

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)
U Do not enter social security numbers on this form as it may be made public.
U 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 07/01/14, and ending 06/30/15

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Florida Rural Letter Carriers Assn Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P. O. Box 1150 City or town, state or province, country, and ZIP or foreign postal code Floral City FL 34436-1150 F Name and address of principal officer: Randall A. Cook P. O. Box 1150 Floral City FL 34436-1150	D Employer identification number 59-1815040 E Telephone number 352-344-4763 G Gross receipts \$ 480,659 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number U
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>5</u>) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: U <u>flrlca.org</u>		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other U		L Year of formation: <u>1940</u>
M State of legal domicile: <u>FL</u>		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> U 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	26
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	86	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	410,559	462,919
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,655	3,666
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,906	14,074
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	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)	174,364	132,291
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) U	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	263,716	312,768
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	438,080	445,059	
19 Revenue less expenses. Subtract line 18 from line 12	-15,874	35,600	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	326,185	359,662
	22 Net assets or fund balances. Subtract line 21 from line 20	18,113	6,688
		308,072	352,974

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 <u>W. Lee Bryant</u>	Date _____		
	Type or print name and title _____ Sec/Treasurer			
Paid Preparer Use Only	Print/Type preparer's name Laura Phillips, CPA	Preparer's signature _____	Date 11/02/15	Check <input type="checkbox"/> if self-employed PTIN P00095634
	Firm's name } <u>Hamilton & Phillips, PA</u> 3447 Brook Crossing Dr Brandon, FL 33511	Firm's EIN } <u>59-2479783</u>	Phone no. <u>813-689-7480</u>	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 80,364 including grants of \$) (Revenue \$)

The Association maintains an insurance program, retirement program, grievance system and newspaper for the benefit of its members.

4b (Code:) (Expenses \$ 157,122 including grants of \$) (Revenue \$)

State Convention: Gathered membership to plan future goals of the postal workforce and to elect new officers.

4c (Code:) (Expenses \$ 42,201 including grants of \$) (Revenue \$)

Publications: Informed the membership on matters relevant to their employment with the United States Postal Service.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 279,687

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. 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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with corresponding Yes/No columns and data entry boxes.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about voting members, family relationships, and governance procedures.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: u Wilma Lee Bryant 11791 E. Warmouth Ct. Floral City FL 33436 352-344-4763

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Clifford Cox Executive Committee	5.00 0.00	X						5,163	0	0
(2) William Braddick Executive Committee	5.00 0.00	X						3,108	0	0
(3) James Gache Executive Committee	5.00 0.00	X						2,409	0	0
(4) Diane Collins Exe. Committee	5.00 0.00	X						1,678	0	0
(5) W. Lee Bryant Sec/Treas.	40.00 0.00			X				73,449	0	0
(6) Randall Cook President	10.00 0.00			X				8,109	0	0
(7) Natasha Patterson Vice-President	5.00 0.00			X				6,437	0	0
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							100,353			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							100,353			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u				
Program Service Revenue	2a Dues Per Capita	Busn. Code	367,885	367,885		
	b National General Insurance		63,523	63,523		
	c Membership Dues - Retired D/W		17,623	17,623		
	d Membership Dues -Retired Cash		8,976	8,976		
	e Membership Dues - Reg Cash Du		4,505	4,505		
	f All other program service revenue		407	407		
	g Total. Add lines 2a-2f	u	462,919			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	3,666		3,666
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less: rental exps.				
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
c Gain or (loss)						
d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events	u			
9a Gross income from gaming activities. See Part IV, line 19		a				
		b Less: direct expenses	b			
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a Reimbursements		7,625		7,625		
b Miscellaneous		6,449		6,449		
c						
d All other revenue						
e Total. Add lines 11a-11d	u	14,074				
12 Total revenue. See instructions.	u	480,659	462,919	0	17,740	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,353	5,142	95,211	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,497		2,497	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,424	5,049	16,375	
10 Payroll taxes	8,017	4,570	3,447	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,080		6,080	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	5,042	5,042		
13 Office expenses	60,427	42,201	18,226	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	20,235	5,433	14,802	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	151,689	151,689		
20 Interest				
21 Payments to affiliates	57,427	57,427		
22 Depreciation, depletion, and amortization	606		606	
23 Insurance	3,002		3,002	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Education & Training	2,647		2,647	
b Payroll Service Fees	1,738	992	746	
c Awards & Recognition	1,187	1,187		
d Storage	700		700	
e All other expenses	1,988	955	1,033	
25 Total functional expenses. Add lines 1 through 24e	445,059	279,687	165,372	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	157,292	1	188,764	
	2 Savings and temporary cash investments	165,021	2	167,631	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,929			
	b Less: accumulated depreciation	10b 15,662	3,872	10c	3,267
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		326,185	16	359,662	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		18,113	25	6,688
	26 Total liabilities. Add lines 17 through 25		18,113	26	6,688
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	237,755	27	282,657	
	28 Temporarily restricted net assets	70,317	28	70,317	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		308,072	33	352,974	
34 Total liabilities and net assets/fund balances		326,185	34	359,662	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	480,659
2	Total expenses (must equal Part IX, column (A), line 25)	2	445,059
3	Revenue less expenses. Subtract line 2 from line 1	3	35,600
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	308,072
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,302
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	352,974

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

Florida Rural Letter Carriers Assn

59-1815040

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and donor notification questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|----------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		18,929	15,662	3,267
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	u			3,267

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Accrued leave	6,688	
(3) Other Employee Deductions		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	6,688	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 480,659.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 445,059.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Table for supplemental information with one entry: 'Accrued Leave/Accrual to Cash' with a value of \$9,302.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u 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**

Employer identification number

Florida Rural Letter Carriers Assn

59-1815040

Form 990 - Organization's Mission

The FL Rural Letter Carriers' Assn shall be a Union to study and advise the National Rural Letter Carriers' Assn on all matters we deem to be in the best interest of rural letter carriers, to cooperate with the U.S. Postal Service and the public for the good of the service, to promote a fraternal spirit among its members, and to benefit their conditions of labor.

Form 990, Part III, Line 4d - All Other Accomplishment

See exempt purpose achievement #1

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Yes, members elect delegates, delegates elect officers and trustees by majority vote.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Amendments to the Constitution require a 2/3 majority convention delegate vote.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The board reviews the return before it is signed and mailed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annual review of Conflict of Interest Policy by all employees documented by employee signature on copy of form. Compliance reviewed regularly by board.

Name of the organization

Employer identification number

Florida Rural Letter Carriers Assn

59-1815040

Form 990, Part VI, Line 15a - Compensation Process for Top Official

All compensation is determined by amending or changing the constitution by 2/3 majority vote of delegates to state convention held annually.

Form 990, Part VI, Line 15b - Compensation Process for Officers

All compensation is determined by amending or changing the constitution by 2/3 majority vote of delegates to the state convention held annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are available on their website (flrlca.org).

Conflict of interest policy and financial statements are available upon request.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Accrued Leave/Accrual to Cash \$ 9,302

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

u **Attach to your tax return.**
u **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Attachment
Sequence No. **179**

Name(s) shown on return

Florida Rural Letter Carriers Assn

Identifying number

59-1815040

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	606

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	606
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
78	HP Scanjet 7400C	8/31/01	519			519	5 MO S/L	519	0
82	Monitor	10/30/01	246			246	5 MO S/L	246	0
	Out Of Service: 6/06/08								
89	Dell Inspiron 1100 Laptop	4/14/03	1,910			1,910	5 MO S/L	1,910	0
96	Maple Workcenter	9/21/03	212			212	7 MO S/L	212	0
97	Automatic Desktop Folder	9/22/03	225			225	7 MO S/L	225	0
102	Digital Camera, Speedlite	10/27/04	1,277			1,277	5 MO S/L	1,277	0
114	Dell Laptop	2/08/06	1,290			1,290	5 MO S/L	1,290	0
121	Fireproof Filing Cabinet	3/15/07	1,908			1,908	7 MO S/L	1,908	0
124	Adobe Software	9/07/06	266			266	3 MO S/L	266	0
130	Dell D830 Laptop	3/31/08	3,191			3,191	5 MO S/L	3,191	0
131	Scanner Software	1/09/09	2,332			2,332	3 MO S/L	2,332	0
140	HP Laser Jet	2/08/10	535			535	10 MO S/L	236	54
144	Dell XPSz L511Z Laptop	9/29/11	1,315			1,315	10 MO S/L	362	131
146	Dell XPS 15 Laptop	11/07/11	1,528			1,528	10 MO S/L	407	153
147	Dell Latitude E5520 Laptop	11/16/11	1,685			1,685	10 MO S/L	435	169
149	Adobe Acrobat X Standard	9/19/11	279			279	5 MO S/L	153	56
151	Canon PIXMA Portable Printer	6/13/12	212			212	5 MO S/L	88	43
	Total Other Depreciation		<u>18,930</u>			<u>18,930</u>		<u>15,057</u>	<u>606</u>
	Total ACRS and Other Depreciation		<u>18,930</u>			<u>18,930</u>		<u>15,057</u>	<u>606</u>
	Grand Totals		18,930			18,930		15,057	606
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>18,930</u>			<u>18,930</u>		<u>15,057</u>	<u>606</u>

State Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior MACRS:								
78	HP Scanjet 7400C	8/31/01	519	519	519	0	0	0
82	Monitor	10/30/01	246	172	246	0	0	0
	Out Of Service: 6/06/08							
131	Scanner Software	1/09/09	2,332	1,166	2,332	0	0	0
140	HP Laser Jet	2/08/10	535	268	520	15	54	39
			<u>3,632</u>	<u>2,125</u>	<u>3,617</u>	<u>15</u>	<u>54</u>	<u>39</u>
Other Depreciation:								
89	Dell Inspiron 1100 Laptop	4/14/03	1,910	1,910	1,910	0	0	0
96	Maple Workcenter	9/21/03	212	212	212	0	0	0
97	Automatic Desktop Folder	9/22/03	225	225	225	0	0	0
102	Digital Camera, Speedlite	10/27/04	1,277	1,277	1,277	0	0	0
114	Dell Laptop	2/08/06	1,290	1,290	1,290	0	0	0
121	Fireproof Filing Cabinet	3/15/07	1,908	1,908	1,908	0	0	0
124	Adobe Software	9/07/06	266	266	266	0	0	0
130	Dell D830 Laptop	3/31/08	3,191	3,191	3,191	0	0	0
144	Dell XPSz L511Z Laptop	9/29/11	1,315	1,315	723	263	131	-132
146	Dell XPS 15 Laptop	11/07/11	1,528	1,528	815	306	153	-153
147	Dell Latitude E5520 Laptop	11/16/11	1,685	1,685	871	337	169	-168
149	Adobe Acrobat X Standard	9/19/11	279	279	256	23	56	33
151	Canon PIXMA Portable Printer	6/13/12	212	212	88	43	43	0
	Total Other Depreciation		<u>15,298</u>	<u>15,298</u>	<u>13,032</u>	<u>972</u>	<u>552</u>	<u>-420</u>
	Total ACRS and Other Depreciation		<u>15,298</u>	<u>15,298</u>	<u>13,032</u>	<u>972</u>	<u>552</u>	<u>-420</u>
	Grand Totals		18,930	17,423	16,649	987	606	-381
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>18,930</u>	<u>17,423</u>	<u>16,649</u>	<u>987</u>	<u>606</u>	<u>-381</u>

FRLCA Florida Rural Letter Carriers Assn

59-1815040

FYE: 6/30/2015

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
78	HP Scanjet 7400C	8/31/01	519	0	0
82	Monitor	10/30/01	246	0	0
89	Dell Inspiron 1100 Laptop	4/14/03	1,910	0	0
96	Maple Workcenter	9/21/03	212	0	0
97	Automatic Desktop Folder	9/22/03	225	0	0
102	Digital Camera, Speedlite	10/27/04	1,277	0	0
114	Dell Laptop	2/08/06	1,290	0	0
121	Fireproof Filing Cabinet	3/15/07	1,908	0	0
124	Adobe Software	9/07/06	266	0	0
130	Dell D830 Laptop	3/31/08	3,191	0	0
131	Scanner Software	1/09/09	2,332	0	0
140	HP Laser Jet	2/08/10	535	53	0
144	Dell XPSz L511Z Laptop	9/29/11	1,315	132	0
146	Dell XPS 15 Laptop	11/07/11	1,528	153	0
147	Dell Latitude E5520 Laptop	11/16/11	1,685	168	0
149	Adobe Acrobat X Standard	9/19/11	279	56	0
151	Canon PIXMA Portable Printer	6/13/12	212	42	0
	Total Other Depreciation		<u>18,930</u>	<u>604</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>18,930</u>	<u>604</u>	<u>0</u>
	Grand Totals		<u>18,930</u>	<u>604</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>
Other Depreciation:				
78	HP Scanjet 7400C	8/31/01	519	0
82	Monitor	10/30/01	246	0
89	Dell Inspiron 1100 Laptop	4/14/03	1,910	0
96	Maple Workcenter	9/21/03	212	0
97	Automatic Desktop Folder	9/22/03	225	0
102	Digital Camera, Speedlite	10/27/04	1,277	0
114	Dell Laptop	2/08/06	1,290	0
121	Fireproof Filing Cabinet	3/15/07	1,908	0
124	Adobe Software	9/07/06	266	0
130	Dell D830 Laptop	3/31/08	3,191	0
131	Scanner Software	1/09/09	2,332	0
140	HP Laser Jet	2/08/10	535	0
144	Dell XPSz L511Z Laptop	9/29/11	1,315	263
146	Dell XPS 15 Laptop	11/07/11	1,528	305
147	Dell Latitude E5520 Laptop	11/16/11	1,685	337
149	Adobe Acrobat X Standard	9/19/11	279	0
151	Canon PIXMA Portable Printer	6/13/12	212	42
	Total Other Depreciation		<u>18,930</u>	<u>947</u>
	Total ACRS and Other Depreciation		<u>18,930</u>	<u>947</u>
	Grand Totals		<u>18,930</u>	<u>947</u>

Form 990	Two Year Comparison Report	2013 & 2014
For calendar year 2014, or tax year beginning 07/01/14, ending 06/30/15		

Name: Florida Rural Letter Carriers Assn Taxpayer Identification Number: 59-1815040

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants	86		-86
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	410,559	462,919	52,360
	5. Investment income	2,655	3,666	1,011
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,906	14,074	5,168
	12. Total revenue. Add lines 1 through 11	422,206	480,659	58,453
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	142,617	100,353	-42,264
	16. Salaries, other compensation, and employee benefits	42,017	31,938	-10,079
	17. Professional fundraising fees			
	18. Other professional fees	5,705	6,080	375
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	784	606	-178
	21. Other expenses	257,227	306,082	48,855
	22. Total expenses. Add lines 13 through 21	448,350	445,059	-3,291
	23. Excess or (Deficit). Subtract line 22 from line 12	-26,144	35,600	61,744
Other Information	24. Total exempt revenue	422,206	480,659	58,453
	25. Total unrelated revenue			
	26. Total excludable revenue	422,120	480,659	58,539
	27. Total assets	326,185	359,662	33,477
	28. Total liabilities	28,383	6,688	-21,695
	29. Retained earnings	297,802	352,974	55,172
	30. Number of voting members of governing body	8	7	
	31. Number of independent voting members of governing body	5	6	
	32. Number of employees	26	26	
	33. Number of volunteers			

Form 990T	Two Year Comparison Report	2013 & 2014
For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15		

Name Florida Rural Letter Carriers Assn Taxpayer Identification Number 59-1815040

			2013	2014	Differences
Revenue	1.	Gross profit/loss on business activities	1.		
	2.	Capital gains/losses	2.		
	3.	Income/loss from partnerships and S corporations	3.		
	4.	Rental income (net of expense)	4.		
	5.	Unrelated debt-financed income (net of expense)	5.		
	6.	Interest, and other income from controlled organizations (net of expense)	6.		
	7.	Investment income of specific organizations (net of expense)	7.		
	8.	Exploited exempt activity income (net of expense)	8.		
	9.	Advertising income (net of expense)	9.		
	10.	Other income	10.		
	11.	Total trade or business income. Combine lines 1 through 10	11.		
Expenses	12.	Compensation of officers, directors, and trustees	12.		
	13.	Other salaries and wages	13.		
	14.	Repairs and maintenance	14.		
	15.	Bad debts	15.		
	16.	Interest	16.		
	17.	Taxes and licenses	17.		
	18.	Charitable contributions	18.		
	19.	Depreciation and Depletion	19.		
	20.	Contributions to deferred compensation plans	20.		
	21.	Employee benefit programs	21.		
	22.	Other deductions	22.		
	23.	Total deductions. Add lines 12 through 22	23.		
	24.	Taxable income before NOL. Subtract line 23 from 11	24.		
	25.	Net operating loss deduction	25.		
	26.	Specific deduction	26.	1,000	-1,000
	27.	Unrelated business taxable income.	27.	-1,000	1,000
	Tax & Credits	28.	Income tax (corporate or trust)	28.	
29.		Proxy tax	29.		
30.		Alternative minimum tax	30.		
31.		Total taxes	31.		
32.		Other credits	32.		
33.		General business credit	33.		
34.		Credit for prior year minimum tax	34.		
35.		Total credits	35.		
36.		Net tax after credits	36.		
37.		Recapture taxes	37.		
38.	Total Taxes	38.			
Due/Refund	39.	Prior year overpayment and estimated tax payments	39.		
	40.	Payment made with extension	40.		
	41.	Backup withholding and foreign withholding	41.		
	42.	Other payments	42.		
	43.	Total payments	43.		
	44.	Balance due/(Overpayment)	44.		
	45.	Overpayment applied to next year	45.		
	46.	Penalties	46.		
	47.	Total due/(Refund)	47.		

Form 990	Tax Return History	2014
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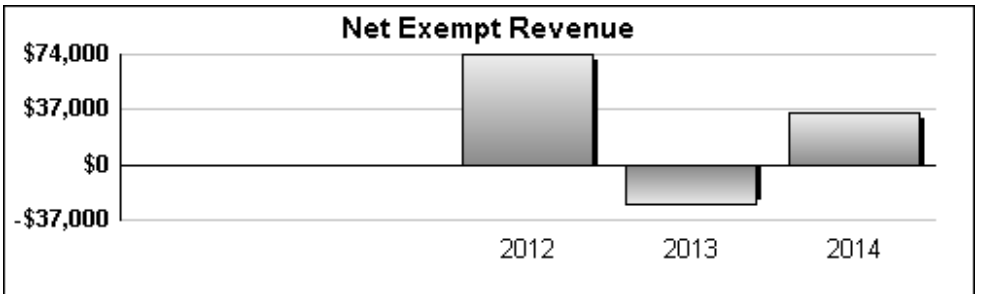
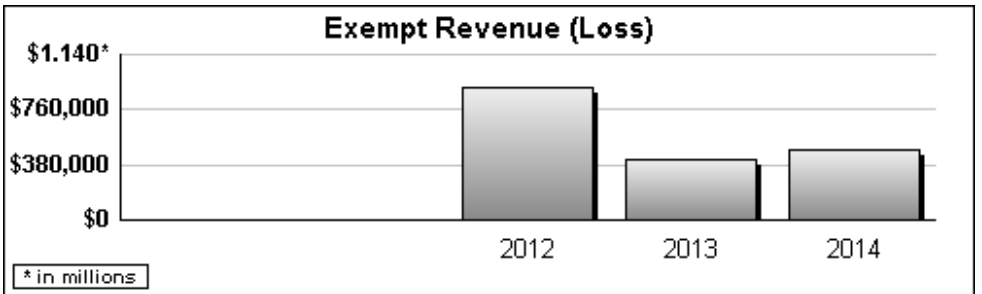
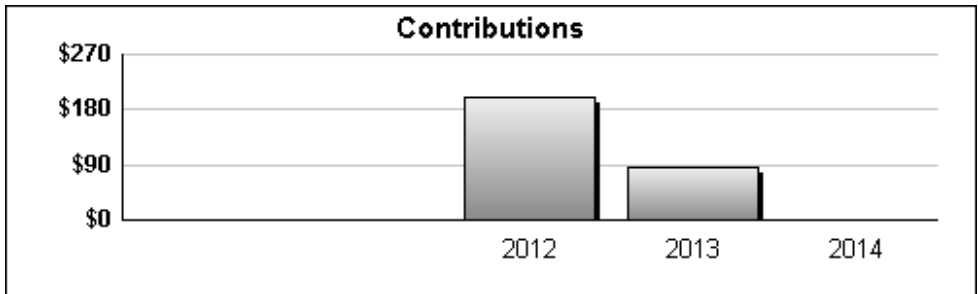
Name Florida Rural Letter Carriers Assn	Employer Identification Number 59-1815040
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	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			200	86		
Membership dues						
Program service revenue			906,528	410,559	462,919	
Capital gain or loss			-5,548			
Investment income			2,940	2,655	3,666	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			4,627	8,906	14,074	
Total revenue			908,747	422,206	480,659	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			118,764	142,617	100,353	
Other compensation			383,532	42,017	31,938	
Professional fees				5,705	6,080	
Occupancy costs						
Depreciation and depletion			1,722	784	606	
Other expenses			329,828	257,227	306,082	
Total expenses			833,846	448,350	445,059	
Excess or (Deficit)			74,901	-26,144	35,600	
Total exempt revenue			908,747	422,206	480,659	
Total unrelated revenue						
Total excludable revenue			908,747	422,120	480,659	
Total Assets			352,824	326,185	359,662	
Total Liabilities			24,703	28,383	6,688	
Net Fund Balances			328,121	297,802	352,974	

Form 990T	Tax Return History	2014
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Name Florida Rural Letter Carriers Assn	Employer Identification Number 59-1815040
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	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

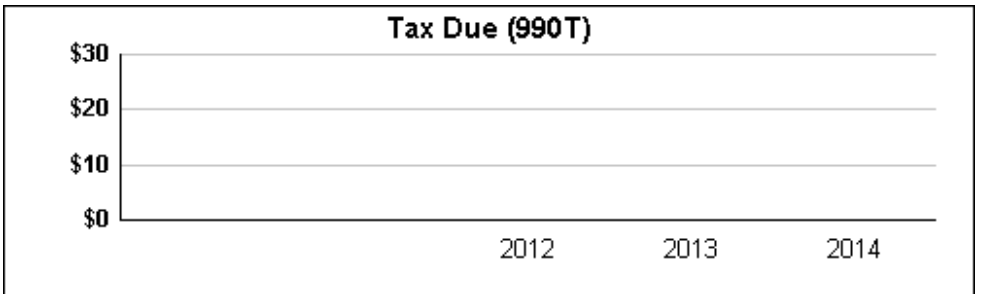
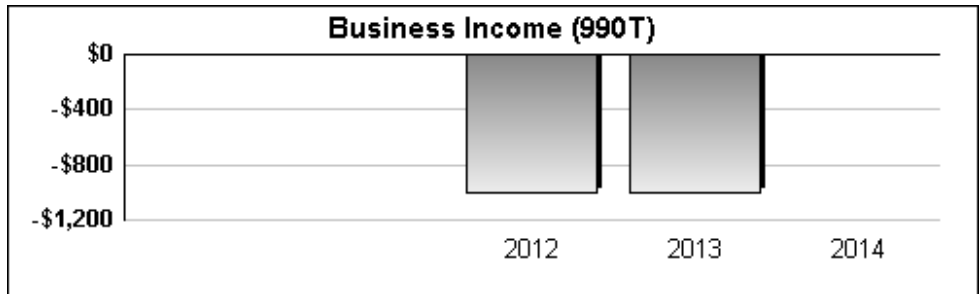
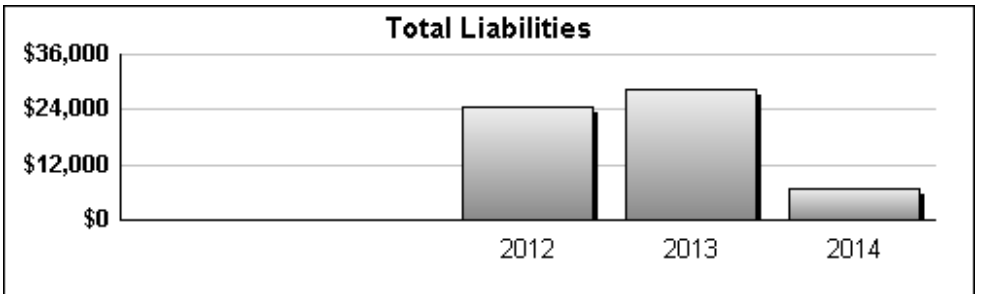
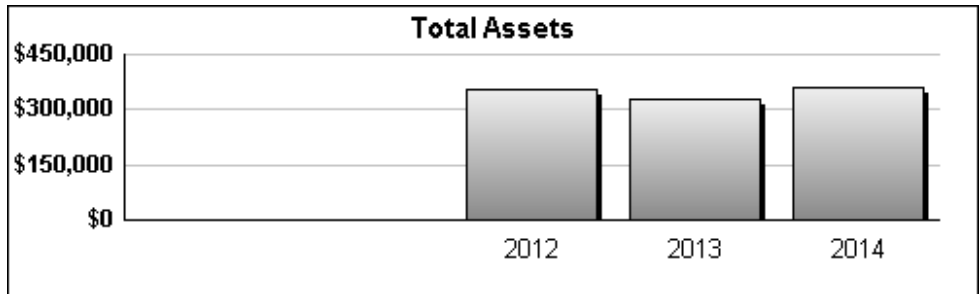


Form 990T	Tax Return History	2014
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Name Florida Rural Letter Carriers Assn	Employer Identification Number 59-1815040
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	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest/Dividends	\$ 3,666		14			
Total	<u>\$ 3,666</u>					

FRLCA Florida Rural Letter Carriers Assn
59-1815040
FYE: 6/30/2015

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Miscellaneous	\$ 683	\$	\$ 683	\$
SAC Expense	500	500		
Employee Benefits Admin	350		350	
Disaster Relief Expenses	300	300		
PAC Expense	155	155		
Total	<u>\$ 1,988</u>	<u>\$ 955</u>	<u>\$ 1,033</u>	<u>\$ 0</u>