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Form **990**

Department of the Treasury
Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , and ending

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

C Name of organization: FLORIDA CATTLEMEN'S COUNTY ASSOCIATON INC., GROUP RETURN

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 800 SHAKERAG RD

City or town, state or province, country, and ZIP or foreign postal code: KISSIMMEE FL 34744-4445

D Employer identification number: 45-3805166

E Telephone number

G Gross receipts $: 278,153

F Name and address of principal officer:
THOMAS J. BRYANT
800 SHAKERAG RD
KISSIMMEE FL 34744-4445

H(a) Is this a group return for subordinates? [X] Yes [ ] No

H(b) Are all subordinates included? [X] Yes [ ] No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 5784

I Tax-exempt status: [Y] 501(c)(3) [X] 501(c) (5) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2010

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	237
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	133,379	163,172
9 Program service revenue (Part VIII, line 2g)	131,869	113,817
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,314	1,164
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,155	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,407	278,153
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	65,901	85,880
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,534		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	138,717	129,034
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	204,618	214,914
19 Revenue less expenses. Subtract line 18 from line 12	59,789	63,239

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	531,545	582,213
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	531,545	582,213

Part II Signature Block

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	Date
	THOMAS J. BRYANT CHAIRMAN	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	THOMAS J. BRYANT				P00119555
	Firm's name ▶ BEASLEY, BRYANT & COMPANY CPA'S, P.A.			Firm's EIN ▶	59-3188484
	Firm's address ▶ 4940 SOUTHFORK DR LAKELAND, FL 33813-2042			Phone no.	863-646-1373

☐ Yes [X] No

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