See a Social Security Number? Say Something!
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FCCNGROUP 11/18/2015 12:02 PM

1412

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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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

Room/suite:

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 $: 273,301

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)

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

J Website: ▶ N/A

H(c) Group exemption number ▶ 5784

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

Filed 11-13-15

Activities & Governance

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 2014 (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

Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	163,172	189,939
9 Program service revenue (Part VIII, line 2g)	113,817	82,448
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,164	914
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,153	273,301

Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	85,880	66,900
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) ▶ 49,926		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	129,034	154,582
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	214,914	221,482
19 Revenue less expenses. Subtract line 18 from line 12	63,239	51,819

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	582,213	634,032
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	582,213	634,032

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: THOMAS J. BRYANT — Preparer's signature — Date — Check ☐ if self-employed — PTIN: P00119555

COPY

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

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes [X] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2014)

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