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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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 06-01-2014, and ending 05-31-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: FLORIDA FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS INC
Number and street (or P O box, if mail is not delivered to street address): 3150 HOLIDAY SPGS BLVD BL 8 NO 111
City or town, state or province, country, and ZIP or foreign postal code: 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) []

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.BPWFL.ORG

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(6) [] (insert no) [] 4947(a)(1) [] 527 []

K Form of organization: Corporation [x] Trust [] Association [] Other []

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total assets: \$66,860

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 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 4,700 to 114,659.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	119,573	22	124,082
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,144	24	3,075
25 Total assets	123,717	25	127,157
26 Total liabilities (describe in Schedule O)	10,099	26	12,498
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	113,618	27	114,659

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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, optional for others)

What is the organization's primary exempt purpose?
PROMOTE EDUCATION OF WOMEN

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,819
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	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	65,819

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRISTY CRUMP PRESIDENT	30 00	0	0	0
KAREN LUND VICE PRESIDENT	2 00	0	0	0
KATHY HARDESTY TREASURER	8 00	0	0	0
CHARLOTTE QUINN SECRETARY	1 00	0	0	0
MARY GIDDENS DIRECTOR/PARLIAMENTARIAN	2 00	0	0	0
CAROLE TOLOMEO DIRECTOR/BUSINESS MANAGER	30 00	7,000	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed FL
42a The organization's books are in care of JO ANN ORR Telephone no (305) 743-5437
Located at BAHAMA DRIVE MARATHON, FL ZIP + 4 33050

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

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

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

b If "Yes," was the related organization a section 527 organization? 49b

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 title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 business address of each independent contractor, (b) Type of service, (c) Compensation.

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 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 2015-12-01 Date CHRISTY CRUMP PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no

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

**TY 2014 Transfers Personal Benefits
Contracts Declaration**

Name: FLORIDA FEDERATION OF BUSINESS
AND PROFESSIONAL WOMEN'S CLUBS 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.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
FLORIDA FEDERATION OF BUSINESS
AND PROFESSIONAL WOMEN'S CLUBS INC

Employer identification number

59-0866106

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 98
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 1,490
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION BREAST CANCER AWARDS GRANTEE NAME VARIOUS AMOUNT GIVEN 2,750
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 4,886 DESCRIPTION COMMITTEE EXPENSES AMOUNT 4,840 DESCRIPTION CONFERENCE AND MEETINGS AMOUNT 32,068 TOTAL TO FORM 990-EZ, LINE 16 41,794
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 3,280 END OF YEAR AMOUNT 2,426 DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 799 END OF YEAR AMOUNT 649 DESCRIPTION OTHER RECEIVABLE BEG OF YEAR AMOUNT 65 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 10,099 END OF YEAR AMOUNT 12,498