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)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

B Che	ck if applicable	C Name of organization	ginning 06/01/17 , and er			D Employe	r identification number
Add	ress change		orida Federation of W	omen's Clubs		F0 0	004600
Nam	ne change	Doing business as Number and street (or P.O. box if m	ail is not delivered to street address)		Room/suite	59-0 E Telephon	804690
Initia	al return	4444 Florida Na			. Koomoonio		376-3997
	al retum/ ninated	City or town, state or province, coul	ntry, and ZIP or foreign postal code				
_		Lakeland	FL 33813			G Gross rec	eipts\$ 444,25
=	ended return	F Name and address of principal office	er		H(a) le thre e ere	in ratium for a	ubordinates? Yes X
Арр	lication pending	Mary Powell			H(a) Is this a grou	ap retuiii ioi S	
					H(b) Are all subc		
				77	11 ',00,"	attach a list	(see instructions)
	k-exempt status	X 501(c)(3) 501(c)	() ◀ (insert no) 4947(a)() or 527 . 527 . 5	4		
		ww.gfwcflorida		 	H(c) Group exen		
	m of organization		Association Other	IL Y	ear of formation 1	595	M State of legal domicile F
Par		mmary					
	-	-	sion or most significant activities.	ola ofmom	د ماییات کا	- Bla	
Activities & Governance		_	te the history and pa charitable and educa			n FIO	rida
Ē.	and	ersewhere chrough	charitable and educa	cional endeav	ors.		
<u>ĕ</u>	1 Chook th	is how NOT if the organization	n discontinued its operations or disp	and of more than OF	P/ of its not one	ata .	
3		of voting members of the gove		osed of more than 25	% of its net ass	eis 3	11
8 0			rs of the governing body (Part VI, lin	a 1h\		4	11
		·	n calendar year 2017 (Part V, line 2	· ·		5	1
를		nber of volunteers (estimate if	- · · · · · · · · · · · · · · · · · · ·	•)		6	0
		elated business revenue from				7a	
		ated business taxable income	• • •			7b	· · · · · · · · · · · · · · · · · · ·
\top			,		Prior Year		Current Year
ا ه	8 Contribut	ions and grants (Part VIII, line	e 1h)			<u>,307</u>	265,08
evenue	9 Program	service revenue (Part VIII, line	e 2g)			768	168,79
<u>}</u> 1	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			.,867	3,13
- ₁	11 Other rev	enue (Part VIII, column (A), II	nes 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		,148	-1,91
			(must equal Part VIII, column (A), In	ne 12)		,090	435,10
		nd similar amounts paid (Part		-	121	762	184,25
		oald to or for members (Part I					26.02
ဂ္ဂ 1			ee benefits (Part IX, column (A), lines	5 5–10)	26	,201	26,93
<u>"</u> 1		nal fundraising fees (Part IX,		, F			
sesuedxa		draising expenses (Part IX, co			220	100	224 27
"]	17 Other exp	penses (Part IX, column (A), li	nes 11a-11d, 111-24e) t equal Part IX, column(All-line 28)	'ED _ \ -		,190	224,27
	18 Total exp	enses Add lines 13-17 (mus	t equal Part IX, columni(A), IME-23)	781		,153	435,47 -37
	19 Revenue	less expenses Subtract line	10 110111 11110 12	2019 1 91	Beginning of Curr	ent Year	End of Year
	20 Total ass	ets (Part X, line 16)	JAN 0 7			,519	681,15
		ilities (Part X, line 26)				0	<u> </u>
Fund Balances	22 Net asset	s or fund balances Subtract	line 21 from line 20' DGDEN	1,01	681	,519	681,15
Par	t II Si	gnature Block					
Unde	er penalties of i	perjury, I declare that I have exam	nined this return, including accompanying	schedules and stateme	nts, and to the be	st of my kn	owledge and belief, it is
true,	correct, and co	mplete Declaration of preparer (other than officer) is based on all informa	ation of which preparer h	as any knowledge		
		Many You	<u> </u>			11	1 2019
Sign		ignature of etticer 0		_	_	Date	
lere	_	Mary Powell		Presid	<u>dent</u>		
		ype or print name and title			·····		
aid	I "	preparer's name	Preparer's signature		Date	Check	If PTIN
a10	Duane	B Bishoff, CPA	Duane B Bishoff,		12/21/	18 self-em	
repai	rer Firm's nai		+ Associates, PLLO		Fii	rm's EIN	47-2567368
Jse O	1		nding Oak Ct Ste 1	3			012 256 040
4	Firm's add				Ph	one no	813-356-040
			shown above? (see instructions)				X Yes No
or Pai	perwork Hedi	iction Act Notice, see the separ	rate instructions.				Form 990 (201

		ation of Women's Clubs	<u>59-0804690</u>	Page 2
	_	Service Accomplishments		
		ntains a response or note to any line in	this Part III	
	be the organization's missi	on ote the history and goal	g of women's clubs	in Florida
		n charitable and educati		In Florida
and cibe	where chroug.	· charrence and educati	ional endeavorb.	
2 Did the organi	ızatıon undertake any sıgr	ificant program services during the year which v	vere not listed on the	
prior Form 99				Yes X No
If "Yes," desci	ribe these new services or	n Schedule O		
3 Did the organi	zation cease conducting,	or make significant changes in how it conducts,	any program	_
services?				Yes 🗓 Yo
If "Yes," desci	ribe these changes on Scl	nedule O		
	-	rvice accomplishments for each of its three large	· · ·	
•		(4) organizations are required to report the amo	unt of grants and allocations to others,	
the total expe	nses, and revenue, if any,	for each program service reported		
		1.65 473		
4a (Code) (Expenses \$	165,473 including grants of \$) (Revenue \$	168,798)
Annual C	onvention and	d meetings for the organ	lization	
4b (Code) (Expenses \$	184, 257 including grants of \$	184,257) (Revenue \$	
		ole organizations and ca		,
2011401011				
	• • • • • • • • • • • • • • • • • • • •	• • •		
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
			•	
	n services (Describe in Sc			
(Expenses \$		including grants of \$) (Revenue \$)
4e Total program	service expenses	349,730	 	
				F QQQ (0047)

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	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	3		x
4	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		x
5	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 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	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			
	"Yes," complete Schedule D, Part I	6	L	X
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
_	complete Schedule D, Part III	8		X
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	ł		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			٠,,
14	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
_	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," complete Schedule D, Part VI		x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	F''B	\vdash	
ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
_	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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		х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	14b		X
5	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	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	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)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.7
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.		v
	If "Yes," complete Schedule G, Part III	19	ı I	X

Form **990** (2017)

Part IV. Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		i	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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		_X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ŀ		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29 22	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		i	7.5
21	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
JL	complete Schedule N, Part II			x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	l	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	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	35b		
36	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	- 1	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ĺ		
	Part VI	37		X
38	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	38	x	

D.	Statements Paradia Other IDC Filings and Tax Counting	1000	<u></u>			aye :
_ Pa	Statements Regarding Other IRS Filings and Tax Compliance	,				
	Check if Schedule O contains a response or note to any line in this Part \	<u>/</u>			1	ᆛ
4.	Cotantha number reported in Day 0 of Form 4000 Fator 0 forth 11	1.	1 0		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		**	F.,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			A	<u> </u>	
٥-	reportable gaming (gambling) winnings to prize winners?			1c	122.	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1 .		4	1
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>		اخْنَدُ	نيدا
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the course of large 4a and 2a as greater than 250.			2b	abile e	X
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		22.2	ــــــــــــــــــــــــــــــــــــــ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	├	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			. <u>3b</u>	├	┝
4a	, , , , , , , , , , , , , , , , , , , ,					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fit	nanciai				
_	account)?			4a	*936E4088	X
b	If "Yes," enter the name of the foreign country		. •	**************************************		W.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts			/ · ·
E	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>-5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				v
	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 contribution with every solicitation an express statement that such contribution with every solicitation and express statement that such contribution with every solicitation and express statement that such contribution is stated as a second contribution of the every solicitation and express statement that such contribution is stated as a second contribution of the every solicitation and express statement that such contribution is stated as a second contribution of the every solicitation and express statement that such contribution is stated as a second contribution of the every solicitation and express statement that such contribution is stated as a second contribution of the every solicitation and express statement that such contribution is stated as a second contribution of the every solicitation and every solicitation as a second contribution of the every solicitation as a second contribution of the every solicitation and every solicitation as a second contribution of the every solicitation as a second contribution of the every solicitation and the every solicitation of the every solicitation and every solicitation as a second contribution of the every solicitation and every solicitation as a second contribution of the every solicitation and every solicitation as a second contribution of the every solicitation and every solicitation as a second contribution of the every solicitation and every solicitation as a second contribution as a second contribu	ons or				1
7	gifts were not tax deductible?			6b		,
	Organizations that may receive deductible contributions under section 170(c).					١. ١
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	gooas			<u> </u>	نست
L	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 a secured to the Form 20003	as		_		
	required to file Form 8282?	أحما	1	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>		<u> </u>	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		τ,	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to be organization received a contribution of qualified intellectual property, did the organization file.		00 00 1000	7 1	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7g	-	-
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h	7.500	
0		ea by tr	ne	2300		<u> </u>
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			8	ÿ, ,	
	· · · · · · · · · · · · · · · · · · ·			- washining	<u> </u>	<u> </u>
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		_
10	Section 501(c)(7) organizations. Enter			9b	Mark Markey	3330F
а	Initiation fees and capital contributions included on Part VIII, line 12	1400	I			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				3.7
11	Section 501(c)(12) organizations. Enter	[100]	<u> </u>		, \'	•
a	Gross income from members or shareholders	11a	I		*	,
b	Gross income from other sources (Do not net amounts due or paid to other sources	l la			5 0	
	against amounts due or received from them)	111				1.5
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	·	10-		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a	1927	W.,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_1 Z D_	<u> </u>		100	•
	Is the organization licensed to issue qualified health plans in more than one state?				-	·
а	Note. See the instructions for additional information the organization must report on Schedule O			13a	: ,	
b	Ţ,				1 (m.)	; ; ;
-	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	496	1	2.34		Marie C
С	Enter the amount of reserves on hand	13b 13c	<u> </u>	——————————————————————————————————————		
4a		[136]	<u>. </u>	146	[, × , - ₹ ,	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul.	۵.0		14a		_
	THE LEG. THE RELIEU OF THE LEG TO LEGISLE HERE DAVIDED IN THE NOT DISTURBED AN AVERAGE IN SECTION IN SCHARLE			LIAN		

Form 990 (2017) Florida Federation of Women's Clubs 59-0804690 Page 6 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 1a 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 11 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 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? 3 4 , Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b X b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b 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 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 None 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. 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 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

Terry Reese 4444 Florida National Dr

Lakeland

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Form 990 (2017) Florida Federation of Women's Clubs 59-0804690

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson I	than or s both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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
(1) Mary Powell										
-	0.00	٠,		,,						
President (2) Sharon Oliphant	0.00	X	⊢	X	-	-		0	0	0
(2) Sharon Oliphant	0.00			l		П				
President Elect	0.00	x		x		H		0	0	o
(3) Dianne Foerster	0.00	TA.	-	^		\vdash	_	- 0		<u> </u>
(3) Diamic locibeti	0.00									
1st Vice President	0.00	x		x		1		ol	0	0
(4) Linda O'Toole		 							·	
(,,====	0.00			İ						
2nd Vice President	0.00	X	İ	X				o)	0	0
(5) Cheryl Benton										
	0.00									
Recording Secretary	0.00	X		X	_			0	0	0
(6) Helen Fillion						ii				
	0.00									
Corres Secretary	0.00	X		X		\sqcup		0		0
(7)Sara Dessureau	0 00									
	0.00	١,,				i i			•	
Finance Officer	0.00	X	_	X	 	\vdash		0	0	0
(8) Terry Reese	0.00					ΙI				
Treasurer	0.00	x		x				o	0	o
(9) Kely Holmes	0.00	^		^	┝		_	<u>_</u>		
(a) Kery normes	0.00			1	1	\ \				
Dir of Junior Clubs	0.00	x						ol	0	0
(10) Teddy Hulse		† <u></u>	T	T	\vdash					
(11, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.00									
Parliamentarian	0.00	X		İ	İ			ol	0	0
(11)Bev Payne										
_	0.00									
Member at Large	0.00	X			L			0	0	0 000

Pai	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)					
	(A) * Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a d	rson	than c s both r/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estima amour othe compens	ited it of er sation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21000 mice)	organization and related organizations				
	·					i									
												_			
												_			
	-														
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Sect	ion /	4		•	> > >							
2	Total number of individuals (ir reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of					
3	Did the organization list any for employee on line 1a? If "Yes,	ormer officer, dir	ecto	r, or	trust	ee, l	key e	empl	oyee, or highest compensa	ated		3	Yes	No X	
4	For any individual listed on lin organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atio			-				
5	individual Did any person listed on line for services rendered to the or									ındıvıdual		5		X	
Secti 1	ion B. Independent Contractor Complete this table for your fi		ensa	ıted i	ındeı	pend	lent o	conti	ractors that received more	than \$100,000 of				-	
	compensation from the organ								dar year ending with or with		ear		(C) mpensal		
	Name and	business address							Descrip	lion of services			mpensai	lion	
															
2	Total number of independent received more than \$100,000	contractors (incli	uding	but	not	limite	ed to	tho	se listed above) who		_				
	received more man \$100,000	or compensation	1101	ıı the	org	anız	αιιψή			0			<u>gar</u>	1/201	

De la constantina		Check	if Schedule (O cor	ntains a	response	or note to any line	in this Part VIII		
5							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants	l 1a	Federated car	· =	1a						
S. S.	Ь	Membership o		1b		64,575				
ĘŠ	C	Fundraising e		1c						
<u>e</u>	d	Related organ		1d			4.0			
Sir	e	Government grants	•	1e				355		
it i	1	All other contribution	ns, gifts, grants, s not included above			200 511				
뜮	_					200,511				
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add line	ns included in lines 1a-	11	\$		265,086			
9 e	 "	Total. Add line	es 1a-11			Busn Code	200,000			
Program Service Revenue	2a	Organiz	ational Meet	ings		,	168,798			168,798
æ	ь						1 1			
ice	ြင						· · ·		,	
Sen	d									
Ę	e						,			
ogra	f	All other progr	am service reve	nue			•			
<u>~</u>	g	Total. Add line	es 2a-2f				168,798	3,300		
	3	Investment ind	come (including	dıvıder	nds, intere	st,	•			
		and other simi	lar amounts)			•	3,130	3,130	,	
	4	Income from I	nvestment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties	·			<u> </u>		W 1.00 LIV 1000 W 200 W		
			(ı) Real		(n) F	Personal				
	6a	Gross rents					arrest a	10 m		
	b	Less rental exps					100			MAN.
	C	Rental inc or (loss)							<u> </u>	
	d 7a	Net rental inco Gross amount from					\$20A.50.5	_LECT_CA-1000000000000000000000000000000000000	~215600BWWWEZDXXXXXXXX	**************************************
		sales of assets	(i) Securities		(11)	Other				
	_	other than inventory	•	-	 					
	b	Less cost or other basis & sales exps					400			
	c	Gain or (loss)			<u> </u>		A Paris		11.0	
	ď	Net gain or (lo			L .			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No. of the last of	
			om fundraising eve	nts						
nue		(not including \$	g							
eve			reported on line 1c)							
Æ		See Part IV, line		а						
Other Reven	ь	Less direct ex	penses	b						
0	С		(loss) from fund	raising	events				,	
	9a	Gross income fro	om gaming activitie	s					4.00 m	STARTS.
		See Part IV, line	19	а						
	b	Less direct ex	penses	b						
	С		(loss) from gam	ing ac	tivities		en mar announces states of a long of a major and a not a not	A STANDARD OF A STANDARD AND A STAND	VERNA TIDENCIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE	
	10a		f inventory, less							
		returns and all		a		7,241		(246)	7.75	
			9,155							
	C	c Net income or (loss) from sales of inventory	▶	-1,914	(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	S CANONEL STREET, STRE	-1,914			
	44-	Miss	cellaneous Revenue			Busn Code				
	11a					,				
	b									
	d All other revenue					<u> </u>				
	e	Total. Add line					-	(C)		Kara ka
	12		e. See instruction	าร		•	435,100	3,130	0	166,884

Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a resp			mplete column (A)	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			F12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
	and domestic governments. See Part IV, line 21	184,257	184,257		
2	Grants and other assistance to domestic				3. W. W.
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			All the	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		•		
	trustees, and key employees			. ,	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and		•		•
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,025		25,025	··-
8	Pension plan accruals and contributions (include	23,023		23,023	
Ī	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,914		1,914	·
11	Fees for services (non-employees)			-	
а	Management				
b	Legal				
С	3	3,500		3,500	
d	, ,		THE CAN BE A STATE OF THE STATE	a vicinity late. I four time a	
е	• • • • • • • • • • • • • • • • • • •				
f	Investment management fees				_
9			,		
10	(A) amount, list line 11g expenses on Schedule O)			· <u></u>	
12 13	Advertising and promotion Office expenses	333		333	
14	Information technology	333		333	
15	Royalties			,	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	165,473	165,473		
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,160		10,160	
23	Insurance	1,246	2008-9-7-7-7-8	1,246	: 4. /MACAGOME?- / DEPOSITOR DECULARATION
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
1	(A) amount, list line 24e expenses on Schedule O)				
`. a	Officers & Chairman Funds	22,837	Y STATE OF THE STA	22,837	
b	Headquarters Maintenance	14,934		14,934	
c	Other Expenses	5,794		5,794	
d	-		·		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	435,473	349,730	85,743	0
26	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 ▶ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 260,316 267,519 227,317 229,908 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 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 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 384,464 other basis Complete Part VI of Schedule D 10a 200,740 193,886 10b 183,724 b Less accumulated depreciation 10c Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 681,519 681,151 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 213,756 219,523 27 Unrestricted net assets 27 165,201 28 Temporarily restricted net assets 28 167,302 302,562 294,326 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 681,519 681,151 33 33 Total net assets or fund balances 681,519 681,151 Total liabilities and net assets/fund balances

	n 990 (2017) Florida Federation of Women's Clubs 59-0804690			Pa	ge 12
Pa	irt 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	4	35,	100
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	35,4	473
3	Revenue less expenses. Subtract line 2 from line 1	3			373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	81,	519
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			5
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6	81,	151
Pa	rt XII Financial Statements and Reporting	_			
	Check if Schedule O contains a response or note to any line in this Part XII			_	
	<u>_</u>			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		, ,		3.1
	reviewed on a separate basis, consolidated basis, or both:				100
	Separate basis Consolidated basis Both consolidated and separate basis		in i		33.43
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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		3		Ì
	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		7.3		
	Schedule O		المين المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية	<u> </u>	
За	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?		3a		X
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		3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

2017
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Part I

Florida Federation of Women's Clubs

Employer identification number 59-0804690

he o	orga	nization is not	a private fou	indation becaus	se it is: (For line	es 1 through 12, o	check only	y one box	(1)					
1		A church, co	nvention of c	hurches, or ass	sociation of chu	urches described	ın sectio ı	170(b)(⁻	1)(A)(i).	\wedge (/				
2		A school des	scribed in sec	tion 170(b)(1)	(A)(ii). (Attach	Schedule E (Forn	n 990 or 9	90-EZ))		1)4				
3		A hospital or	a cooperativ	e hospital servi	ice organizatioi	n described in se i	ction 170	(b)(1)(A)(iii).					
4		A medical re	search organ	nzation operate	d in conjunctio	n with a hospital o	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	nospital's name,				
		city, and stat	e											
5		An organizat	on operated	for the benefit	of a college or	university owned	or operat	ed by a g	overnmental unit described in					
	_			(Complete Part	-	•	Ť							
6		A federal, sta	ate, or local g	overnment or g	jovernmental u	ınıt described in s	ection 17	'0(b)(1)(A	λ)(v).					
7		An organizat described in	on that norm	nally receives a (b)(1)(A)(vi). (C	substantial pa	rt of its support fro I)	om a gove	ernmental	I unit or from the general public	C				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	П	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
		or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or												
	university													
10	X	An organizat	ion that norm	ally receives (1) more than 3	3 1/3% of its supp	port from	contributi	ons, membership fees, and gr	oss .				
									2) no more than 33 1/3% of its					
						usiness taxable in section 509(a)(2).			1 511 tax) from businesses					
11	\Box					test for public safe			·					
12	H						-		معره)رط). ons of, or to carry out the purpo	200				
	ш								509(a)(2). See section 509(a)(
									nd complete lines 12e, 12f, an					
	а	Type I. A	supporting o	organization op	erated, superv	ised, or controlled	by its su	pported o	rganization(s), typically by givi	ng				
								of the di	rectors or trustees of the					
		supportin	ng organization	on You must c	omplete Part	IV, Sections A a	nd B.							
	b								rted organization(s), by having					
							same pers	sons that	control or manage the support	ed				
	С			nust complete			d in conne	otion with	n, and functionally integrated w	ماه،،				
	·	its suppo	rted organiza	ation(s) (see ins	structions) You	u must complete	Part IV.	Sections	A. D. and E.	nun,				
	d		_			-	-		n with its supported organization	on(s)				
									requirement and an attentiven					
					•	e Part IV, Section								
	е	Check th	is box if the o	organization red	eived a written	determination fro	om the IR	S that it is	s a Type I, Type II, Type III					
			-		•	ntegrated support	ing organ	ization						
	f		• • •	orted organizat mation about th		rganization(e)								
<i>,</i> ,,	g Name	e of supported					(in) to the	raanization	(A) A	(1) (1)				
(1)		anization	"	i) EIN		of organization d on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
					above (se	e instructions))	docu	ment?	instructions)	instructions)				
							Yes	No						
(A)														
			ļ				ļ							
(B)														
							 			<u> </u>				
(C)							ļ							
			<u> </u>				ļ			_				
(D)			i											
/F`		_					-							
(E)														
				######################################	MARKET STATE	1 t. de/dii	1000 T 400		·					
-4-														
otal			<u> </u>	B Charles Tariffe		", " " " A A A A A A A A A A A A A A A A	99 Y.S. <u>-</u>	5''Y" -'Y\$		L				

Sched			eration of				/ Page 2
Pa	rt II Support Schedule for O						
	(Complete only if you che						under
	Part III. If the organization	fails to qualify	under the tests	listed below, p	olease complet	e Part III.)	
	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		100		100 Pt 11	4.00	
	tion B. Total Support		1				
Caler	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			<i></i>			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			do Carrola	ZESTENNES ANTANA ANTANA ANTANA	2 F 4 J. (23000ANASSESSES	
11	Total support. Add lines 7 through 10						<u></u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	- //	t, second, third, foi	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her		A				
	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6			n (t))		14	<u>%</u>
15	Public support percentage from 2016 Sch	//				15	%
16a	33 1/3% support test—2017. If the organ				33 1/3% or more, o	check this	▶ □
	box and stop here. The organization qual				5 00 4/00/		
b	33 1/3% support test—2016. If the organ				15 is 33 1/3% or m	ore, cneck	▶ □
4	this box and stop here. The organization				S 40h	. 4 4	
17a	10%-facts-and-circumstances/test—201	_					
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	acts-and-circumsta	inces test The org	ganization qualifies	s as a publicly supp	portea	▶ □
L	organization	16 If the ever	ion did not charle	hay an line 10 11	30 16b 0= 17	d line	▶ ∐
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization me						
	supported organization	sels the Tacts-affu	oncumsiances le	s. The Organization	on quannes as a pt	ability	▶ □
18	Private foundation. If the organization die	d not check a boy	on line 13 16a 16	h 17a or 17h ch	eck this how and se	ee.	• 🗆
	instructions	G HOL OHEUR & DOX	on mic 10, 10a, 10	5, 176, 01 175, CIR	SUR THIS DOX AND SE		▶ □

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

<u></u>	If the organization fails to	quality under th	ne tests listed b	pelow, please c	omplete Part II	.)	
	tion A. Public Support		4) 2011				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	337,926	219,894	220,631	196,307	265,086	1,239,844
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,292	12,256		1,867	3,130	38,545
3	Gross receipts from activities that are not an unrelated trade or business under section 513				6,960	7,241	14,201
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	359,218	232,150	220,631	205,134	275,457	1,292,590
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		•				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						1,292,590
	tion B. Total Support						-
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	359,218	232,150	220,631	205,134	275,457	1,292,590
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,004	2,451	4,179	1,867		11,501
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,004	2,451	4,179	1,867		11,501
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					167,798	167,798
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			9 9			
13	Total support. (Add lines 9, 10c, 11, and 12)	362,222	234,601	224,810	207,001	443,255	1,471,889
14	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea			
	organization, check this box and stop her						▶ □
	tion C. Computation of Public Su					r	
15	Public support percentage for 2017 (line 8		•	n (f))		15	87.82%
16 Sec	Public support percentage from 2016 Sch tion D. Computation of Investme					16	98.96%
<u>360</u> 17	Investment income percentage for 2017 (I			acluma (f))		17	1.9/
18	Investment income percentage for 2017 (investment income percentage from 2016		-	, column (i))		17	1%
19a	33 1/3% support tests—2017. If the orga			14, and line 15 is	more than 33 1/39		1 /0
ь	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2016. If the orga	ox and stop here.	The organization o	qualifies as a public	ly supported orga	nization	► X
-	line 18 is not more than 33 1/3%, check the					•	▶ []
20	Private foundation. If the organization did	•	-	•	• • •	•	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	T	
Zhav.	Yes	No
1	17.00	22
2		
	- 26	
3a		
3b		7.5
3c 4a		3.53
4b		
4c		
5a		
5b		
5c 		
7		
8		<u>``@#</u>]
9a		
9b		10 m
9c		
10a		
10b		
rm 00	0 or 990-	E7) 2017

Parent of Supported Organizations Answer (a) and (b) below.

activities but for the organization's involvement

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Yes	No
2a		
2b 3a		
3b		

Schedul	e A (Form 990 or 990-EZ) 2017 Florida Federation of Women	's	Clubs 59-0804	690 Page 6
Part				. ago o
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations must	v 20,	1970 (explain in Part VI) S	
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
mai	ntenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7		
ınst	ructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a	-	1
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d	_	
	e Discount claimed for blockage or other	A STATE OF THE PARTY OF THE PAR		
	factors (explain in detail in Part VI)	2		an said the said the said the
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	instructions)	4	_	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3
Income tax imposed in prior year

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

	Type III Non-Functionally Integrated 509(a)(3) S			1690 Page 7
	ion D - Distributions	supporting Organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses	•	- Garrett Tear
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			,
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
· 4	Amounts paid to acquire exempt-use assets	/		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		·	
8	Distributions to attentive supported organizations to which the organiza	ition is responsive		
	(provide details in Part VI) See instructions	'		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		110 2011	Autount for 2017
2	Underdistributions, if any, for years prior to 2017	等数		
	(reasonable cause required-explain in Part VI) See		,	
	instructions			
3	Excess distributions carryover, if any, to 2017			THE PERSON
а	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)			建筑
b	From 2013		7 2 4 4	建筑工作工
c	From 2014	Ac. 2 72%		111111
d	From 2015	National Control		10 E EE
е	From 2016			
f	Total of lines 3a through e			140 m
g	Applied to underdistributions of prior years			2 2 2 2 2 2
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			A Property of
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from	Fare test		100000000000000000000000000000000000000
	Section D, line 7 \$	Terre		1946
a	Applied to underdistributions of prior years			发展的
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4	HAVE WATER AND ADDRESS OF THE PARTY OF THE P		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			77
	greater than zero, explain in Part VI See instructions	1 () () () () () ()	ORGANIZATION CONTINUES, INSECTO MANA PARA CONTINUES CONTINUES	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			,
	Part VI See instructions			
7 '	Excess distributions carryover to 2018. Add lines 3j	,		
	and 4c	AND THE PERSON ASSESSMENT OF THE PERSON ASSESSMENT ASSE	LITAN SA	· 是 · 第 · 子 · 7
8	Breakdown of line 7			
	Excess from 2013	The second secon	TO THE PARTY OF TH	Land Company (Company Company
	Excess from 2014	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ALCO CARRONNIA RESIDENTA	The state of the s
	Excess from 2015			
	Excess from 2016		Chef	
е	Excess from 2017	THE SECTION	A SECTION OF THE SECT	建

Schedule A (Form 990 or 990-EZ) 2017

Florida Federation of Women's Clubs 59-0804690

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV. line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number Florida Federation of Women's Clubs 59-0804690 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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" on 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 b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located > 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, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) Yes No 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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. b 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

					59-0804690	Page 2
Pa	art III Organizations Maintaini	ng Collections of	f Art, Historical T	<u> Freasures,</u>	or Other Similar As	sets (continued)
3	Using the organization's acquisition, acces collection items (check all that apply)	ssion, and other record	ds, check any of the fo	ollowing that a	are a significant use of its	
а	Public exhibition	d 🗌	Loan or exchange pr	rograms		
b	Scholarly research	е 🗍	Other 5 .	J		
С	Preservation for future generations					
4	Provide a description of the organization's XIII	collections and explai	n how they further the	e organization	's exempt purpose in Part	
5	During the year, did the organization solicit	t or receive donations	of art historical treas	ures or other	eimilar	
	assets to be sold to raise funds rather than					Yes No
Pa	art IV Escrow and Custodial A		Jan or and organization	-		
<u> </u>	Complete if the organization 990, Part X, line 21.	_	" on Form 990, P	art IV, line	9, or reported an amo	ount on Form
	Is the organization an agent, trustee, custo	ndian or other intermed	diany for contributions	or other asse	ate not	
	included on Form 990, Part X?	dian or other intermet	dary for contributions	or other asse	13 1101	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table			res No
		a complete the	morning table			Amount
С	Beginning balance				1c	
ď	Additions during the year				1d	· · · · · · · · · · · · · · · · · · ·
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on	Form 990. Part X. line	e 21. for escrow or cu	stodial accou		Yes No
	If "Yes," explain the arrangement in Part X				•	
	art V Endowment Funds.					
	Complete if the organization	on answered "Yes	" on Form 990, P	art IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Three years	back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses		1			
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs		<u> </u>			
f	Administrative expenses					
g	End of year balance			-		
2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g, column (a))) held as		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %	•				
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100%.				
3a	Are there endowment funds not in the poss	session of the organiza	ation that are held an	d administere	d for the	
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	ızatıons listed as requ	red on Schedule R?			3b
4	Describe in Part XIII the intended uses of t	he organization's endo	owment funds			
Pa	art VI Land, Buildings, and Equ	uipment.				
	Complete if the organization	on answered "Yes	" on Form 990, P	art IV, line	11a. See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or other	basis (b) Cost or	r other basis	(c) Accumulated	(d) Book value
		(investment)	· ·	her)	depreciation	
1a	Land		1	L05,835		105,835
b	Buildings		2	248,638		248,638
С	Leasehold improvements					
d	Equipment					
	Other				200,740	
Total	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), line 1	10c)		153,733

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" o		
•	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial (
	eld equity interests	<u> </u>	<u></u>
(3) Other			
(A)			
(B)	•		
(C)			
(D)			<u> </u>
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
<u>(1)</u>			
(2)	<u> </u>		
(3)	•		
_(4)			<u> </u>
_(5)			
_(6)			
(7)			
(8)			
(9)	•		
	n (b) must equal Form 990, Part X, col (B) line 13) ▶		24-4-77/98/800, NEW SERVERS BEEN BEEN
Part IX	Other Assets.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)		•	
(2)			
(3)		-	
(4)			
(5)			
. (6)			
(7)	· · · · · · · · · · · · · · · · · · ·	. <u></u>	
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
	n (b) must equal Form 990, Part X, col (B) line 15)		•
Part X	Other Liabilities.		
Constitution of the second	Complete if the organization answered "Yes" o	n Form 990. Part IV. I	line 11e or 11f. See Form 990. Part X.
	line 25.	•	,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
· (4)			
(5)	·	· · · · ·	
(6)			
			
(7)			
(9)		 	
	n (b) must equal Form 990, Part X, col (B) line 25) ▶		
· Julian (Columnia	(b)dot oqual i olili ooo, i ali X, ooi (b) iiilo 20 /	ı	BOOK A A BOOK LAND IN THE ME OF COSTANT SOUNDS AND AND AND AND THE TARGET AND AND AND AND AND AND AND AND AND AND

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

<u>Sche</u>	dule D (Form 990) 2017 Florida Federation of Wo	men's Clubs 59-	0804690	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	·
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Pa	rtXII Reconciliation of Expenses per Audited Financial	•	ses per Return.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	;;	
С	Other losses .	2c		
d	Other (Describe in Part XIII)	· 2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1]]		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2017 Florida Federation of Women's Clubs 59-0804690

Page 5

Part XIII ■ Supplemental Information (continued)

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

kame of the organization .	Employer identification number	
Florida Federation of Women's Clubs	59-0804690	
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the selection criteria used to award the grants or assistance?	Yes	ջ ×
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.]]

Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organi that received m	i zations a nore than	and Domestic Go \$5,000. Part II car	vernments. Coກ າ be duplicated າf	iplete if the orga additional spaci	anization answe e is needed.	ered "Yes" on Form	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
E				184,257					
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(3)									
(4)									ľ
(5)									į
(9)									1
(2)									
(8)									1
(6)									ľ
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	prognizations listed	and adt or	1 table				•	

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2017)

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I (For	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)				
		(e) Method of valuation (book, FMV, appraisal, other)				
		(d) Amount of noncash assistance				
		(c) Amount of cash grant				
		(b) Number of recipients				
		(a) Type of grant or assistance				
Sche	Parti		-	2	က	4

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part 1V

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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.

► Attach to Form 990 or 990-EZ.

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Florida Federation of Women's Clubs

Employer identification number 59-0804690

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
All official financial reports including the 990 are reviewed and approved
by the Exceutive Board or appropriate officers before submission. Te
Organization has regular board meetings at which such actions are taken.

Form 990, Part VI, Line 15b - Compensation Process for Officers
All officers and employess compensation and remibursements are subject to
budgetary constraints and are approved as part of the annula organization
wide budget by the membership at large.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are aviable to the public upon request to the Organization headquarters.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

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