

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ANGUS ASSOCIATION Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 3201 FREDERICK AVENUE City or town, state or province, country, and ZIP or foreign postal code ST JOSEPH, MO 64506	D Employer identification number 44-0605539 E Telephone number (816) 383-5100 G Gross receipts \$ 38,649,909
F Name and address of principal officer RICHARD WILSON 3201 FREDERICK AVENUE ST JOSEPH, MO 64506		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1883 M State of legal domicile MO
J Website: ▶ WWW.ANGUS.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities MAINTAIN PEDIGREE AND PERFORMANCE INFORMATION, AND THE PROMOTION OF THE ANGUS BREED				
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
3	Number of voting members of the governing body (Part VI, line 1a)	3		22	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		22	
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		211	
6	Total number of volunteers (estimate if necessary)	6		41	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		559,954	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		-955,146	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	0			0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,324,440			34,445,200
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,310,491			1,156,117
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	835,664			1,009,585
		33,470,595			36,610,902
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	345,063			382,657
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,652,337			16,688,373
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,040,084			18,091,454
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	33,037,484			35,162,484	
19 Revenue less expenses Subtract line 18 from line 12	433,111			1,448,418	
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	35,060,309			37,305,968
	21 Total liabilities (Part X, line 26)	6,333,812			5,700,886
22 Net assets or fund balances Subtract line 21 from line 20	28,726,497			31,605,082	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer KENNY MILLER, DIRECTOR OF FINANCE Type or print name and title	2017-06-12 Date			
Paid Preparer Use Only	Print/Type preparer's name CARLA R LACKEY CPA	Preparer's signature CARLA R LACKEY CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00138993
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 2301 VILLAGE DRIVE ST JOSEPH, MO 64506			Phone no (816) 232-8441	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

TO PROVIDE PROGRAMS, SERVICES, TECHNOLOGY AND LEADERSHIP TO ENHANCE THE GENETICS OF THE ANGUS BREED, BROADEN ITS INFLUENCE WITHIN THE BEEF INDUSTRY AND EXPAND THE MARKET FOR SUPERIOR TASTING, HIGH-QUALITY ANGUS BEEF WORLDWIDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f						
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f ▶						
Program Service Revenue	2a	CERTIFIED ANGUS BEEF Business Code 110000	23,281,280	23,281,280				
	b	REGISTRATIONS 110000	4,391,319	4,391,319				
	c	AI CERTIFICATES 110000	1,569,990	1,569,990				
	d	MEMBERSHIPS 110000	1,493,470	1,493,470				
	e	BREED IMPROVEMENT 110000	1,087,848	1,087,848				
	f	All other program service revenue	2,621,293	2,621,293				
	g	Total. Add lines 2a-2f ▶	34,445,200					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	495,306			495,306	
4		Income from investment of tax-exempt bond proceeds . . . ▶						
5		Royalties ▶	518,300		518,300			
6a		Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
d		Net rental income or (loss) ▶						
7a		Gross amount from sales of assets other than inventory	(i) Securities	2,409,789	27,890			
			(ii) Other					
			b	Less cost or other basis and sales expenses	1,740,184	36,684		
			c	Gain or (loss)	669,605	-8,794		
d		Net gain or (loss) ▶	660,811			660,811		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
			b	Less direct expenses b				
			c	Net income or (loss) from fundraising events . . . ▶				
9a		Gross income from gaming activities See Part IV, line 19 a						
			b	Less direct expenses b				
	c		Net income or (loss) from gaming activities ▶					
10a	Gross sales of inventory, less returns and allowances a							
		b	Less cost of goods sold b	620,066				
		c	Net income or (loss) from sales of inventory . . . ▶	357,927	316,273	41,654		
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS Business Code 900099		133,358	133,358				
		b						
		c						
		d	All other revenue					
e	Total. Add lines 11a-11d ▶		133,358					
12	Total revenue. See Instructions ▶		36,610,902	34,894,831	559,954	1,156,117		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	373,657			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,142,585			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,251,549			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	825,085			
9	Other employee benefits	2,519,692			
10	Payroll taxes	949,462			
11	Fees for services (non-employees)				
a	Management				
b	Legal	166,804			
c	Accounting	74,550			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,493			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	427,534			
12	Advertising and promotion	6,453,453			
13	Office expenses	1,576,086			
14	Information technology				
15	Royalties				
16	Occupancy	211,717			
17	Travel	2,142,261			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,987,233			
20	Interest	330			
21	Payments to affiliates	147,115			
22	Depreciation, depletion, and amortization	973,909			
23	Insurance	122,377			
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	SHOW EXPENSE	549,791			
b	DIRECTOR'S EXPENSE	471,829			
c	DUES & SUBSCRIPTIONS	295,937			
d	OUTREACH	289,379			
e	All other expenses	1,181,656			
25	Total functional expenses. Add lines 1 through 24e	35,162,484			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	1,850,308	1	1,951,251	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	2,854,759	4	3,029,174	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	841,890	8	987,084	
	9 Prepaid expenses and deferred charges	463,256	9	566,192	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	14,108,034			
	b Less accumulated depreciation	8,811,169	5,180,583	10c	5,296,865
	11 Investments—publicly traded securities	23,863,988	11	25,150,173	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	5,525	15	325,229	
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,060,309	16	37,305,968		
Liabilities	17 Accounts payable and accrued expenses	2,891,537	17	3,417,363	
	18 Grants payable		18		
	19 Deferred revenue	1,197,923	19	1,090,482	
	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	13,474	23	4,564	
	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	2,230,878	25	1,188,477	
	26 Total liabilities. Add lines 17 through 25	6,333,812	26	5,700,886	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	28,726,497	27	31,605,082	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	28,726,497	33	31,605,082		
34 Total liabilities and net assets/fund balances	35,060,309	34	37,305,968		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,610,902
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,162,484
3	Revenue less expenses Subtract line 2 from line 1	3	1,448,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,726,497
5	Net unrealized gains (losses) on investments	5	1,430,168
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,605,082

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 44-0605539

Name: AMERICAN ANGUS ASSOCIATION

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	INDUSTRY & MEMBERSHIP COMMUNICATIONS COSTS OF PROVIDING NATIONAL ADVERTISING AND NATIONAL PUBLIC RELATIONS PROGRAMS, AND MEMBER INFORMATION AND EDUCATION PROGRAMS				

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

FIELD SERVICES COSTS OF PROVIDING FIELD SERVICES TO MEMBERS BY ORGANIZING AND ATTENDING VARIOUS AGRI-BUSINESS EVENTS AND WORKING WITH MEMBERS AND COMMERCIAL CATTLE PRODUCERS

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

MEMBER SERVICES COSTS OF MAINTAINING MEMBERSHIP RECORDS AND PEDIGREE RECORDS OF REGISTERED ANGUS CATTLE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

ACTIVITIES COST OF SUPPORTING THE NATIONAL JUNIOR ACTIVITIES PROGRAM, PROVIDING SHOW PREMIUMS AND ATTENDING ANGUS SHOWS AND EVENTS

(Code) (Expenses \$ including grants of \$) (Revenue \$)

PERFORMANCE PROGRAMS COSTS OF PROVIDING GENETIC INFORMATION TO MEMBERS BY PROCESSING ANIMAL BIRTH, WEANING, AND YEARLING WEIGHTS AND OTHER INFORMATION USEFUL TO GENETIC EVALUATION OF BEEF CATTLE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

CERTIFIED ANGUS BEEF COSTS OF ADMINISTERING THE ASSOCIATION'S NATIONAL BRANDED BEEF PROGRAM WITH THE GOAL OF IMPROVING DEMAND OF REGISTERED ANGUS BULLS

(Code) (Expenses \$ including grants of \$) (Revenue \$)

ANGUS INFORMATION MANAGEMENT SOFTWARE COSTS OF DEVELOPING, MAINTAINING, AND DISTRIBUTING THE ANGUS INFORMATION MANAGEMENT SOFTWARE USED BY MEMBERS TO MAINTAIN RECORDS ON THEIR ANGUS HERDS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

COMMERCIAL PROGRAMS COSTS TO COORDINATE THE ASSOCIATION'S CURRENT WORK WITH COMMERCIAL OPERATIONS,
AS WELL AS THE DEVELOPMENT OF NEW PROGRAMS TO ASSIST COMMERCIAL BEEF CATTLE PRODUCERS USING ANGUS
GENETICS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BURKE TOM DIRECTOR	2 00	X						0	0	0
COFFEY JAMES DIRECTOR	2 00	X						0	0	0
CONNELY JERRY DIRECTOR	2 00	X						0	0	0
DAL PORTO DAVID DIRECTOR	2 00	X						0	0	0
FOSTER SCOTT DIRECTOR	2 00	X						0	0	0
GRIMES JOHN DIRECTOR	2 00	X						0	0	0
GROVE CHUCK DIRECTOR	2 00	X						0	0	0
HARRELLJOHN ELBERT DIRECTOR	2 00	X						0	0	0
HENDERSON JAMES DIRECTOR	2 00	X						0	0	0
HOWELL PHIL DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MCCRAVY MIKE DIRECTOR	2 00 0 00	X						0	0	0
MCDONNELL LEO DIRECTOR	2 00 1 50	X						0	0	0
MEYER VAUGHN DIRECTOR	2 00 1 50	X						0	0	0
NICHOLS DAVE DIRECTOR	2 00 2 50	X						0	0	0
OLSON STEVE DIRECTOR	2 00 0 00	X						0	0	0
PFEIFFER JR JOHN DIRECTOR	2 00 1 00	X						0	0	0
SCHIEFELBEIN DON DIRECTOR	2 00 0 50	X						0	0	0
VARILEK MICK DIRECTOR	2 00 0 00	X						0	0	0
PALMER DWIGHT OUTSIDE REPRESENTATIVE - CAB	2 00 0 00	X						0	0	0
SITZ JIM PRESIDENT & CHAIRMAN	2 00 1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YON KEVIN TREASURER	2 00	X		X				0	0	0
BOYD II CHARLIE VICE PRESIDENT & VICE CHAIRMAN	2 00	X		X				0	0	0
SCHUMANN BRYCE CHIEF EXECUTIVE OFFICER	40 00			X				396,716	0	13,305
MOCZYGEMBA ALLEN CHIEF EXECUTIVE OFFICER	40 00			X				43,447	0	1,505
WILSON RICHARD CHIEF FINANCIAL OFFICER	50 00			X				263,601	2,500	30,622
STIKA JOHN PRESIDENT - CAB	40 00				X			282,552	0	32,351
EICHAR BRENT SENIOR VP - CAB	40 00				X			210,260	0	29,857
STALLO CHRIS VP OPERATIONS	40 00					X		208,402	0	29,592
ERICKSON TRACEY VP MARKETING	40 00					X		187,178	0	9,947
POLZER MARK VP - CAB	40 00					X		175,144	0	21,417

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: AMERICAN ANGUS ASSOCIATION
Employer identification number: 44-0605539

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values. Rows 5-6 for yes/no questions regarding donor property and grant purposes.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
Table with 2 columns: Held at the End of the Year. Rows 2a-2d for total number, acreage, and structure counts.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 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:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description (1c-1f) and Amount.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	38,666,454
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	1,430,168	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	644,877	
e	Add lines 2a through 2d			2e 2,075,045
3	Subtract line 2e from line 1			3 36,591,409
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,493	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 19,493
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 36,610,902

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	35,787,868
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	644,877	
e	Add lines 2a through 2d			2e 644,877
3	Subtract line 2e from line 1			3 35,142,991
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,493	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 19,493
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 35,162,484

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 44-0605539
Name: AMERICAN ANGUS ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION FOLLOWS THE PROVISIONS FOR UNCERTAIN TAX POSITIONS AS ADDRESSED IN FINANCIAL ACCOUNTING STANDARDS BOARD ASC 740. THE ASSOCIATION RECOGNIZED NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS AT SEPTEMBER 30, 2016. THE ASSOCIATION HAS NO MATERIAL TAX POSITIONS AT SEPTEMBER 30, 2016 FOR WHICH THE ULTIMATE DEDUCTIBILITY IS HIGHLY CERTAIN, BUT FOR WHICH THERE IS UNCERTAINTY ABOUT THE TIMING OF SUCH DEDUCTIBILITY. THE ASSOCIATION HAD NO ACCRUALS FOR INTEREST AND PENALTIES AT SEPTEMBER 30, 2016 AND 2015.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INTERCOMPANY REVENUES 382,738 COST OF GOODS SOLD 262,139

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	INTERCOMPANY EXPENSES 382,738 COST OF GOODS SOLD 262,139

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ANGUS ASSOCIATION

Employer identification number

44-0605539

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA - MEXICO	0	1	PROGRAM SERVICES	EDUCATION SERVICES	215,396
(2) EAST ASIA AND THE PACIFIC - JAPAN	0	1	PROGRAM SERVICES	EDUCATION SERVICES	181,711
(3)					
(4)					
(5)					
3a Sub-total	0	2			397,107
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	2			397,107

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3** Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 44-0605539

Name: AMERICAN ANGUS ASSOCIATION

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization AMERICAN ANGUS ASSOCIATION

Employer identification number

44-0605539

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) APPLIED RESEARCH	1	9,000			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ASSOCIATION MAINTAINS ONGOING CONTACT WITH THE UNIVERSITY AND SCIENTIST ASSOCIATED WITH GRANTS MADE THROUGH THIS ONGOING CONTACT THE PROJECT IS MONITORED REGARDING STATUS AND RESULTS OF RESEARCH

Additional Data

Software ID:
Software Version:
EIN: 44-0605539
Name: AMERICAN ANGUS ASSOCIATION

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGUS FOUNDATION 3201 FREDERICK AVENUE ST JOSEPH, MO 64506	36-3084945	501(C)(3)	337,500				PROJECT REVENUE
UNIVERSITY OF NEBRASKA-LINCOLN 151 WHITTIER RESEARCH CENTER LINCOLN, NE 68583	47-0049123	GOV	6,556	0			APPLIED RESEARCH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN ANGUS ASSOCIATION

Employer identification number
44-0605539

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	Yes	
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCHUMANN BRYCE CHIEF EXECUTIVE OFFICER	(i)	256,698 -----	0 -----	140,018 -----	4,284 -----	9,021 -----	410,021 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 WILSON RICHARD CHIEF FINANCIAL OFFICER	(i)	201,196 -----	30,000 -----	32,405 -----	12,956 -----	17,541 -----	294,098 -----	0 -----
	(ii)	2,500	0	0	125	0	2,625	0
3 STIKA JOHN PRESIDENT - CAB	(i)	199,443 -----	65,000 -----	18,109 -----	13,250 -----	19,101 -----	314,903 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 EICHAR BRENT SENIOR VP - CAB	(i)	151,101 -----	35,000 -----	24,159 -----	10,856 -----	19,001 -----	240,117 -----	0 -----
	(ii)	0	0	0	0	0	0	0
5 STALLO CHRIS VP OPERATIONS	(i)	177,203 -----	20,000 -----	11,199 -----	10,859 -----	18,733 -----	237,994 -----	0 -----
	(ii)	0	0	0	0	0	0	0
6 ERICKSON TRACEY VP MARKETING	(i)	156,622 -----	28,000 -----	2,556 -----	9,481 -----	466 -----	197,125 -----	0 -----
	(ii)	0	0	0	0	0	0	0
7 POLZER MARKVP - CAB	(i)	128,221 -----	22,000 -----	24,923 -----	8,768 -----	12,649 -----	196,561 -----	0 -----
	(ii)	0	0	0	0	0	0	0
8 MACVANE DAVID ASSISTANT VP - CAB	(i)	115,021 -----	27,000 -----	18,162 -----	8,501 -----	18,914 -----	187,598 -----	0 -----
	(ii)	0	0	0	0	0	0	0
9 MCCULLY MARK VP PRODUCTION - CAB	(i)	125,368 -----	25,000 -----	9,186 -----	8,427 -----	18,910 -----	186,891 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE ASSOCIATION PROVIDES TRAVEL REIMBURSEMENTS FOR TRAVEL OF SPOUSES TO BOARD MEETINGS
PART I, LINE 4A	BRYCE SCHUMANN RECEIVED A SEVERANCE PAYMENT OR \$127,292. THIS SEVERANCE PAYMENT WAS PART OF HIS W-2 WAGES.

**SCHEDULE O
(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

2015

**Open to Public
Inspection**

Name of the organization
AMERICAN ANGUS ASSOCIATION

Employer identification number

44-0605539

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BY VIRTUE OF THE NATURE OF THE ASSOCIATION, MEMBERS OF THE BOARD OF DIRECTORS HAVE ONGOING BUSINESS RELATIONSHIPS AND DEALINGS WITH ONE ANOTHER. ALL MEMBERS OF THE BOARD REGISTER AND ACCOMPLISH OTHER BUSINESS ACTIVITIES WITH THE ASSOCIATION. INTERNAL CONTROLS ARE IN PLACE DESIGNED TO IDENTIFY AND ELIMINATE ANY INAPPROPRIATE ACTIVITY IN THE UNLIKELY EVENT THAT IT WOULD TAKE PLACE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION HAS MEMBERS THAT PAY ANNUAL MEMBERSHIP FEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ASSOCIATION HAS MEMBERS APPLICATION FOR MEMBERSHIP SHALL BE MADE BY SUBMITTING TO THE CEO OF THE ASSOCIATION AN APPLICATION IN THE FORM PRESCRIBED BY THE BOARD OF DIRECTORS, ACCOMPANIED BY THE ESTABLISHED MEMBERSHIP FEE THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO ACCEPT OR REJECT APPLICATIONS FOR MEMBERSHIP CONSISTENT WITH THE PROVISIONS OF THE BYLAWS AT EACH CONVENTION OF DELEGATES (DELEGATES ARE CHOSEN BY THE MEMBERS) NEW DIRECTORS ARE ELECTED BY THE DELEGATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM THEN REVIEWED IN DETAIL BY SENIOR MANAGEMENT. DUE TO TIMING CONSIDERATIONS, IT WAS NOT POSSIBLE TO PRESENT THE 990 TO THE BOARD PRIOR TO FILING. THE 990 WILL BE DISCUSSED WITH THE OFFICERS OF THE SOLE MEMBER AT A BOARD MEETING IMMEDIATELY FOLLOWING THE DUE DATE OF THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THEIR IS A CONFLICT OF INTEREST POLICY IN PLACE FOR BOARD MEMBERS AND FOR EMPLOYEES ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST POLICY TO ENSURE COMPLIANCE WITH THIS REQUIREMENT, EVERY YEAR IT IS AN AGENDA ITEM AT THE SEPTEMBER BOARD MEETING IN ORDER TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THE ASSOCIATION REQUIRES ANY POTENTIAL CONFLICT BE SELF-REPORTED THROUGHOUT THE YEAR LEGAL COUNCIL IS PRESENT AT BOARD MEETINGS AND THEY ARE RESPONSIBLE FOR DETERMINING WHETHER A POTENTIAL CONFLICT IS AN ACTUAL CONFLICT, SUBJECT TO THE APPROVAL OF THE NON-CONFLICTED BOARD MEMBERS LEGAL COUNCIL WILL ALSO MAKE RECOMMENDATIONS TO THE BOARD FOR APPROPRIATE ACTION REGARDING THE MEMBER IN CONFLICT, INCLUDING BUT NOT LIMITED TO RECUSAL FROM VOTING AND/OR DISCUSSION RELATED TO THE MATTER IN CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DELIBERATES AND DECIDES ON THE SALARY OF THE CHIEF EXECUTIVE OFFICER OF THE ASSOCIATION. THE CHIEF EXECUTIVE OFFICER DETERMINES THE SALARIES OF OTHER EMPLOYEES, BUT THE COMPENSATION COMMITTEE ALSO REVIEWS ALL EMPLOYEE COMPENSATION PACKAGES AT AND ABOVE THE MANAGEMENT LEVEL. THE BOARD REVIEWS THE COMPENSATION PACKAGE OF THE CHIEF EXECUTIVE OFFICER ANNUALLY, INCLUDING THE USE OF A COMPENSATION COMMITTEE WHICH MEETS TO REVIEW SALARIES. OCCASIONALLY, THE BOARD WILL REQUEST THAT THE COMPENSATION COMMITTEE USE COMPARABILITY DATA AS PART OF THEIR PROCESS. COMPARABILITY DATA WAS NOT COMPILED DURING THE 2015 TAX YEAR. MINUTES ARE KEPT FOR THE COMPENSATION COMMITTEE AND THE ANNUAL CHIEF EXECUTIVE OFFICER REVIEW CONDUCTED BY THE BOARD AS A MEANS OF CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND FINAL DECISION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ANNUAL FINANCIAL INFORMATION AND HISTORICAL GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ANGUS ASSOCIATION

Employer identification number

44-0605539

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CERTIFIED ANGUS BEEF 206 RIFFLE ROAD WOOSTER, OH 44691 26-1942033	OPERATE BRANDED BEEF PROGRAM	OH	24,009,399	14,226,142	AMERICAN ANGUS ASSOCIATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ANGUS FOUNDATION 3201 FREDERICK AVENUE ST JOSEPH, MO 64506 36-3084945	EDUCATIONAL AND YOUTH PROGRAMS, SUPPORTS SCIENTIFIC RESEARCH	MO	501(C)(3)	LINE 7	AMERICAN ANGUS ASSOCIATION	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ANGUS PRODUCTIONS INC 3201 FREDERICK AVENUE ST JOSEPH, MO 64506 43-1170802	JOURNAL PUBLICATION	MO	AMERICAN ANGUS ASSOCIATION	C	10,002,451	2,840,188	100 000 %	Yes	
(2) ANGUS GENETICS INC 3201 FREDERICK AVENUE ST JOSEPH, MO 64506 26-0588448	GENETIC RESEARCH	MO	AMERICAN ANGUS ASSOCIATION	C	7,724,823	1,277,698	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANGUS PRODUCTIONS INC	A	168,900	CASH TRANSACTION
(2) ANGUS GENETICS INC	A	309,000	CASH TRANSACTION
(3) ANGUS FOUNDATION INC	A	40,400	CASH TRANSACTION
(4) ANGUS FOUNDATION INC	B	337,500	CASH TRANSACTION
(5) ANGUS FOUNDATION INC	Q	124,226	CASH TRANSACTION

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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