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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form **990-EZ**

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

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 \$500,000 and total assets less than \$1,250,000 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 **2009** calendar year, or tax year beginning **AUG 1, 2009** and ending **JUL 31, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 6800 PARK TEN BLVD. 290 W City or town, state or country, and ZIP + 4 SAN ANTONIO, TX 78213	D Employer identification number 74-2290107 E Telephone number 210 732-3132 F Group Exemption Number ▶ 3029
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G** Accounting method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.BEEFMASERS.ORG/JBBA/JBBA.HTML** **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

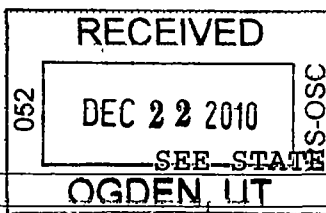
J Tax-exempt status (check only one) — 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **83,056.**

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

	1 Contributions, gifts, grants, and similar amounts received		31,495.
	2 Program service revenue including government fees and contracts		43,339.
	3 Membership dues and assessments		
	4 Investment income		10.
Revenue	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	8,212.
	b Less: direct expenses other than fundraising expenses	6b	393.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c 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	82,663.
Net Assets	10 Grants and similar amounts paid (attach schedule)	10	4,000.
	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	955.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,437.
	16 Other expenses (describe ▶ _____)	16	91,990.
	17 Total expenses. Add lines 10 through 16	17	98,382.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,719.
	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	93,070.
	20 Other changes in net assets or fund balances (attach explanation)	20	-1,361.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	75,990.	



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	96,270.	22	110,575.
23 Land and buildings		23	
24 Other assets (describe ▶ PREPAID EXPENSES)	0.	24	1,164.
25 Total assets	96,270.	25	111,739.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	3,200.	26	35,749.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,070.	27	75,990.

SCANNED JAN 11 2011

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
What is the organization's primary exempt purpose? SEE STATEMENT 7		
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, and other relevant information for each program title.		
28	SEE STATEMENT 6	
	(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
EMILY GRIFFITH, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	PRESIDENT 2.00	0.	0.	0.
MATTHEW MARKWOOD, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	PRESIDENT ELECT 2.00	0.	0.	0.
KENNY SPENCER, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	SECRETARY 2.00	0.	0.	0.
GARRET MINK, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	TREASURER 1.00	0.	0.	0.
WILL REED, 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 HALIBURTON, 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.
MICHAEL BUCKLEY, 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.
KYLE KLECKNER, 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.
MABREE HALIBURTON, 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.
KATIE BYERS, 6800 PARK TEN BLVD., SAN ANTONIO, TX 78213	DIRECTOR 1.00	0.	0.	0.
PAYTON PIERCE, 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 V)

		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? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 0.		
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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b	N/A
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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	40e	X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ MARY FRANCOIS Telephone no. ▶ 210 732-3132 Located at ▶ 6800 PARK TEN BLVD., STE 290W, SAN ANTONIO, TX ZIP + 4 ▶ 78213		
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.	42b	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: ▶	42c	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 ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's 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."

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table with 5 columns: (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. Content: N/A

- f Total number of other employees paid over \$100,000
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Content: N/A

- d Total number of other independent contractors each receiving over \$100,000

Sign Here section with signature of Tommy Perkins, Executive Vice President, dated 12/10/10.

Paid Preparer's Use Only section with signature of Jay Z Reimer, CPA, dated 12/10/2010, and firm information for Carneiro, Chumney & Co., L.C.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
TRAVEL		1,449.	
CONVENTIONS		50,678.	
SHOW EXPENSES		29,412.	
SPEAKERS & OFFICIALS		2,872.	
MISCELLANEOUS		270.	
CERTIFICATES		7,000.	
BOARD MEETING EXPENSE		25.	
ADVERTISING AND PROMOTION		284.	
TOTAL TO FORM 990-EZ, LINE 16		91,990.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SCHOLARSHIP PAYABLE	3,200.	2,200.	
ACCOUNTS PAYABLE	0.	33,549.	
TOTAL TO FORM 990-EZ, LINE 26	3,200.	35,749.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENT		-1,361.	
TOTAL TO FORM 990-EZ, LINE 20		-1,361.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	MEMBER	1,000.
SCHOLARSHIP	MEMBER	1,000.
SCHOLARSHIP	MEMBER	1,000.
SCHOLARSHIP	MEMBER	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>4,000.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

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.