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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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 08-01-2014, and ending 07-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: JUNIOR BEEFMASTER BREEDERS ASSOCIATION
% COLLIN OSBOURN
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 6800 Park Ten Blvd SUITE 290 W
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. \$ 119,882

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: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

Yes 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 46 No

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 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 47

48 Is the organization 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 a section 527 organization? 49b

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 5 columns: (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 "

Table with 3 columns: (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 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 2015-12-07 Date COLLIN OSBOURN CFO Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Joy Reiner Preparer's signature Date Check if self-employed PTIN P01224777 Firm's name BDO USA LLP Firm's EIN Firm's address 9901 IH-10 Suite 500 San Antonio, TX 78230 Phone no (210) 342-8000

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**

(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
TRENTON GLASER PRESIDENT	3 0	0	0	0
LARAMIE NAUMANN PRESIDENT-ELECT	3 0	0	0	0
MAKAELA NAUMANN 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 (8/2014-4/2015)	2 0	0	0	0
EMILY PARIS DIRECTOR	2 0	0	0	0
KANE OZMENT DIRECTOR	2 0	0	0	0
SANDRA RAPPOLD DIRECTOR (8/2014-2/2015)	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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(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
HAILEY WEEKS DIRECTOR	2 0	0	0	0
JARRETT MACKIE DIRECTOR	2 0	0	0	0
SETH BYERS DIRECTOR	2 0	0	0	0
COLLIN OSBOURN CFO	1 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 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

2014

**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 8	Description MISCELLANEOUS INCOME Amount 687
FORM 990EZ PART I LINE 16	Description NATIONAL CONVENTION & SHOW EXPENSES Amount 83883
FORM 990EZ PART I LINE 16	Description BANK FEES Amount 1194
FORM 990EZ PART I LINE 16	Description SPEAKERS & OFFICIALS Amount 8900
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 DONATIONS/MEMORIALS Amount 531
FORM 990EZ PART I LINE 20	Description ADJUSTMENT TO NET ASSETS Amount 2568
FORM 990EZ PART II LINE 26	Description ACCRUED EXPENSES BOY Amount EOY Amount 2064