Form

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)

 \boldsymbol{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

<u>A</u>	For the	е 2014 с		, or tax year beginning	07/01/1	14	, and ending	06/3	30/1	5	_				
В	Check if a	applicable:	C Name of orga	anization							D Er	mployer	identificat	ion number	
	Address c	change		Florida I	Rural Le	ette	er Carrie	rs Ass	sn		4				
	Name cha	ange	Doing busines							5 / "			31504	10	
Ħ	Initial retur	-		street (or P.O. box if mail is not delive $80x\ 1150$	ered to street add	dress)				Room/suite		elephone 52-	number 3 4 4 – 4	1763	
_	Final retur			state or province, country, and ZIP or	foreign postal co	ode					1	<i>J</i> <u> </u>	711	1705	
	terminated			. City	• .		36-1150						! ch	190	,659
	Amended	return		ddress of principal officer:	гы .	344	30-1130				G G	ross rece	elpts \$		
	Application	n pending		all A. Cook						H(a) Is this a g	roup reti	urn for su	ubordinates?	Yes	X No
		1 3		Box 1150						H(b) Are all su	hordinat	tes inclu	ded?	Yes	No
				l City	₽.	т 2	34436-11	Ε Ο					see instruc	_	
_					t (insert no.)	" 	1				,	,		,	
<u>-</u>		npt status:	501(0		L (insert no.)		4947(a)(1) or	527		11/-) 0					
	Website:		Irlca.						,	ar of formation:					
	art I	organization:		tion Trust X Association	Other u	L			L Ye	ar of formation: -	LJH	<u> </u>	M State of	of legal domici	е: гц
			ımmary	manimationla minaion as mont	aignificant o										
	1 6			ganization's mission or most											
Se		see	Schedule												
nar															
Governance															
				if the organization discontinu								ا م	7		
⋖ర	3 1	Number c	of voting mem	bers of the governing body	(Part VI, line	1a)						3	<u>7</u> 6		
ties	4 1	Number o	of independen	t voting members of the gov	erning body	(Part	VI, line 1b)					4			
Activities				luals employed in calendar y		art V,	line 2a)					5	26		
Ac				eers (estimate if necessary)							}	6	0		
	7a 1	Total unre	elated busines	ss revenue from Part VIII, co	olumn (C), lin	ne 12						7a			0
	l d	Net unrela	ated business	taxable income from Form	990-T, line 3	34			<u>.</u>	Prior Y		7b		Current Year	0
	0 (Contributi	ione and gran	to (Part \/III line 1h)					F	PHOLE	aı	86		Junent real	0
ne	0 0	Dragram	ons and gran	ts (Part VIII, line 1h)					⊢	// 1	0,5			162	,919
Revenue	9 F	9 Program service revenue (Part VIII, line 2g)10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							⊢		2,6				, 666
Re			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								8,9				,000
										10	$\frac{0,3}{2,2}$,659
				nes 8 through 11 (must equa						42	4,2	100		400	039
				ounts paid (Part IX, column								-			0
	14 6	Benefits p	paid to or for i	members (Part IX, column (A	A), line 4)				⊢	1 5	1 1 2	0 6 1		120	<u> </u>
es				nsation, employee benefits (I						<u> </u>	4,3	004		132	<u>, 291</u>
ens	16a F	Protessioi	nai tundraising	g fees (Part IX, column (A),	line 11e)				-						0
Expenses				nses (Part IX, column (D), lir				٧	···· -	26	3,7	716		212	760
_			•	IX, column (A), lines 11a-11	,										768
				nes 13–17 (must equal Part		A), lin	ie 25)		⊢		8,0 5,8				059
	+	Revenue	iess expense	s. Subtract line 18 from line	12					Beginning of C				End of Year	,600
Net Assets or	20 7	Total asse	ets (Part X lir	ne 16)							6,1				,662
Asse	21 7	Total liahi	ilities (Part X	line 26)					····		8,1				,688
Net	22 1	Not accet	ts or fund hals	ances. Subtract line 21 from					⊢		8,0				,974
	art II		gnature B		III 20						0 , 0	,,,,,		332	, <u>, , , , , , , , , , , , , , , , , , </u>
				e that I have examined this retu	rn including a	ccomr	nanving schedule	and state	ments a	nd to the hest of	of my k	nowled	ge and b	elief it is	
				ation of preparer (other than offi	,		, ,				y		90 4.14 2	oo., 1. 10	
Sig	ın	s	Signature of officer	•								Date			
He			W. Tiee	e Bryant				Sec	c/Tr	easurer					
0	. •	T	ype or print name	*				500	<u> </u>	24241 C1	•				
		+ *	preparer's name		Preparer's	signatu	re			Date		Check	lif F	PTIN	
Pai	d			CPA		-					2/15	self-emp	□"	P0009563	4
Pre	parer			Hamilton & Ph	illing	T	 PA			,	Firm's E			-2479	
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	•	Firm's add	drace l		33511	וע	_				Phone i	no	813	-689-	7480
Mav	the IR	•		vith the preparer shown abo		tructio	ons)				i none i	110.	010	Yes	No

-orm 990 (2014) Florida Rural Letter Carrier	rs Assn 59-1815040	Page 2
Part III Statement of Program Service Accomplishm		
	te to any line in this Part III	X
1 Briefly describe the organization's mission: See Schedule O		
bee belieuute 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 convices, as measured by	
4 Describe the organization's program service accomplishments for each expenses. Section 501(c)(3) and 501(c)(4) organizations are required to		
the total expenses, and revenue, if any, for each program service repo		
4a (Code:) (Expenses \$ 80,364 including	g grants of \$) (Revenue \$)
The Association maintains an insura	nce program, retirement	
program, grievance system and newspa	aper for the benefit of	
its members.		
• • • • • • • • • • • • • • • • • • • •		
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• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		
4b (Code:) (Expenses \$ 157,122 including	g grants of \$)
State Convention: Gathered members		: postal
workforce and to elect new officers	5.	
•		
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•••••		
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		
4c (Code:) (Expenses \$42,201 includingPublications:Informed the members	g grants of \$) (Revenue \$)
Publications: Informed the members	nip on matters relevant to thei	.r
employment with the United States P	OSLAI Service.	
·		
•		
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·······		
·		
4d Other program services (Describe in Schedule O.)	\	
(Expenses \$ including grants of \$ 4e Total program service expenses u 279,687) (Revenue \$	
4e Total program service expenses u 2/9,68/		

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ 2 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 Χ 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 4 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, Χ 5 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 Χ "Yes," complete Schedule D, Part I 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 Χ 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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." Χ complete Schedule D, Part VI 11a 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 Χ 11b 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 Χ 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 Χ 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 Χ 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ 14h 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ 20a

20b

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 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 Χ 23 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 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24d 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 25a **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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Χ 26 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 27 Χ 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): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 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 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ

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 .

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Pa	rt 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			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 26			
h	Statements, filed for the calendar year ending with or within the year covered by this return	2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		25	
3a		3a		Х
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: u			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
٨	required to file Form 8282? If "You " indicate the number of Forms 8282 filed during the year. 7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Pid the aggregation require any finds directly or indirectly to pay promiums on a personal banefit contract?	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	· · · · · · · · · · · · · · · · · · ·			
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ru h	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an evaluation in Schodule O	14h		

Form 990 (2014) Florida Rural Letter Carriers Assn 59-1815040 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 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. Enter the number of voting members included in line 1a, above, who are independent 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 2 any other officer, director, trustee, or key employee? 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? Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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? Χ 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Χ 8b 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 ... Χ 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? X 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Χ Χ Did the organization have a written document retention and destruction policy? 14 14 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? 15a Χ The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ${f u}$ None 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: \mathbf{u}

11791 E. Warmouth Ct.

FL 33436 352-344-4763

Wilma Lee Bryant

Floral City

Form 990 (2014)	Florida	Rural	Letter	Carriers	Assn	59-1815040
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors	г

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	week box, (list any offic			Pos check ess pe	erson i	than one s both ar or/trustee)	ո)	(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
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	(W-2 1099-WISC)		organization and related organizations
(1) Clifford Cox										
Executive Committee	5.00	X						5,163	0	0
(2) William Braddick										
Executive Committee	5.00	X						3,108	0	0
(3) James Gache	0.00	- 22						3,100	0	0
	5.00									
Executive Committee	0.00	Х						2,409	0	0
(4) Diane Collins	5.00									
Exe. Committee	0.00	X						1,678	0	0
(5) W. Lee Bryant	40.00									
Sec/Treas.	40.00			Х				73,449	0	0
(6) Randall Cook								-, -		
	10.00									
President	0.00			Х				8,109	0	0
(7) Natasha Patterso	n 5.00									
Vice-President	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)										ago o				
	(A) Name and title	(B) Average hours per week (list any	bo	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimat amount other	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations			
(12)														
(13)														
(14)	14)													
(15)	(15)													
(16)	j)													
(17)														
(18)														
(19)														
1b c	Sub-total							u u	100,353					
2 	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not lin	nited					u ove)	100,353 who received more than \$1	00,000 of			W 1	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	such	indiv	idual					3	Yes	X
5	organization and related organi individual Did any person listed on line 1	zations greater the	nan S 	\$150 ompe	,000? ensat	? If " ion f	Yes,"	con	mplete Schedule J for suchunrelated organization or inc	dividual		4		Х
Sect	for services rendered to the orgion B. Independent Contracto		s," c	omp	lete S	Sche	dule	J fo	r such person		<u> </u>	5		X
1	Complete this table for your fiv compensation from the organiz	e highest compe												
		(A) business address	прсп	Salio	11 101	tile	calci	luai		(B) tion of services		Cor	(C) npensatio	on
_														
2	Total number of independent or received more than \$100,000 or	ontractors (includ	ling b from	out n the	ot lin	nited nizat	to th	iose 1	listed above) who	0				

Form 990 (2014) Florida Rural Letter Carriers Assn 59-1815040 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (B) Related or (A) Total revenue exempt function business revenue revenue 512-514 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 **q** Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f Revenue 367,885 367,885 2a Dues Per Capita 63,523 63,523 **b** National General Insurance Program Service 17,623 17,623 C Membership Dues - Retired D/W 8,976 8,976 **d** Membership Dues -Retired Cash 4,505 4,505 Membership Dues - Reg Cash Du f All other program service revenue 407 407 462,919 g Total. Add lines 2a-2f . 3 Investment income (including dividends, interest, and other similar amounts) 3,666 3,666 Income from investment of tax-exempt bond proceeds u Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) **d** Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory **b** Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory . u Miscellaneous Revenue Busn. Code 7,625 7,625 11a Reimbursements **b** Miscellaneous 6,449 6,449 c d All other revenue

14,074

462,919

480,659

e Total. Add lines 11a-11d

12 Total revenue. See instructions.

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

following SOP 98-2 (ASC 958-720)

Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 157,292 1 188,764 Cash—non-interest bearing Savings and temporary cash investments 165,021 167,631 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 18,929 b Less: accumulated depreciation 10b 15,662 3,872 10c 3,267 Investments—publicly traded securities _____ 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 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 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 18,113 6,688 25 of Schedule D 18,113 6,688 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here u **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 237,755 27 282,657 Unrestricted net assets 70,317 Temporarily restricted net assets 70,317 Permanently restricted net assets

SEAS 117 (ASC 958), check here u and 29 29 ŏ complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 352,974 308,072 33 Total net assets or fund balances 33

359,662 Form **990** (2014)

326,185

Total liabilities and net assets/fund balances

orm	990 (2014) Florida Rural Letter Carriers Assn 59-1815040				Pag	ge 12
Pa	rt 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		48	30,6	659
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	45,0	059
3	Revenue less expenses. Subtract line 2 from line 1	3			35,6	600
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3(08,	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		3!	52,9	974
Pa	rt 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: X Cash Accrual 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?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		L	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					

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?b 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.

Form **990** (2014)

Χ

За

3b

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.

OMB No. 1545-0047 Open to Public Inspection

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Florida Rural Letter Carriers Assn 59-1815040 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?. Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1

Dono	2
Page	_

Pa	rt III Organizations Maintaining (Collections of A	Art, Historical Tr	easures, o	r Other Simila	ar As	sets (continue	d)		
3	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records, o	check any of the follow	ing that are a	significant use of	its					
а	Public exhibition	d 🗍 I	Loan or exchange pro	grams							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explain he	ow they further the ord	ganization's exe	empt purpose in F	Part					
	XIII.	, ,									
5	During the year, did the organization solicit or re	eceive donations of	art, historical treasures	s or other simil	lar						
•	assets to be sold to raise funds rather than to b							Yes		No	
Pa	rt IV Escrow and Custodial Arra		t or the organization o								
	Complete if the organization a	-	to Form 990. Par	t IV. line 9.	or reported an	amo	unt or	ı Form			
	990, Part X, line 21.			, ,	oopoou u.						
	Is the organization an agent, trustee, custodian	or other intermedian	v for contributions or o	other assets no	nt						
			•					Yes	\Box	No	
h	included on Form 990, Part X? Ves Vo b If "Yes," explain the arrangement in Part XIII and complete the following table:										
	ii res, explain the analigement in rait XIII and	a complete the follow	wing table.					Amount		—	
_	Reginning belonce					1c		7 11110 01111			
	Beginning balance					1d				—	
	Additions during the year					1e				_	
	Distributions during the year					1f				_	
) 20	Ending balance		1 for coordy or custo	dial aggrupt lig	hilih 2			Yes	\Box	—	
	If "Yes," explain the arrangement in Part XIII. Ch								H	No	
	rt V Endowment Funds.	leck fiele ii tile expi	anation has been prov	nueu III Fait Ai	III		<u> </u>			—	
Га	Complete if the organization a	neword "Voe"	to Form 900 Par	t IV/ line 10							
	Complete if the organization a	(a) Current year	(b) Prior year	(c) Two year		ree years		(e) Four ye	nare ha		
10	Designing of year balance	(a) Current year	(b) Filor year	(c) Two year	s back (u) III	ice years	Dack	(e) i oui ye	sais Da		
	Beginning of year balance				+						
	Contributions										
С	Net investment earnings, gains, and										
	losses										
	Grants or scholarships							 			
е	Other expenditures for facilities and										
	programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	,	line 1g, column (a)) he	eld as:							
а	Board designated or quasi-endowment $\mathbf{u}_{\dots\dots}$										
b	Permanent endowment u %										
С	Temporarily restricted endowment ${f u}$										
	The percentages in lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the possession	on of the organization	on that are held and a	dministered for	the			_			
	organization by:							Y	es	No	
	(i) unrelated organizations							3a(i)	_		
	(ii) related organizations							3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations list	sted as required on	Schedule R?					3b			
4	Describe in Part XIII the intended uses of the or		ment funds.								
Pa	rt VI Land, Buildings, and Equip										
	Complete if the organization a	answered "Yes"	to Form 990, Par	t IV, line 11	a. See Form 9	90, P	<u>'art X,</u>	line 10.			
	Description of property	(a) Cost or other b	asis (b) Cost or	other basis	(c) Accumulate	d		(d) Book val	ue		
		(investment)	(oth	er)	depreciation						
1a	Land						4				
b	Buildings										
	Leasehold improvements										
	Equipment			18,929	15	,662	3		3,2	67	
	Other										
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X	, column (B), line 10c.)		บ	1		3,2	67	

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to Fe	orm 990 Part IV line	11h See Form 990 Pa	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(b) Book value	Cost or end-of-ye	
			Cost of end-of-ye	al Illainet value
(1) Financial o				
	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.			
rait VIII		arm 000 Dart IV line	11a Cas Form 000 Da	unt V line 10
	Complete if the organization answered "Yes" to Fo			
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
rait ix		arm 000 Dart IV line	11d Coo Form 000 Do	ort V line 15
-	Complete if the organization answered "Yes" to Fo	omi 990, Part IV, line	Tra. See Form 990, Pa	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			ı
1 411 71	Complete if the organization answered "Yes" to Fe	orm 990 Part IV line	11e or 11f See Form (990 Part X
	line 25.	onn 550, ran rv, mic	THE OF THE OCC FORM	550, T art 7,
	(a) Description of liability	(h) Pook volue		
1.	,,, ,	(b) Book value		
	ncome taxes	C C00		
	ed leave	6,688		
(3) Other	Employee Deductions			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
•	(b) must equal Form 990, Part X, col. (B) line 25.) u	6,688		
	uncertain tax positions. In Part XIII, provide the text of the footno		ncial statements that reports t	he

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

Sche	dule D (Form 990) 2014 Florida Rural Letter Carriers	Assn	59-181504)	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer		-	ırn.	
	Complete if the organization answered "Yes" to Form 990, Par				400 (50
1	Total revenue, gains, and other support per audited financial statements			1	480,659
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	الما			
a	Net unrealized gains (losses) on investments	2a 2b			
b	Donated services and use of facilities Percureries of prior year grants	2c			
q	Recoveries of prior year grants Other (Describe in Part XIII.)	—			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	480,659
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	480,659
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Pai			eturn.	
1	Total expenses and losses per audited financial statements			1	435,757
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1337737
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	.,,		3	435,757
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		0 200		
b	Other (Describe in Part XIII.)	4b	9,302	4.	0.202
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	9,302 445,059
	rt XIII Supplemental Information.			<u> </u>	443,037
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1b and 2	2b; Part V, line 4; Part X	, line	
2; Pa	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional	information.		
Pa	art XII, Line 4b - Expense Amounts Included	on Re	eturn - Othe	r	
-			4		0 200
A.	crued Leave/Accrual to Cash		Ş		9,302
DAA					chedule D (Form 990) 2014
v \				9	

Schedule D (Fo	orm 990) 2014	Florida	Rural	Letter	Carriers	Assn	59-1815040	Page 5
Part XIII	Supplementa	al Informati	on (contin	ued)	Carriers			
			•					
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Inspection u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization 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 fo	r Top Official
All compensation is determined by amending or changin	g the constitution by
2/3 majority vote of delegates to state convention he	eld annually.
Form 990, Part VI, Line 15b - Compensation Process fo	r Officers
All compensation is determined by amending or changin	g the constitution by
2/3 majority vote of delegates to the state convention	n held annually.
Form 990, Part VI, Line 19 - Governing Documents Disc	closure Explanation
Governing documents are available on their websi	te (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
·	
	Page 1 of 1

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Chment Uence No. 179

Name(s) shown on return Identifying number Florida Rural Letter Carriers Assn 59-1815040 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 5 (b) Cost (business use only) 6 (a) Description of property Listed property. Enter the amount from line 29 7 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 606 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2014 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property placed in (business/investment use (e) Convention (a) Depreciation deduction only-see instructions) service 3-year property 19a 5-year property C 7-year property **d** 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L MM Nonresidential real 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/I S/L 40-year 40 vrs. MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 606 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

FRLCA Florida Rural Letter Carriers_Assn

59-1815040 FYE: 6/30/2015

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	<u>Prior</u> .	Current
78	Depreciation: 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		18,930		18,930		15,057	606
		_						
	Total ACRS and Other Depre	ciation	18,930		18,930		15,057	606
	· · · · · · · · · · · · · · · · · · ·	=						
	Grand Totals		18,930		18,930		15,057	606
	Less: Dispositions and Transfe	ers	0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals	_	18,930		18,930		15,057	606
	net Grand Totals	=	10,930		10,930		13,037	000

FRLCA Florida Rural Letter Carriers Assn

59-1815040 FYE: 6/30/2015 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
101	Out Of Service: 6/06/08	1 /00 /00	2 222	1166	2 222	0	0	0
131	Scanner Software	1/09/09	2,332	1,166	2,332	0	0	
140	HP Laser Jet	2/08/10	535	268	520	15	54	39
		_	3,632	2,125	3,617	15	54	39
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	-
114	Dell Laptop	2/08/06	1,290	1,290	1,290	0	0	-
121	Fireproof Filing Cabinet	3/15/07	1,908	1,908	1,908	0	0	0
124 130	Adobe Software	9/07/06 3/31/08	266	266	266	$0 \\ 0$	0	0
130	Dell D830 Laptop Dell XPSz L511Z Laptop	3/31/08 9/29/11	3,191 1,315	3,191 1,315	3,191 723	263	131	0 -132
144	Dell XPS 15 Laptop	11/07/11	1,513	1,528	815	306	151	-152 -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	_	15,298	15,298	13,032	972	552	-420
	Total ACRS and Other Depre	ciation =	15,298	15,298	13,032	972	552	-420
	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	_	18,930	17,423	16,649	987	606	-381

FRLCA Florida Rural Letter Carriers Assn **Depreciation Adjustment Report** 59-1815040 **All Business Activities** FYE: 6/30/2015 AMT Adjustments/ Preferences AMT Form Unit Asset Description Tax There are no assets that meet the criteria of this report

FRLCA Florida Rural Letter Carriers Assn

59-1815040

Future Depreciation Report FYE: 6/30/16

Form 990, Page 1 FYE: 6/30/2015

Asset	Description	Date In Service	Cost	Tax	AMT
Other 1	Depreciation:				
78	HP Scanjet 7400C	8/31/01	519	0	0
82	Monitor	10/30/01	246	Õ	Õ
89	Dell Inspiron 1100 Laptop	4/14/03	1,910	Õ	Õ
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		18,930	604	0
	Total ACRS and Other Depreciatio	n	<u>18,930</u> _	604	0
	Grand Totals		18,930	604	0

FRLCA Florida Rural Letter Carriers Assn 59-1815040 Future Depreciation Report FYE: 6/30/16

Form 990, Page 1 FYE: 6/30/2015

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

Name

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

Taxpayer Identification Number

Ε	lorida Rural Letter Carriers Ass	n		59-183	L5040
			2013	2014	Differences
	1. Contributions, gifts, grants	1.	86		-86
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
n e	4. Program service revenue	4.	410,559	462,919	52,360
⊆	5. Investment income	5.	2,655	3,666	1,011
>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory				
	8. Net income or (loss) from fundraising events	8.			
	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	12.	422,206	480,659	58,453
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
S	15. Compensation of officers, directors, trustees, etc.	15.	142,617	100,353	-42,264
S	16. Salaries, other compensation, and employee benefits	16.	42,017	31,938	-10,079
e n	17. Professional fundraising fees	17.			
α×	18. Other professional fees	18.	5,705	6,080	375
ш	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	784	606	-178
	21. Other expenses		257,227	306,082	48,855
	22. Total expenses. Add lines 13 through 21	22.	448,350	445,059	-3,291
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-26,144	35,600	61,744
	24. Total exempt revenue	24.	422,206	480,659	58,453
	25. Total unrelated revenue	25.			
<u>o</u>	26. Total excludable revenue	26.	422,120	480,659	58,539
nat	27. Total assets	27.	326,185	359,662	33,477
Information	28. Total liabilities	28.	28,383	6,688	-21,695
	29. Retained earnings	29.	297,802	352,974	55,172
Other	30. Number of voting members of governing body	30.	8	7	
ŏ	31. Number of independent voting members of governing body	31.	5	6	
	32. Number of employees	32.	26	26	
	33. Number of volunteers	33.			

Form **990T**

47. Total due/(Refund)

Two Year Comparison Report

For calendar year 2014, or tax year beginning

07/01/14 , ending

06/30/15

2013 & 2014

Name

Taxpayer Identification Number

Florida Rural Letter Carriers Assn 59-1815040 2013 2014 **Differences** 1. 1. Gross profit/loss on business activities 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. 11. Total trade or business income. Combine lines 1 through 10 12. 12. Compensation of officers, directors, and trustees 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 25. Net operating loss deduction 25. 26. Specific deduction 26. 1,000 .000 -1,00027. Unrelated business taxable income. 27. 28. Income tax (corporate or trust) 28. Credits 29. Proxy tax 29. **30.** Alternative minimum tax 30. 31. Total taxes 31. 32. Other credits 32. త 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. 39. Prior year overpayment and estimated tax payments **40.** Payment made with extension 40. Due/Refund 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

47.

Form 990	Tax Return History	2014
Name	Florida Rural Letter Carriers Assn	Employer Identification Number 59-1815040

	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	

\$1.050*

\$700,000

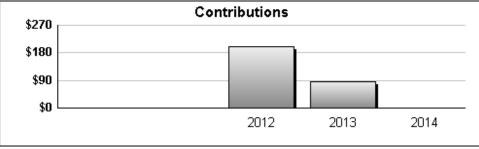
\$350,000

\$0

* in millions

Form 990T	Tax Return History		2014
Name	Florida Rural Letter Carriers Assn	Employer Ide	entification Number

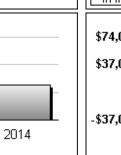
	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
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			-			

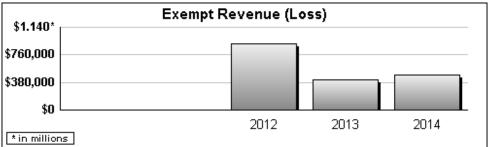


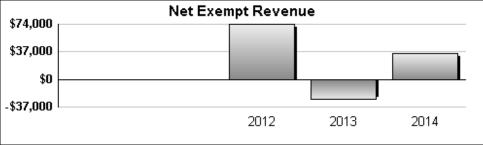
Expenses Deductions

2012

2013



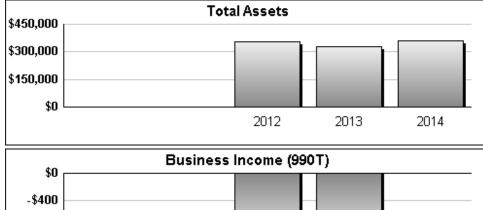


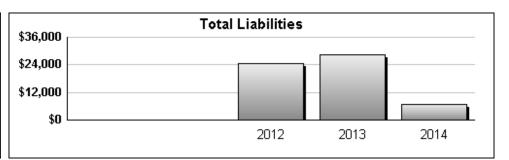


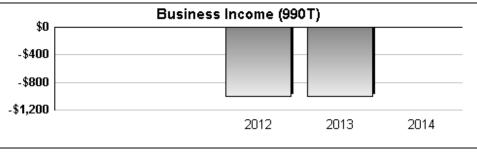
Form 990T	Tax Return History	2014
Name	Florida Rural Letter Carriers Assn	Employer Identification Number 59-1815040

	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
ncome after expense and deductions			-1,000	-1,000		
ncome tax (corporate or trust)						
Other taxes						
otal taxes						
Seneral business credit						
Other credits						
let tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses









FRLCA Florida Rural Letter Carriers Assn

59-1815040

Federal Statements

FYE: 6/30/2015

Taxable Interest on Investments

Descriptio	n						
		Amount	Unrela Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest /Dividends		7 11110 01111		 			σοσ (ψ σ. 70)
Interest/Dividends							
	\$	3,666		14			
Total	\$	3,666					

FRLCA Florida Rural Letter Carriers Assn

59-1815040

Federal Statements

FYE: 6/30/2015

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

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