

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

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

| | | |
|--|--|--|
| <p>B Check if applicable:</p> <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 | <p>C Name of organization <u>Florida Rural Letter Carriers Assn</u></p> <p>Doing business as _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>P. O. Box 1150</u></p> <p>City or town, state or province, country, and ZIP or foreign postal code <u>Floral City FL 34436-1150</u></p> <p>F Name and address of principal officer: <u>Randall A. Cook</u> <u>P. O. Box 1150</u> <u>Floral City FL 34436-1150</u></p> | <p>D Employer identification number <u>59-1815040</u></p> <p>E Telephone number <u>352-344-4763</u></p> <p>G Gross receipts \$ <u>503,357</u></p> <p>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)</p> <p>H(c) Group exemption number U _____</p> |
| <p>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</p> | | |
| <p>J Website: U <u>flrlca.org</u></p> | | |
| <p>K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other U _____</p> | | <p>L Year of formation: <u>1940</u> M State of legal domicile: <u>FL</u></p> |

Part I Summary

| | | | |
|--|--|---------------------------|----------------|
| Activities & Governance | <p>1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u></p> | | |
| | <p>2 Check this box <input type="checkbox"/> U if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> | | |
| | <p>3 Number of voting members of the governing body (Part VI, line 1a) _____</p> | 3 | <u>7</u> |
| | <p>4 Number of independent voting members of the governing body (Part VI, line 1b) _____</p> | 4 | <u>6</u> |
| | <p>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) _____</p> | 5 | <u>27</u> |
| | <p>6 Total number of volunteers (estimate if necessary) _____</p> | 6 | <u>0</u> |
| | <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 _____</p> | 7a | <u>0</u> |
| <p>b Net unrelated business taxable income from Form 990-T, line 34 _____</p> | 7b | <u>0</u> | |
| Revenue | <p>8 Contributions and grants (Part VIII, line 1h) _____</p> | Prior Year | Current Year |
| | <p>9 Program service revenue (Part VIII, line 2g) _____</p> | <u>462,919</u> | <u>480,439</u> |
| | <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) _____</p> | <u>3,666</u> | <u>4,132</u> |
| | <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) _____</p> | <u>14,074</u> | <u>18,786</u> |
| | <p>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) _____</p> | <u>480,659</u> | <u>503,357</u> |
| Expenses | <p>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) _____</p> | | <u>0</u> |
| | <p>14 Benefits paid to or for members (Part IX, column (A), line 4) _____</p> | | <u>0</u> |
| | <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) _____</p> | <u>132,291</u> | <u>126,704</u> |
| | <p>16a Professional fundraising fees (Part IX, column (A), line 11e) _____</p> | | <u>0</u> |
| | <p>b Total fundraising expenses (Part IX, column (D), line 25) U _____ <u>0</u></p> | | |
| | <p>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) _____</p> | <u>312,768</u> | <u>348,483</u> |
| | <p>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) _____</p> | <u>445,059</u> | <u>475,187</u> |
| | <p>19 Revenue less expenses. Subtract line 18 from line 12 _____</p> | <u>35,600</u> | <u>28,170</u> |
| Net Assets or Fund Balances | <p>20 Total assets (Part X, line 16) _____</p> | Beginning of Current Year | End of Year |
| | <p>21 Total liabilities (Part X, line 26) _____</p> | <u>359,662</u> | <u>392,748</u> |
| | <p>22 Net assets or fund balances. Subtract line 21 from line 20 _____</p> | <u>6,688</u> | <u>17,288</u> |
| | | <u>352,974</u> | <u>375,460</u> |

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 | <p>Signature of officer _____ Date _____</p> |
| | <p><u>W. Lee Bryant</u> <u>Sec/Treas.</u></p> <p>Type or print name and title</p> |
| Paid Preparer Use Only | <p>Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if PTIN</p> <p><u>Laura Phillips, CPA</u> _____ <u>11/03/16</u> self-employed <u>P00095634</u></p> |
| | <p>Firm's name } <u>Hamilton & Phillips, LLC</u> Firm's EIN } <u>59-2479783</u></p> <p>Firm's address } <u>3447 Brook Crossing Dr</u> <u>Brandon, FL 33511</u> Phone no. <u>813-689-7480</u></p> |

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 \$ 104,283 including grants of \$) (Revenue \$ 480,439)

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

4b (Code:) (Expenses \$ 156,666 including grants of \$) (Revenue \$)

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

4c (Code:) (Expenses \$ 43,249 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 304,198

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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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? | | |
| 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 body containing questions 1a through 14b and corresponding Yes/No columns.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 7 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 6 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | <input checked="" type="checkbox"/> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | <input checked="" type="checkbox"/> | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | <input checked="" type="checkbox"/> | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | <input checked="" type="checkbox"/> |

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

| | | Yes | No |
|------------|--|-------------------------------------|-------------------------------------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | <input checked="" type="checkbox"/> |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 12c | | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | <input checked="" type="checkbox"/> | |
| 15b | | <input checked="" type="checkbox"/> | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed 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.
 Own website Another's website 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: 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) William Braddick Executive Committee | 5.00 0.00 | X | | | | | | 6,741 | 0 | 0 |
| (2) Clifford Cox Executive Committee | 5.00 0.00 | X | | | | | | 4,855 | 0 | 0 |
| (3) Robert Kaverman Executive Committee | 5.00 0.00 | X | | | | | | 2,714 | 0 | 0 |
| (4) Diane Collins Exe. Committee | 5.00 0.00 | X | | | | | | 2,301 | 0 | 0 |
| (5) W. Lee Bryant Sec/Treas. | 40.00 0.00 | | | X | | | | 61,468 | 0 | 0 |
| (6) Randall A. Cook President | 10.00 0.00 | | | X | | | | 8,578 | 0 | 0 |
| (7) Natasha Patterson Vice-President | 5.00 0.00 | | | X | | | | 7,430 | 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 | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 94,087 | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 94,087 | | | |

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 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 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 | | Busn. Code | | | | |
| | 2a Dues Per Capita | | 390,242 | 390,242 | | |
| | b National General Insurance | | 53,238 | 53,238 | | |
| | c Membership Dues - Retired D/W | | 17,336 | 17,336 | | |
| | d Membership Dues -Retired Cash | | 11,364 | 11,364 | | |
| | e Membership Dues - Reg Cash Du | | 7,175 | 7,175 | | |
| | f All other program service revenue | | 1,084 | 1,084 | | |
| | g Total. Add lines 2a-2f | u | 480,439 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | u | 4,132 | | 4,132 | |
| | 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 | | 18,152 | | 18,152 | | |
| b Litigation settlement | | 339 | | 339 | | |
| c RAFT incentive payments | | 295 | | 295 | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | u | 18,786 | | | | |
| 12 Total revenue. See instructions. | u | 503,357 | 480,439 | 0 | 22,918 | |

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 | 94,087 | 14,106 | 79,981 | |
| 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 | 21,344 | | 21,344 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 1,387 | 3,818 | -2,431 | |
| 10 Payroll taxes | 9,886 | 5,635 | 4,251 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 5,680 | | 5,680 | |
| 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 | 13,299 | 13,299 | | |
| 13 Office expenses | 71,754 | 42,509 | 29,245 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 20,363 | 740 | 19,623 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 156,666 | 156,666 | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 61,859 | 61,859 | | |
| 22 Depreciation, depletion, and amortization | 605 | | 605 | |
| 23 Insurance | 8,068 | | 8,068 | |
| 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 Awards & Recognition | 3,014 | 3,014 | | |
| b Education & Training | 2,250 | | 2,250 | |
| c Payroll Service Fees | 1,885 | 1,075 | 810 | |
| d Storage | 700 | | 700 | |
| e All other expenses | 2,340 | 1,477 | 863 | |
| 25 Total functional expenses. Add lines 1 through 24e | 475,187 | 304,198 | 170,989 | 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 | 188,764 | 1 | 219,794 | |
| | 2 | Savings and temporary cash investments | 167,631 | 2 | 170,291 | |
| | 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 | 18,929 | | | |
| | b | Less: accumulated depreciation | 16,266 | 3,267 | 10c | 2,663 |
| | 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) | 359,662 | 16 | 392,748 | | |
| 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 | 6,688 | 25 | 17,288 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 6,688 | 26 | 17,288 | |
| 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 | 282,657 | 27 | 305,143 | |
| | 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 | 352,974 | 33 | 375,460 | | |
| 34 | Total liabilities and net assets/fund balances | 359,662 | 34 | 392,748 | | |

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 | 503,357 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 475,187 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 28,170 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 352,974 |
| 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 | -5,684 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 375,460 |

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" on 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

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding 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" on 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 on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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 | 16,266 | 2,663 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | u | | | 2,663 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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 | 12,372 | |
| (3) Credit Cards Payable | 4,916 | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u | 17,288 | |

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" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|---------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 503,357 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 503,357 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 503,357 |

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

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

| | | | | |
|----------|---|-----------|-----------|---------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 480,871 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 5,684 | |
| e | Add lines 2a through 2d | | 2e | 5,684 |
| 3 | Subtract line 2e from line 1 | | 3 | 475,187 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 475,187 |

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.

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Accrued leave adj to cash basis \$ 5,684

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

2015**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 - Other Changes in Net Assets Explanation

| | | |
|--------------------------|----|--------|
| Conversion to cash basis | \$ | -5,684 |
| Total | \$ | -5,684 |

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

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 2014 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 2016. 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 | 604 |

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 2015 | 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"/> u | | |

Section B—Assets Placed in Service During 2015 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 2015 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 | 604 |
| 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** (2015)

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 | 290 | 53 |
| 144 | Dell XPSz L511Z Laptop | 9/29/11 | 1,315 | | | 1,315 | 10 MO S/L | 493 | 132 |
| 146 | Dell XPS 15 Laptop | 11/07/11 | 1,528 | | | 1,528 | 10 MO S/L | 560 | 153 |
| 147 | Dell Latitude E5520 Laptop | 11/16/11 | 1,685 | | | 1,685 | 10 MO S/L | 604 | 168 |
| 149 | Adobe Acrobat X Standard | 9/19/11 | 279 | | | 279 | 5 MO S/L | 209 | 56 |
| 151 | Canon PIXMA Portable Printer | 6/13/12 | 212 | | | 212 | 5 MO S/L | 131 | 42 |
| | Total Other Depreciation | | <u>18,930</u> | | | <u>18,930</u> | | <u>15,663</u> | <u>604</u> |
| | Total ACRS and Other Depreciation | | <u>18,930</u> | | | <u>18,930</u> | | <u>15,663</u> | <u>604</u> |
| | Grand Totals | | 18,930 | | | 18,930 | | 15,663 | 604 |
| | 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>15,663</u> | <u>604</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 | 535 | 0 | 53 | 53 |
| | | | <u>3,632</u> | <u>2,125</u> | <u>3,632</u> | <u>0</u> | <u>53</u> | <u>53</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 | 986 | 263 | 132 | -131 |
| 146 | Dell XPS 15 Laptop | 11/07/11 | 1,528 | 1,528 | 1,121 | 305 | 153 | -152 |
| 147 | Dell Latitude E5520 Laptop | 11/16/11 | 1,685 | 1,685 | 1,208 | 337 | 168 | -169 |
| 149 | Adobe Acrobat X Standard | 9/19/11 | 279 | 279 | 279 | 0 | 56 | 56 |
| 151 | Canon PIXMA Portable Printer | 6/13/12 | 212 | 212 | 131 | 42 | 42 | 0 |
| | Total Other Depreciation | | <u>15,298</u> | <u>15,298</u> | <u>14,004</u> | <u>947</u> | <u>551</u> | <u>-396</u> |
| | Total ACRS and Other Depreciation | | <u>15,298</u> | <u>15,298</u> | <u>14,004</u> | <u>947</u> | <u>551</u> | <u>-396</u> |
| | Grand Totals | | 18,930 | 17,423 | 17,636 | 947 | 604 | -343 |
| | 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>17,636</u> | <u>947</u> | <u>604</u> | <u>-343</u> |

FRLCA Florida Rural Letter Carriers Assn

59-1815040

FYE: 6/30/2016

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> |
|-------------|-------------|--------------|--------------------|------------|------------|---|
|-------------|-------------|--------------|--------------------|------------|------------|---|

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 | 54 | 0 |
| 144 | Dell XPSz L511Z Laptop | 9/29/11 | 1,315 | 131 | 0 |
| 146 | Dell XPS 15 Laptop | 11/07/11 | 1,528 | 153 | 0 |
| 147 | Dell Latitude E5520 Laptop | 11/16/11 | 1,685 | 169 | 0 |
| 149 | Adobe Acrobat X Standard | 9/19/11 | 279 | 14 | 0 |
| 151 | Canon PIXMA Portable Printer | 6/13/12 | 212 | 39 | 0 |
| | Total Other Depreciation | | <u>18,930</u> | <u>560</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>18,930</u> | <u>560</u> | <u>0</u> |
| | Grand Totals | | <u>18,930</u> | <u>560</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 | 66 |
| 146 | Dell XPS 15 Laptop | 11/07/11 | 1,528 | 102 |
| 147 | Dell Latitude E5520 Laptop | 11/16/11 | 1,685 | 140 |
| 149 | Adobe Acrobat X Standard | 9/19/11 | 279 | 0 |
| 151 | Canon PIXMA Portable Printer | 6/13/12 | 212 | 39 |
| | Total Other Depreciation | | <u>18,930</u> | <u>347</u> |
| | Total ACRS and Other Depreciation | | <u>18,930</u> | <u>347</u> |
| | Grand Totals | | <u>18,930</u> | <u>347</u> |

| | | |
|---|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2014 & 2015 |
| For calendar year 2015, or tax year beginning 07/01/15, ending 06/30/16 | | |

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

| | | 2014 | 2015 | Differences | |
|--------------------------|--|------------|----------------|----------------|---------------|
| Revenue | 1. Contributions, gifts, grants | 1. | | | |
| | 2. Membership dues and assessments | 2. | | | |
| | 3. Government contributions and grants | 3. | | | |
| | 4. Program service revenue | 4. | 462,919 | 480,439 | 17,520 |
| | 5. Investment income | 5. | 3,666 | 4,132 | 466 |
| | 6. Proceeds from tax exempt bonds | 6. | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | |
| | 8. Net income or (loss) from fundraising events | 8. | | | |
| | 9. Net income or (loss) from gaming | 9. | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | |
| | 11. Other revenue | 11. | 14,074 | 18,786 | 4,712 |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 480,659 | 503,357 | 22,698 |
| Expenses | 13. Grants and similar amounts paid | 13. | | | |
| | 14. Benefits paid to or for members | 14. | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. | 100,353 | 94,087 | -6,266 |
| | 16. Salaries, other compensation, and employee benefits | 16. | 31,938 | 32,617 | 679 |
| | 17. Professional fundraising fees | 17. | | | |
| | 18. Other professional fees | 18. | 6,080 | 5,680 | -400 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. | | | |
| | 20. Depreciation and Depletion | 20. | 606 | 605 | -1 |
| | 21. Other expenses | 21. | 306,082 | 342,198 | 36,116 |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 445,059 | 475,187 | 30,128 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 35,600 | 28,170 | -7,430 |
| Other Information | 24. Total exempt revenue | 24. | 480,659 | 503,357 | 22,698 |
| | 25. Total unrelated revenue | 25. | | | |
| | 26. Total excludable revenue | 26. | 480,659 | 503,357 | 22,698 |
| | 27. Total assets | 27. | 359,662 | 392,748 | 33,086 |
| | 28. Total liabilities | 28. | 6,688 | 17,288 | 10,600 |
| | 29. Retained earnings | 29. | 352,974 | 375,460 | 22,486 |
| | 30. Number of voting members of governing body | 30. | 7 | 7 | |
| | 31. Number of independent voting members of governing body | 31. | 6 | 6 | |
| | 32. Number of employees | 32. | 26 | 27 | |
| | 33. Number of volunteers | 33. | | | |

| | | |
|-----------------|---------------------------|-------------|
| Form 990 | Tax Return History | 2015 |
|-----------------|---------------------------|-------------|

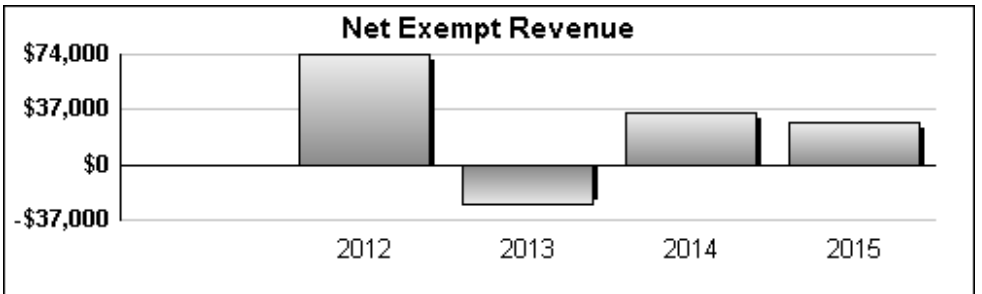
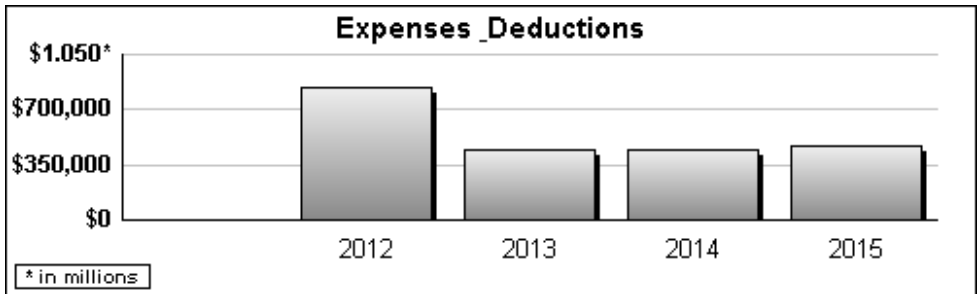
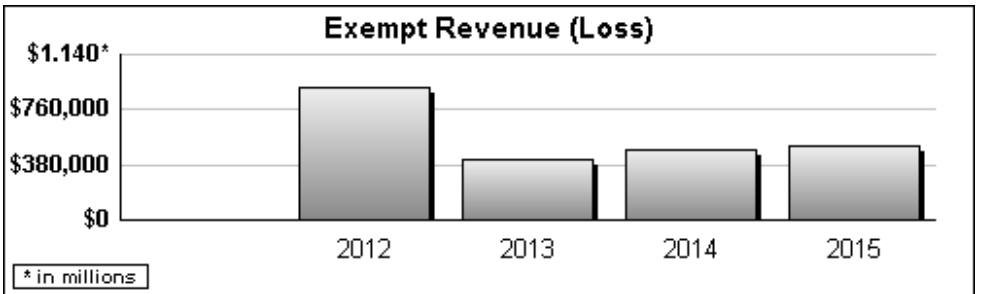
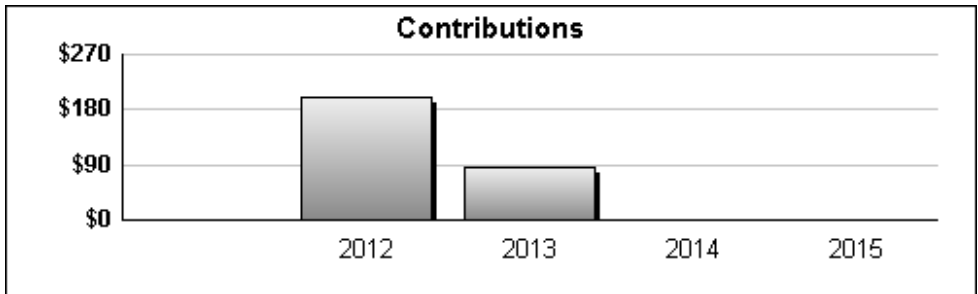
| | |
|---|---|
| Name Florida Rural Letter Carriers Assn | Employer Identification Number 59-1815040 |
|---|---|

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|------|----------------|----------------|----------------|----------------|------|
| Contributions, gifts, grants | | 200 | 86 | | | |
| Membership dues | | | | | | |
| Program service revenue | | 906,528 | 410,559 | 462,919 | 480,439 | |
| Capital gain or loss | | -5,548 | | | | |
| Investment income | | 2,940 | 2,655 | 3,666 | 4,132 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | 4,627 | 8,906 | 14,074 | 18,786 | |
| Total revenue | | 908,747 | 422,206 | 480,659 | 503,357 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | 118,764 | 142,617 | 100,353 | 94,087 | |
| Other compensation | | 383,532 | 42,017 | 31,938 | 32,617 | |
| Professional fees | | | 5,705 | 6,080 | 5,680 | |
| Occupancy costs | | | | | | |
| Depreciation and depletion | | 1,722 | 784 | 606 | 605 | |
| Other expenses | | 329,828 | 257,227 | 306,082 | 342,198 | |
| Total expenses | | 833,846 | 448,350 | 445,059 | 475,187 | |
| Excess or (Deficit) | | 74,901 | -26,144 | 35,600 | 28,170 | |
| Total exempt revenue | | 908,747 | 422,206 | 480,659 | 503,357 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | | 908,747 | 422,120 | 480,659 | 503,357 | |
| Total Assets | | 352,824 | 326,185 | 359,662 | 392,748 | |
| Total Liabilities | | 24,703 | 28,383 | 6,688 | 17,288 | |
| Net Fund Balances | | 328,121 | 297,802 | 352,974 | 375,460 | |

| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2015 |
|------------------|---------------------------|-------------|

| | |
|---|---|
| Name Florida Rural Letter Carriers Assn | Employer Identification Number 59-1815040 |
|---|---|

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|--|------|------|------|------|------|------|
| 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 | | | | | | |

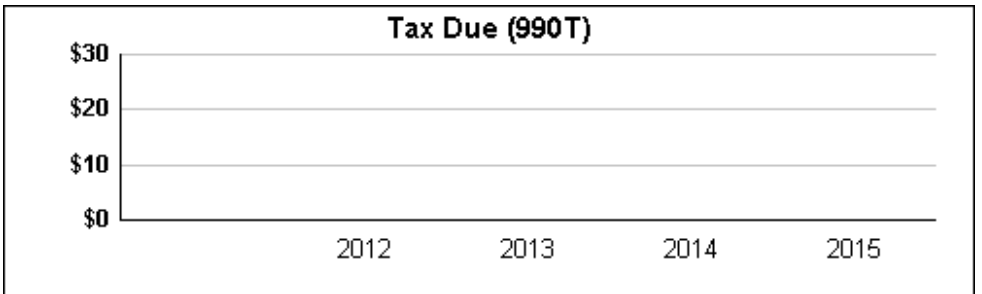
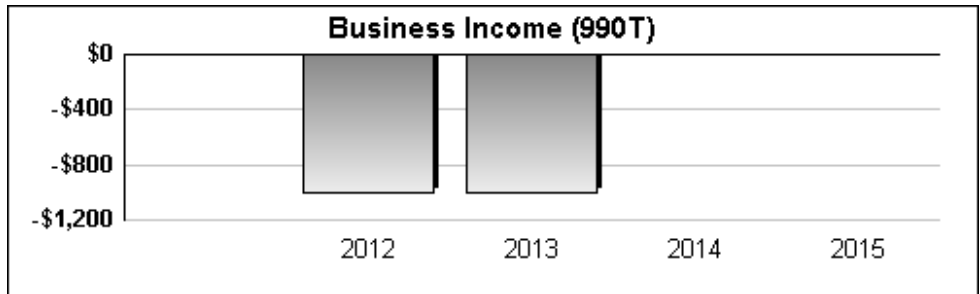
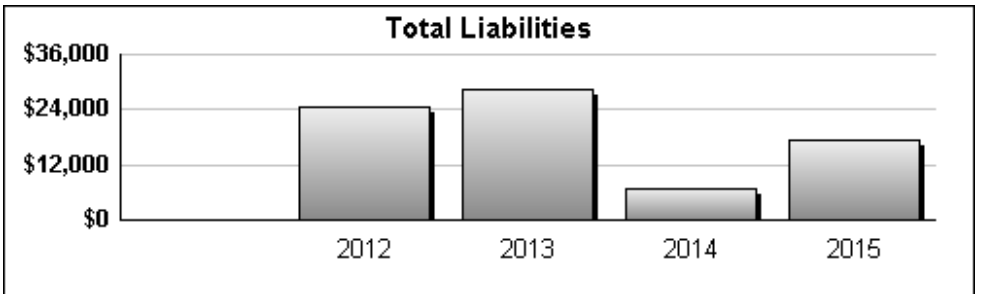
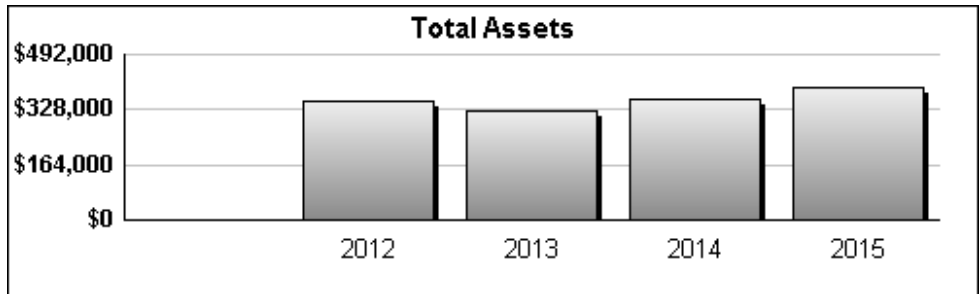


| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2015 |
|------------------|---------------------------|-------------|

| | |
|---|---|
| Name Florida Rural Letter Carriers Assn | Employer Identification Number 59-1815040 |
|---|---|

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|------|--------|--------|------|------|------|
| 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 | \$ 4,132 | | 14 | | | |
| Total | <u>\$ 4,132</u> | | | | | |

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> |
|--------------------------|---------------------------|----------------------------|-------------------------------------|-------------------------|
| Disaster Relief Expenses | \$ 600 | \$ 600 | \$ | \$ |
| SAC Expense | 500 | 500 | | |
| PAC Expense | 377 | 377 | | |
| Employee Benefits Admin | 350 | | 350 | |
| Equipment Rental | 309 | | 309 | |
| Miscellaneous | 160 | | 160 | |
| Repairs & Maintenance | 44 | | 44 | |
| Total | <u>\$ 2,340</u> | <u>\$ 1,477</u> | <u>\$ 863</u> | <u>\$ 0</u> |