

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 08-01-2017, and ending 07-31-2018

- 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 OSBORNE
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 118 W Bandera Road
City or town, state or province, country, and ZIP or foreign postal code: Boerne, TX 78006

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.BEEFMASTERSORG/JUNIORS.PHP
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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 110,756

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

Revenue	
1 Contributions, gifts, grants, and similar amounts received	33,190
2 Program service revenue including government fees and contracts	66,677
3 Membership dues and assessments	100
4 Investment income	
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b 0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 10,345
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c 0
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 10,345
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
8 Other revenue (describe in Schedule O)	8 444
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 110,756
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10 1,500
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 0
13 Professional fees and other payments to independent contractors	13 1,230
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 1,355
16 Other expenses (describe in Schedule O)	16 171,391
17 Total expenses. Add lines 10 through 16	17 175,476
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -64,720
Net Assets	
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)	19 161,777
20 Other changes in net assets or fund balances (explain in Schedule O)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 97,057

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

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 2019-06-15 Date
COLLIN OSBOURN CFO Type or print name and title

Paid Preparer Use Only Print/Type preparer's name N Ari Berlin Preparer's signature Date Check if self-employed PTIN P00665358
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 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 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 EXPENSES INCURRED ARE FOR THE IMPROVEMENT OF THE BEEFMASTER BREED OF CATTLE SEE SCHEDULE O FOR CONTINUATION (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

Form 990EZ, 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
RALEIGH SCHERER PRESIDENT	3 0	0	0	0
BRAYLEE MACKIE PRESIDENT-ELECT	3 0	0	0	0
AMANDA MCCOSKEY SECRETARY	3 0	0	0	0
AMELIA BUCKLEY TREASURER	3 0	0	0	0
CAITLIN VARGAS REPORTER	3 0	0	0	0
BRYANNA HARDIN DIRECTOR	2 0	0	0	0
GRACEY LEOPOLD DIRECTOR	2 0	0	0	0
KODI STAPP DIRECTOR	2 0	0	0	0
KEVIN PARIS DIRECTOR	2 0	0	0	0
REECE WROBLESKI DIRECTOR	2 0	0	0	0
ISAIAH MADISON DIRECTOR	2 0	0	0	0
VICTORIA VERA DIRECTOR	2 0	0	0	0
KIRSTIN BRADY DIRECTOR	2 0	0	0	0
CAMRIN BYERS DIRECTOR	2 0	0	0	0
TROY GLASER DIRECTOR	2 0	0	0	0

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FAITH MARTIN DIRECTOR AT LARGE	20	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

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Department of the Treasury
Internal Revenue Service

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	SCHOLARSHIPS PAID - \$500 EACH TO Three individuals

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 8	Description MISCELLANEOUS INCOME Amount 444

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description NATIONAL CONVENTION & SHOW EXPENSES Amount 148146

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BANK FEES Amount 174

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description SPEAKERS & OFFICIALS Amount 9868

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CERTIFICATES Amount 7000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ASSOCIATION DUES Amount 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ADVERTISING Amount 4570

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description COORDINATOR Amount 906