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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 06-01-2009, and ending 05-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Florida Federation of Business and Professional Women's Club Inc	D Employer identification number 59-0866106
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 3150 Holiday Springs Blvd Bldg 8 No 111	E Telephone number (305) 743-5437
		City or town, state or country, and ZIP + 4 Margate, FL 330632606	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify):

I Website: www.bpwfl.org
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 87,018**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	1,672	10	Grants and similar amounts paid (attach schedule)
2	Program service revenue including government fees and contracts	2	60,336	11	Benefits paid to or for members
3	Membership dues and assessments	3	23,476	12	Salaries, other compensation, and employee benefits
4	Investment income	4	474	13	Professional fees and other payments to independent contractors
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6a		17	Total expenses. Add lines 10 through 16
a	Gross revenue (not including \$ of contributions reported on line 1)	6b		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
b	Less direct expenses other than fundraising expenses	6c		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	57	20	Other changes in net assets or fund balances (attach explanation)
7a	Gross sales of inventory, less returns and allowances	7b		21	Net assets or fund balances at end of year. Combine lines 18 through 20
b	Less cost of goods sold	7c	57		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,003		
8	Other revenue (describe)	9	87,018		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	76,031	22 98,055
23 Land and buildings		23
24 Other assets (describe)	4,949	24 1,971
25 Total assets	80,980	25 100,026
26 Total liabilities (describe)	25,742	26 29,230
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,238	27 70,796

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/>		
37b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> FL _____		
42a	The organization's books are in care of <input type="checkbox"/> Jo Ann Orr _____ Telephone no <input type="checkbox"/> (305) 743-5437 bahama drive Located at <input type="checkbox"/> marathon, FL _____ ZIP + 4 <input type="checkbox"/> 33050		
42b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: _____ Date: 2010-11-04

Jo Ann Orr treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 59-0866106

Name: Florida Federation of Business
and Professional Women's Club Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Venita Garvin Valdez 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	President 30 00	0	0	0
Sue A Banks 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	President-Elect 20 00	0	0	0
esther bird 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	1st vice president 10 00	0	0	0
patricia ivey 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	2nd vice president 10 00	0	0	0
Jo ann orr 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	treasurer 15 00	0	0	0
Sheri McCandless 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	secretary 10 00	0	0	0
Mary Giddens 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	director/parliamentarian 10 00	0	0	0
Carole Tolomeo 3150 holiday springs blvd Bldg 8 st Margate, FL 33063	director/business manager 10 00	0	0	0

TY 2009 Other Assets Schedule

Name: Florida Federation of Business
and Professional Women's Club Inc

EIN: 59-0866106

Description	Beginning of Year Amount	End of Year Amount
accounts receivable	2,185	1,187
inventory	815	784
Prepaid expenses	253	0
Other assets	1,696	0

TY 2009 Other Changes in Net Assets Schedule

Name: Florida Federation of Business
and Professional Women's Club Inc

EIN: 59-0866106

Description	Amount
temporarily restricted net assets	571

TY 2009 Other Expenses Schedule

Name: Florida Federation of Business
and Professional Women's Club Inc

EIN: 59-0866106

Description	Amount
Administrative expenses	6,320
committee expenses	9,190
Conference and meetings	44,240

TY 2009 Other Liabilities Schedule

Name: Florida Federation of Business
and Professional Women's Club Inc

EIN: 59-0866106

Description	Beginning of Year Amount	End of Year Amount
accounts payable and accrued expenses	2,289	12,130
deferred revenue	23,453	180
membership refunds due	0	16,920

TY 2009 Other Revenues Schedule

Name: Florida Federation of Business
and Professional Women's Club Inc

EIN: 59-0866106

Description	Amount
miscellaneous	1,003

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: Florida Federation of Business
and Professional Women's Club Inc

EIN: 59-0866106

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.