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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **AUG 1, 2008** and ending **JUL 31, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization JUNIOR BEEFMASTER BREEDERS ASSOCIATION		D Employer identification number 74-2290107
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		6800 PARK TEN BLVD.	Room/suite 290 W	210 732-3132
		City or town, state or country, and ZIP + 4 SAN ANTONIO, TX 78213		F Group Exemption Number 3029

G Accounting method: Cash Accrual Other (specify) _____

I Website: **WWW.BEEFMASTERS.ORG/JBBA/JBBA.HTML**

J Organization type (check only one) — 501(c)(5) (insert no.) 4947(a)(1) or 527 **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 82,505.**

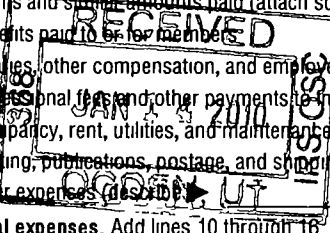
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c			
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6			
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	20,377.		
6b	Less: direct expenses other than fundraising expenses	6b	3,019.		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	17,358.		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe _____)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9			
10	Grants and similar amounts paid (attach schedule)	10	5,000.		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13	1,215.		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	4,087.		
16	Other expenses (describe _____)	16	73,054.		
17	Total expenses. Add lines 10 through 16	17	83,356.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,870.		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	97,590.		
20	Other changes in net assets or fund balances (attach explanation)	20	-650.		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	93,070.		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	102,790.	96,270.
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	102,790.	96,270.
26	Total liabilities (describe SCHOLARSHIP PAYABLE)	5,200.	3,200.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	97,590.	93,070.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? SEE STATEMENT 6		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	SEE STATEMENT 5	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JESSICA BRADBURY, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	PRESIDENT 2.00	0.	0.	0.
EMILY GRIFFITH, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	PRESIDENT ELECT 2.00	0.	0.	0.
TAYLOR HALIBURTON, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	SECRETARY 2.00	0.	0.	0.
PHILIP WEBB, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	TREASURER 1.00	0.	0.	0.
KENDRICK SPENCER, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
ALYSSA ROBERTSON, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
TAYLOR GREEN, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
RACHEL AKINS, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
JON OLSON, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
LANCE LOW, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
MATT MARKWOOD, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
BENJAMIN CISNEROS, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
GARRET MINK, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
SHELBY COWDEN, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
CHAD RUTHERFORD, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>N/A</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		N/A
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42a	The books are in care of ▶ <u>MARY FRANCOIS</u> Telephone no. ▶ <u>210 732-3132</u> Located at ▶ <u>6800 PARK TEN BLVD., STE 290W, SAN ANTONIO, TX</u> ZIP + 4 ▶ <u>78213</u>		
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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 ▶		

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: *Thomas L. Perkins*
 Date: *12/14/09*
 Type or print name and title: *Thomas L. Perkins, EXECUTIVE VICE PRESIDENT*

Paid Preparer's Use Only

Preparer's signature: *Opal A. Rennie, CPA* Date: *12/10/09* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **CARNEIRO, CHUMNEY & CO., L.C.**
40 NE LOOP 410, SUITE 200
SAN ANTONIO, TX 78216-5876

EIN: _____ Phone no.: **210-342-8000**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
TRAVEL	2,048.
CONVENTIONS	30,674.
SHOW EXPENSES	29,829.
BULL BONANZA EXPENSE	1,062.
PROMOTIONAL ITEMS	11.
SPEAKERS & OFFICIALS	3,400.
MISCELLANEOUS	30.
CERTIFICATES	6,000.
TOTAL TO FORM 990-EZ, LINE 16	73,054.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	-650.
TOTAL TO FORM 990-EZ, LINE 20	-650.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP EMILY GRIFFITH 1571 MCVOID RD SPRINGTOWN, TX 76082	MEMBER	1,000.
SCHOLARSHIP MATTHEW MARKWOOD 6917 MARIS COURT BURLESON, TX 76028	MEMBER	1,000.
SCHOLARSHIP ZACHARY HARRISON 8482 HWY 59 S MARSHALL, TX 75672	MEMBER	1,000.
SCHOLARSHIP JESSICA BRADBURY 80 ACORN HILL RD HUNTSVILLE, TX 77320	MEMBER	1,000.
SCHOLARSHIP MORGAN MINK P.O. BOX 244 SCURRY, TX 75158	MEMBER	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>5,000.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

EXPENSES INCURRED ARE FOR THE IMPROVEMENT OF THE BEEFMASTER BREED OF CATTLE. SERVICES INCLUDE AN ANNUAL CONVENTION HELD FOR ITS MEMBERS AND REGIONAL AND NATIONAL CATTLE SHOWS TO PROMOTE THE BREED.

EDUCATE YOUTH MEMBERS AND IMPROVE THE BEEFMASTER BREED.