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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 06-01-2010, and ending 05-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: FLORIDA FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUB INC. 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. City or town, state or country, and ZIP + 4: MARGATE, FL 330632606

D Employer identification number: 59-0866106. E Telephone number: (305) 743-5437. F Group Exemption Number

G Accounting method: Cash [] Accrual [x] Other (specify)

I Website: WWW.BPWFLORG

H Check [x] 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)(3) [x] 501(c)(6) [] (insert no) [] 4947(a)(1) [] 527 []

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 65,592

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

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 65,592 and total expenses is 53,579, resulting in a net asset of 12,013.

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	98,055	22	86,665
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,971	24	2,044
25 Total assets	100,026	25	88,709
26 Total liabilities (describe in Schedule O)	29,230	26	5,900
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,796	27	82,809

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

PROMOTE EDUCATION OF WOMEN

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO EXTEND OPPORTUNITIES TO BUSINESS AND PROFESSIONAL WOMEN IN FLORIDA THROUGH EDUCATION ALONG THE LINES OF BUSINESS, INDUSTRIAL, SCIENTIFIC AND VOCATIONAL PROGRAMS (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	53,579
29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	53,579

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for amounts, dates, and locations.

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 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

45a 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,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Question ID, Answer (Yes/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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

Table with 2 columns: Question ID, Answer (Yes/No)

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Question ID, Answer (Yes/No)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Answer (Yes/No)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Question ID, Answer (Yes/No)

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"

Table with 5 columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (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"

Table with 3 columns: (a) Name and address, (b) Type of service, (c) Compensation

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (*****), Date (2012-04-16), Type or print name and title (JO ANN ORR TREASURER)

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name, EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FLORIDA FEDERATION OF BUSINESS
AND PROFESSIONAL WOMEN'S CLUB INC

Employer identification number

59-0866106

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 248

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 1,149

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 8,361 DESCRIPTION COMMITTEE EXPENSES AMOUNT 4,074 DESCRIPTION CONFERENCE AND MEETINGS AMOUNT 21,268 DESCRIPTION WEBSITE DEVELOPMENT AMOUNT 2,900 TOTAL TO FORM 990-EZ, LINE 16 36,603

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,187 END OF YEAR AMOUNT 610 DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 784 END OF YEAR AMOUNT 784 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 150 DESCRIPTION DEPOSIT BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 500

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 12,130 END OF YEAR AMOUNT 5,900 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 180 END OF YEAR AMOUNT 0 DESCRIPTION MEMBERSHIP REFUNDS DUE BEG OF YEAR AMOUNT 16,920 END OF YEAR AMOUNT 0

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
SUE A BANKS 3150 HOLIDAY SPRINGS BLVD BLDG 8 ST MARGATE, FL 33063	PRESIDENT 30 00	0	0	0
BOBBIE JEAN WILLIAMS 3150 HOLIDAY SPRINGS BLVD BLDG 8 ST MARGATE, FL 33063	PRESIDENT-ELECT 25 00	0	0	0
NANCY ROBINSON 3150 HOLIDAY SPRINGS BLVD BLDG 8 ST MARGATE, FL 33063	TREASURER 8 00	0	0	0
MARGARET SUTTON 3150 HOLIDAY SPRINGS BLVD BLDG 8 ST MARGATE, FL 33063	SECRETARY 1 00	0	0	0
NANCY HURLBERT 3150 HOLIDAY SPRINGS BLVD BLDG 8 ST MARGATE, FL 33063	DIRECTOR/PARLIAMENTARIAN 2 00	0	0	0
CAROLE TOLOMEO 3150 HOLIDAY SPRINGS BLVD BLDG 8 ST MARGATE, FL 33063	DIRECTOR/BUSINESS MANAGER 30 00	0	0	0

**TY 2010 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.