efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492049001260 Short Form OMB No 1545-1150 50rm 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to Do not enter social security numbers on this form as it may be made public. Treasury Public Internal Revenue Service ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection A For the 2018 calendar year, or tax year beginning 10-01-2018 and ending 09-30-2019 B Check if applicable D Employer identification number C Name of organization AMERICAN ÄNGUS AUXILIARY ☐ Address change 43-6063358 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 3201 FREDERICK AVE ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return SAINT JOSEPH, MO 64506 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(5) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust ☑ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 38,934 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 3,350 4 304 4 0 5a Gross amount from sale of assets other than inventory 0 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . 30,435 b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 4,997 8 Other revenue (describe in Schedule O) 8 916 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 48,501 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . 12 5,818 13 1,025 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 3,597 16 Other expenses (describe in Schedule O) 16 34,130 17 17 Total expenses. Add lines 10 through 16 44,570 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,931

19

20

21

Cat No 10642I

53,160

57,091

Form **990-EZ** (2018)

Form 990-EZ (2018)						Page 2
Part II Balance Sheets (see the instructions Check if the organization used Schedule		ulection in thic Pai	rt II			
Check if the organization used schedule	O to respond to any c			eginning of year		(B) End of year
22 Cash, savings, and investments			(1)	56,125	22	61,016
23 Land and buildings		[0	23	0
24 Other assets (describe in Schedule O)				0	24	0
25 Total assets				56,125		61,016
26 Total liabilities (describe in Schedule O)				0		3,925
27 Net assets or fund balances (line 27 of column Part III Statement of Program Service A	<u> </u>		for Da	56,125	27 T	57,091 Expenses
Check if the organization used Schedule	•	-		🗹		equired for section 501(c)
What is the organization's primary exempt purpose?) and 501(c)(4) ganizations, optional for
SEE SCHEDULE O Describe the organization's program service accompli measured by expenses In a clear and concise manne benefited, and other relevant information for each pro	r, describe the service					hers)
28 See Additional Data Table						
				. \square		
(Grants \$) If this amoun	t includes foreign gran	its, check here .	•	. ▶ ⊔	28a 29a	
29					29a	
(Grants \$) If this amoun	t includes foreign gran	ats sheek here		. ▶ □		
•	t includes foreign gran	its, check here .	•	. <i>-</i> _	20-	
30					30a	
(Grants \$) If this amoun	t includes foreign gran	ats check here		▶ □		
31 Other program services (describe in Schedule O)					+	
	t includes foreign gran				31a	
32 Total program service expenses (add lines 28a		its, check here			_	
Part IV List of Officers, Directors, Trustees,	and Key Employees	(list each one even i	f not co	mpensated — see the	e instru	
Check if the organization used Schedule	O to respond to any o	juestion in this Pai	rt IV.			🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC) (if not p enter -0-)	n 199-	(d) Health ben contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount ee of other compensation
Gına Hope	0	enter -o-)	0			0 0
President						
Pamela Velisek	0		0			0
Vice President						
Deanna Hoffing	0		0			0
Secretary Treasurer						
Cynthia Ahearn	0		0			0 0
Director						
Leslie Mindemann	0		0			0 0
Director						
J. 100001						

Pai	other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	e		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .		🗆		
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes		
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Yes		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	103	No	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	0		INO	
b	Did the organization file Form 1120-POL for this year?	37b		No	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	0			
39	Section 501(c)(7) organizations Enter	1			
а	Initiation fees and capital contributions included on line 9	o			
Ь	Gross receipts, included on line 9, for public use of club facilities	0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958	0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	0			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No	
41	transaction? If "Yes," complete Form 8886-T				
42a		(262)	EU3 003	c	
THE	e organization's books are in care of Leslie Mindemann Telephone no	(202)	393-663	<u> </u>	
	Located at ► W1551 County Road B Sullivan , MO ZIP + 4 ■	► <u>53178</u>	3		
			Yes	No	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	140	
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c			
	If "Yes," enter the name of the foreign country ▶				
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year				
			Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		No	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meanin of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			No	
		1 .55			

orm	990-EZ (2	018)								Page
							_		Yes	No
46		ganization engage, directly or indirect s for public office? If "Yes," complete						46		No
Par		ection 501(c)(3) organizations I section 501(c)(3) organizations		ıons 47- 49b an	nd 52, ar	nd complete the	tables	for lı	nes 50	and
		eck if the organization used Schedule	O to respond to any o	juestion in this Pa	rt VI				[
							_		Yes	No
17		rganization engage in lobbying activiti complete Schedule C, Part II	es or have a section 5	01(h) election in e		ing the tax year?		47		No
18	Is the org	anization a school as described in sec	tion 170(b)(1)(A)(II)?	If "Yes," complete	e Schedul	e E .	.	48		No
19a	Did the or	Did the organization make any transfers to an exempt non-charitable related organization?				. [49a		No	
b	If "Yes," v					. [49b		No	
50		this table for the organization's five h received more than \$100,000 of com					stees an	d key	employ	ees)
		ne and title of each employee	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC)	ole on co)99-	(d) Health benefi ntributions to emp benefit plans, an leferred compensa	oloyee d		timated er compe	
IONE										
f	Total nu	mber of other employees paid over \$:	100,000			(<u> </u>			0
	Complete	this table for the organization's five h	ighest compensated in		actors wh	o each received m	ore tha	n \$100	0,000 of	
	Complete	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
51	Complete compensa	this table for the organization's five h	ighest compensated in none, enter "None "	·		o each received m			0,000 of	 f
51	Complete compensa	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
51	Complete compensa	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
51	Complete compensa	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
51	Complete compensa	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
51	Complete compensa	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
51	Complete compensa	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
51	Complete compensa	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None "	·						 f
JONE	Complete	this table for the organization's five hation from the organization. If there is (a) Name and business address of each	ighest compensated ir none, enter "None " ach independent contr	actor						
51	Complete	this table for the organization's five hation from the organization. If there is	ighest compensated ir none, enter "None " ach independent contr	actor						 f
d d	Complete compensa	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Name and programment is the contractor organization complete Schedule A? Name and programment is the contractor organization complete Schedule A? Name and programment is the contractor organization complete Schedule A?	ighest compensated in none, enter "None " ach independent contr second independent contr is each receiving over	\$100,000 c)(3) organization	(b)	Type of service	(c) (Compe	ensation	
d d	Total nu Did the complete	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Name and street or the contractor organization complete Schedule A?	ighest compensated in none, enter "None " ach independent contr ach seach receiving over seach receiving over	\$100,000	(b)	Type of service	(c) (Compe	ensation	f
d d	Total nu Did the complete	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Name and schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	Type of service	(c) (c	Compe	s V N	f
d d	Total nu Did the complete comp	this table for the organization's five hation from the organization. If there is (a) Name and business address of each organization complete Schedule A? Noted Schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	Type of service	(c) (c	Compe	s V N	f
d d sa al	Total nu Did the complete comp	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Name and schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	Type of service	(c) (c	Compe	s V N	f
d d sa al	Total nu Did the complete and by knowled	this table for the organization's five hation from the organization. If there is (a) Name and business address of each organization complete Schedule A? Noted Schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	Type of service	(c) (c	Compe	s V N	f
d d 52	Total nu Did the complete edge and by knowled by knowle	mber of other independent contractor organization complete Schedule A? Neted Schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	Type of service ttach a les and statement ased on all inform 2020-02-18 Date	(c) (c	Compe	s V N	f
d d sign as all	Total nu Did the complete edge and by knowled to the	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Noted Schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	Type of service ttach a les and statement ased on all inform 2020-02-18 Date Check if self-employed	(c) (Compe	s V N	f 0 0
d d 52 Jinder knowl has all all all all all all all all all a	Total nu Did the complete edge and the hy knowled Typenalties	mber of other independent contractor organization complete Schedule A? N ted Schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	itach a les and statement ased on all inform 2020-02-18 Date Check if self-employed Firm's EIN	(c) (Compe	s V N	f
d d 52 Undernowl as all there	Total nu Did the complete edge and by knowled to the	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Noted Schedule A	s each receiving over	\$100,000 c)(3) organization	s must al	Type of service ttach a les and statement ased on all inform 2020-02-18 Date Check if self-employed	(c) (Compe	s V N	f

Additional Data

Software ID:

Software Version: EIN: 43-6063358

Name: AMERICAN ANGUS AUXILIARY

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			Expenses quired for section 501)(3) and 501(c)(4) anizations; optional for others.)
28 0		28a	
(Grants \$)	If this amount includes foreign grants, check here 🕨 🗌		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -			DLN:	93492049001260	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Namel & Etherofoganizatio		Complete to provide information for Form 990 or 990-EZ or to provi ▶ Attach to Form	for responses to specific questions on ovide any additional information. orm 990 or 990-EZ. n990 for the latest information.		2018 Open to Public Inspection
AMERICAN ANGUS	AUXILIARY	lemental Information		43-6063358	meadon number
Return Reference			Explanation		
Schedule O	ce '		on 395546 Awards 206555 Con- ense 1235437 Misc 35082 Rou 0-EZ Part II Line 26 Accounts F in 990-EZ Part III Organizations viduals interested in the welfare ide educational promotional ar is - Statement of Program Servic is Association to promote youth ide to develop a number of educa- in the Angus industry The Americ each year to ten young me and merican Angus Auxiliary you ca he Angus industry meet the cha rigus youth into tomorrows leade illiary and become active in any s and Committees are installed an International Livestock Expo- ecretary-Treasurer Advisor and airperson The American Angus contests at the National Junior	ferences nding 20 Tr rayabl Primary e nd c th the and ationa can d wo n pla lle ers E of at siti Reg Auxili	