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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 08-01-2013, and ending 07-31-2014

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: JUNIOR BEEFMASTER BREEDERS ASSOCIATION. % MARY FRANCOIS. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 6800 Park Ten Blvd SUITE 290 W Suite. City or town, state or province, country, and ZIP or foreign postal code: San Antonio, TX 78213

D Employer identification number: 74-2290107. E Telephone number: (210) 732-3132. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.BEEFMASTERS.ORG/JUNIORS.PHP

J Tax-exempt status (check only one): 501(c)(3), 501(c)(5), 4947(a)(1), 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 113,928

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

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total: 113,928). Rows 10-17: Expenses (Total: 91,729). Rows 18-21: Net Assets (Total: 101,365).

**Part III Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	93,391	<b>22</b>	102,961
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	2,412	<b>24</b>	25,856
<b>25 Total assets</b> . . . . .	95,803	<b>25</b>	128,817
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	16,353	<b>26</b>	27,452
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	79,450	<b>27</b>	101,365

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
**EDUCATE YOUTH MEMBERS AND IMPROVE THE BEEFMASTER BREED**  
 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**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

<b>28</b> EXPENSES INCURRED ARE FOR THE IMPROVEMENT OF THE BEEFMASTER BREED OF CATTLE SEE SCHEDULE O FOR CONTINUATION (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

**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 "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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 "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

**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  
 COLLIN OSBOURN CFO  
 Type or print name and title  
 2015-06-01  
 Date

**Paid Preparer Use Only**  
 Print/Type preparer's name: Joy Reiner  
 Preparer's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Firm's name: BDO USA LLP  
 Firm's EIN: \_\_\_\_\_  
 Firm's address: 9901 IH-10 Suite 500  
 San Antonio, TX 78230  
 Phone no: (210) 732-3132  
 Check  if self-employed  
 PTIN: P01224777

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 74-2290107  
**Name:** JUNIOR BEEFMASTER BREEDERS ASSOCIATION

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
TRENTON GLASER PRESIDENT	3 0	0	0	0
LARAMIE NAUMAN PRESIDENT-ELECT	3 0	0	0	0
MAKAELA NAUMAN SECRETARY	3 0	0	0	0
HAILY SIPTAK TREASURER	3 0	0	0	0
CHRISTY PETRY REPORTER	3 0	0	0	0
REESE TASSIN DIRECTOR	2 0	0	0	0
AUSTIN ROEBUCK DIRECTOR	2 0	0	0	0
EMILY PARIS DIRECTOR	2 0	0	0	0
KANE OZMENT DIRECTOR	2 0	0	0	0
SANDRA RAPPOLD DIRECTOR	2 0	0	0	0
WALTER ESKEW DIRECTOR	2 0	0	0	0
EMILY MARTIN DIRECTOR	2 0	0	0	0
HALEY HARTMAN DIRECTOR	2 0	0	0	0
ASHLEY SMITHEY DIRECTOR	2 0	0	0	0
WACEY HORTON DIRECTOR	2 0	0	0	0

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HAILEY WEEKS DIRECTOR	2 0	0	0	0
JARRETT MACKIE DIRECTOR	2 0	0	0	0
SETH BYERS DIRECTOR	2 0	0	0	0

**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 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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization  
JUNIOR BEEFMASTER BREEDERS ASSOCIATION

**Employer identification number**

74-2290107

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	SERVICES INCLUDE AN ANNUAL CONVENTION HELD FOR ITS MEMBERS AND REGIONAL AND NATIONAL CATTLE SHOWS TO PROMOTE THE BREED
FORM 990EZ PART I LINE 16	Description NATIONAL CONVENTION & SHOW EXPENSES Amount 77393
FORM 990EZ PART I LINE 16	Description BANK FEES Amount 975
FORM 990EZ PART I LINE 16	Description SPEAKERS & OFFICIALS Amount 1950
FORM 990EZ PART I LINE 16	Description CERTIFICATES Amount 7000
FORM 990EZ PART I LINE 16	Description ASSOCIATION DUES Amount 300
FORM 990EZ PART I LINE 16	Description PROMOTIONAL ITEMS Amount 78
FORM 990EZ PART I LINE 16	Description DONATIONS/MEMORIALS Amount 250
FORM 990EZ PART I LINE 20	Description ADJUSTMENT TO NET ASSETS Amount 284
FORM 990EZ PART II LINE 26	Description ACCRUED EXPENSES BOY Amount 1435 EOY Amount
FORM 990EZ PART II LINE 26	Description DEFERRED INCOME BOY Amount 200 EOY Amount