

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FLA ASSN OF STUDENT FINANCIAL AID ADMINISTRATORS INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>2400 FEATHER SOUND DR</b> Room/suite <b>1228</b> City or town, state or province, country, and ZIP or foreign postal code <b>CLEARWATER FL 33762</b>	<b>D</b> Employer identification number <b>59-2437964</b> <b>E</b> Telephone number  <b>G</b> Gross receipts \$ <b>368,996</b>
<b>F</b> Name and address of principal officer: <b>GWYN FRANCIS</b> <b>2400 FEATHER SOUND DR #1228</b> <b>CLEARWATER FL 33762</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation: <b>1984</b>
<b>J</b> Website: ▶ <b>WWW.FASFAA.ORG</b>		<b>M</b> State of legal domicile: <b>FL</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>EDUCATE FINANCIAL AID ADMINISTRATORS WITH RESPECT TO THE CONSTANT CHANGES IN FINANCIAL AID RULES AND REGULATIONS</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	43
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	29,127	23,553
	9	Program service revenue (Part VIII, line 2g)	142,684	170,748
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,241	68,172
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180,052	262,473
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,000	12,000
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	175,991	217,562
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	185,991	229,562
	19	Revenue less expenses. Subtract line 18 from line 12	-5,939	32,911
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	638,314	641,304
	21	Total liabilities (Part X, line 26)	80,682	80,682
	22	Net assets or fund balances. Subtract line 21 from line 20	557,632	560,622

**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.

<b>Sign Here</b>	Signature of officer <b>GWYN FRANCIS</b> Type or print name and title	Date <b>TREASURER</b>
	Print/Type preparer's name <b>ANDRE S. BURTON, CPA</b>	
<b>Paid Preparer Use Only</b>	Preparer's signature <b>ANDRE S. BURTON, CPA</b>	Date Check <input type="checkbox"/> if PTIN self-employed P00145449
	Firm's name ▶ <b>BURTON &amp; COMPANY, P.A., CPAS</b> <b>4310 SHERIDAN STREET, SUITE 202</b> <b>HOLLYWOOD, FL 33021-3512</b>	Firm's EIN ▶ <b>59-2063797</b> Phone no. <b>954-961-1040</b>