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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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 foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 04-01-2013, and ending 03-31-2014

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
LEAGUE OF WOMEN VOTERS OF FLORIDA  
  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
540 Beverly Court  
  
City or town, state or province, country, and ZIP or foreign postal code  
Tallahassee, FL 323017530

**D** Employer identification number  
59-0905672  
**E** Telephone number  
(850) 224-2545  
**F** Group Exemption Number  
1825

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: [www.lwvla.org](http://www.lwvla.org)

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)( 4 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ 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. \$ 158,902

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 . . . . . <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	62,597
	2	Program service revenue including government fees and contracts . . . . .	17,641
	3	Membership dues and assessments . . . . .	41,298
	4	Investment income . . . . .	217
	5a	Gross amount from sale of assets other than inventory . . . . .	0
	b	Less cost or other basis and sales expenses . . . . .	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	0
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the  sum of such gross income and contributions exceeds \$15,000)	30,130
Expenses	c	Less direct expenses from gaming and fundraising events . . . . .	25,941
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	4,189
	7a	Gross sales of inventory, less returns and allowances . . . . .	7,019
	b	Less cost of goods sold . . . . .	4,845
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	2,174
	8	Other revenue (describe in Schedule O) . . . . .	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	128,116
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	0
	11	Benefits paid to or for members . . . . .	0
	12	Salaries, other compensation, and employee benefits . . . . .	60,719
Net Assets	13	Professional fees and other payments to independent contractors . . . . .	16,545
	14	Occupancy, rent, utilities, and maintenance . . . . .	8,795
	15	Printing, publications, postage, and shipping . . . . .	11,745
	16	Other expenses (describe in Schedule O) . . . . .	30,296
	17	Total expenses. Add lines 10 through 16 . . . . .	128,100
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	16
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	58,548
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	58,564

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 . . . . .	55,426	22	57,838
23 Land and buildings . . . . .	0	23	0
24 Other assets (describe in Schedule O) . . . . .	3,203	24	830
25 Total assets . . . . .	58,629	25	58,668
26 Total liabilities (describe in Schedule O) . . . . .	81	26	104
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	58,548	27	58,564

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

What is the organization's primary exempt purpose?  
The League of Women Voters of Florida is a non-partisan political organization which encourages informed, active participation of citizens in government and influences public policy through education and advocacy

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 Legislative Program The League Lobbyist and members attended meetings and sessions of the Florida Legislature to influence public policy through advocacy based on the LWV agenda selected by the membership at convention. At our annual Legislative Seminar attendees received training in advocacy and in-depth information on specific issues facing Florida's citizens. This program includes the cost of keeping the approximately 3000 members and the interested public appraised of legislative decisions through our Legislative Updates and encouraging citizen participation in government decisions. Many volunteers donate their time and money personally absorbing the costs of travel, meals, phone, copies, and computer equipment that are not reflected in this total. Valued at cost of the events + 30% of Staff Salary Expense (Grants \$ 0) If this amount includes foreign grants, check here

28a50,326

29 Meetings Board of Directors meetings, Council of Leaders meetings, Florida on the Line conference calls, and Local Leader conference calls were held throughout the year to establish service priorities, provide leadership training, address issues requiring immediate action, and to provide education on specific issues at the state, local, and national levels. The meetings served the organizations' membership and its Board of Directors. Valued at cost of the events + 30% of Staff Salary Expense (Grants \$ 0) If this amount includes foreign grants, check here

29a31,591

30 Field Services/Membership The state League supports the Local Leagues throughout the State through the Field Service Consultants mentoring program, the production and distribution of the Florida Voter to educate the membership and public, maintenance of the Florida League website, and through a variety of study programs focused on issues voted on by the membership (Grants \$ 0) If this amount includes foreign grants, check here

30a18,365

31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32100,282

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
See Additional Data Table				

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed FL		
42a	The organization's books are in care of Sandra Colyer Telephone no (305) 496-9794 Located at 4183 Pamona Ave Miami, FL ZIP + 4 331336326		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
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	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		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 . . . . .		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 . . . . .		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
49b	If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and 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 . . . . .	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000. . . . .	▶	
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52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	▶		2014-11-06	
	Signature of officer		Date	
Paid Preparer Use Only	▶		Sandra Colyer Treasurer	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 . . . . .	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Data

Software ID: 13000241  
Software Version: v1.00  
EIN: 59-0905672  
Name: LEAGUE OF WOMEN VOTERS OF FLORIDA

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jessica Lowe Executive Director	20	22,500	0	1,800
Deirdre Macnab President	10	0	0	0
Pam Goodman First Vice President	5	0	0	0
Carolyn Gray 2nd Vice President	5	0	0	0
Sandra Colyer Treasurer	5	0	0	0
Lisa Meyers Secretary	5	0	0	0
Annie Betancourt Board Member	5	0	0	0
Pat Drago Board Member	5	0	0	0
Lisa Hall Board Member	5	0	0	0
Ann Hellmuth Board Member	5	0	0	0
Teresa Jenkins Board Member	5	0	0	0
Chuck O'Neal Board Member	5	0	0	0
Elizabeth Pines Board Member	5	0	0	0
Pat Schroeder Board Member	5	0	0	0
Theresa Francis Thomas Board Member	5	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Alex Villalobos Board Member	5	0	0	0
Charley Williams Board Member	5	0	0	0

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization LEAGUE OF WOMEN VOTERS OF FLORIDA	Employer identification number  59-0905672
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
-



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			Events Preceding Board of Directors Meetings	Old Capital Gala	3	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	11,195	6,880	12,055	30,130	
2	Less Contributions	. .	0	0	0	0	
3	Gross income (line 1 minus line 2)	. . .	11,195	6,880	12,055	30,130	
Direct Expenses	4	Cash prizes	. . .	0	0	0	
	5	Noncash prizes	. .	0	0	0	
	6	Rent/facility costs	. .	0	1,264	7,583	8,847
	7	Food and beverages	.	4,093	1,853	2,411	8,357
	8	Entertainment	. . .	250	0	5,349	5,599
	9	Other direct expenses	.	802	444	1,892	3,138
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(25,941)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					4,189

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . . .	Yes % No	Yes % No	Yes % No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
LEAGUE OF WOMEN VOTERS OF FLORIDA

Employer identification number

59-0905672

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	
Form 990-EZ, Part II, Line 24	Description,EOY Amount^Shared Expenses Due from LWV Education Fund,830^Total,830^
Form 990-EZ, Part II, Line 26	Description,EOY Amount^Sales Tax Payable,104^Total,104^

**TY 2013 Reasonable Cause Explanation**

**Name:** LEAGUE OF WOMEN VOTERS OF FLORIDA

**EIN:** 59-0905672

**Software ID:** 13000241

**Software Version:** v1.00

**Explanation:** Extension was filed with the IRS and accepted.