA CIRCLE
KANSAS CITY, MO 64153

APPALOOSA HORSE CLUB

2720 WEST PULLMAN ROAD MOSCOW, ID 83843

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) ARABIAN HORSE ASSOC 01-0744024 15,681 Market Development 10805 E BETHANY DRIVE AURORA, CO 80014 . Development

AYRSHIRE BREEDERS ASSOC 1224 ALTON DARBY CREEK RD COLUMBUS,OH 43228	03-0102250	41,286	0		Market Development
BEEFMASTER BREEDERS	74-1457036	49,109	0		Market Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNITED

6800 PARK TEN BLVD SAN ANTONIO, TX 78213

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 36-6222496 21,135 Market Development BROWN SWISS CATTLE BREEDERS ASSOCIATION 800 PLEASANT STREET BELOIT, WI 53511 42-0996041 20,350 Market Development 17346 Kellev Road

Clydesdale Breeders of the US Pecatonia, IL 61063 COLORADO DEPT OF 84-0644739 5,497 Market Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AGRICULTURE 700 KIPLING STREET SUITE 400

LAKEWOOD, CO 80215

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) FLORIDA THOROUGHBRED 59-0944678 40,711 Market Development **BREEDERS & OWNERS** 801 SW 60TH AVENUE OCALA, FL 34474 Development

HOLSTEIN ASSOCIATION USA N 1833 TWO CREEK ROAD BONDUEL,WI 54107	03-0130760	91,939	0		Market Development
IDAHO DEPT OF	82-6000952	12,581	0		Market Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AGRICULTURE 2270 Old Penitentiary Rd

Boise, ID 83712

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) ILLINOIS DEPT OF 16-1756787 38,325 Market Development AGRICULTURE PO BOX 19281 SPRINGFIELD, IL 62794 44-0624028 31,034 Market Development

INTERNATIONAL BRANGUS BREEDERS 5700 FPSILON SAN ANTONIO, TX 78249 KANSAS DEPARTMENT OF A 48-6029925 18,093 Market Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1320 RESEARCH PARK DRIVE

MANHATTAN, KS 66502

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) KENTUCKY 61-0590716 61,688 Market Development THOROUGHBRED OWNERS 4079 IRON WORKS PARKWAY LEXINGTON, KY 40511 MARYLAND DEPT OF 52-6002033 28.011 Market Development AGRICULTURE **50 HARRY S TRUMAN** PARKWAY ANNAPOLIS, MD 21401 MISSOURI DEPT OF 75-3029091 7,000 Market Development AGRICULTURE 1616 Missouri Boulevard

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JEFFERSON CITY, MO

65109

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) MONTANA DEPT OF 81-0302402 67,372 Market Development AGRICULTURE PO BOX 200201 HELENA, MT 59620 NATIONAL ASSOC OF 43-1717306 263,225 Market Development ANIMAL BREEDERS PO BOX 1033 COLUMBIA, MO 65205

Market Development

80,442

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NATIONAL SWINE

2639 YEAGER ROAD WEST LAFAYETTE, IN

REGISTRY

47906

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 26,759 NEBRASKA DEPT OF 47-0491233 Market Development AGRICULTURE PO BOX 94947 LINCOLN, NE 68509 Market Development

Market Development

New Generation Genetics Inc W6368 Briar Lane Fort Atkinson, WI 53538	39-1779150	16,594	0	
NEW MEXICO DEPT OF	85-6000401	17,730	0	

MSC 5600 PO BOX 30005 LAS CRUCES, NM 88003

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AGRICULTURE

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) OHIO LIVESTOCK & 27-0391831 24,325 Market Development GENETIC EXPORT 6225 Hogpath Road Greenville, OH 45331 SSOC 35-0934152 16,460 Market Development

DEDCHERON HORSE AS
PERCHERON HORSE AS
10330 QUAKER RD
FREDERICKTOWN,OH
43019

CLINTON, WI 53525

RED & WHITE DAIRY CATTLE ASSOCIATION 308 B OGDEN AVENUE A3-6055639 T12,749 Market Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) SANTA GERTRUDIS 74-1143492 18.896 Market Development BREEDERS INTL PO BOX 1257 t Development

Market Development

KINGSVILLE, IX 78364					
SENEPOL CATTLE BREEDERS ASSOC 2321 CHESTNUT STREET WILMINTON,NC 28405	43-1562408	30,711	0		Market

18,134

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TENNESSEE WALKING

PO BOX 286

HORSE BREEDERS & EXH

LEWISBURG, TN 37091

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) TEXAS DEPT OF 74-6027560 15,455 Market Development AGRICULTURE PO BOX 12847 Development

AUSTIN,TX 78711					
US LIVESTOCK GENETICS EXPORT 413 N BROADWAY SALEM,IL 62881	43-1675167	211,073	0		Market D
· ·					

17,854

Market Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VIRGINIA DEPT OF

RICHMOND, VA 23219

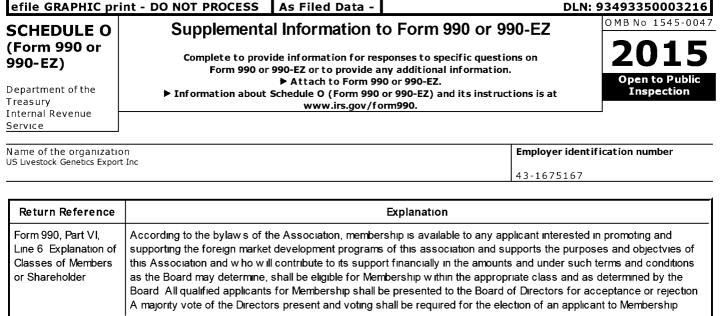
AGRICULTURE PO BOX 1163

(a) Name and address of (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant **(b)** EIN (c) IRC section (a) Description of organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 28,630 WISCONSIN DEPT OF 39-6006422 Market Development

AGRICULTURE TRADE PO BOX 8911

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MADISON.WI 53708



Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing	At each annual meeting, the members of the association elect
Body	directors

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Directors may be removed from office only by a vote of two-thirds of the Directors then in office. Notice of the proposed removal shall be given to all directors of the Corporation prior to action thereon. An Officer may be removed by a vote of a majority of the entire Board of Directors whenever in its judgment the best interests of the Corporation will be served thereby in addition, the bylaws may be amended by a majority vote of the voting delegates at the annual meeting, or at a special meeting called for that purpose, provided that notice of the nature of the proposed amendment or amendments is included in the call and Notice of Meeting.

Return Reference	Explanation
Form 990, Part VI, Line 11b Form	Each member of the board of directors was provided with a copy of form 990 prior to its filing with the
990 Review Process	IRS, along with a copy of the annual audited financial statements

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of	The board has adopted a w ritten "Ethical Business Conduct Policy/Conflict of Interest" to
Monitoring and Enforcement of Conflicts	serve as a guideline while monitoring and enforcing compliance

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The board annually reviews and approves the President's compensation package. Considering that a majority of the members of U.S. Livestock Genetics, Inc. are also tax-exempt organizations, USLGE's Board of Directors is able to compare the President's compensation to that of personnel within their own organizations to determine whether or not the President's compensation is reasonable and comparable. This review and approval process and their decision regarding the compensation package is duly noted and approved in the minutes to the board of directors meeting.

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The board annually reviews and approves the President's compensation package. Considering that a majority of the members of U.S. Livestock Genetics, Inc. are also tax-exempt organizations, USLGE's Board of Directors is able to compare the President's compensation to that of personnel within their own organizations to determine whether or not the President's compensation is reasonable and comparable. This review and approval process and their decision regarding the compensation package is duly noted and approved in the minutes to the board of directors meeting.

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Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents	The Association's governing documents and financial statements are made
Publicly Available	available to the public upon request