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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 black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008**Open to Public Inspection****A For the 2008 calendar year, or tax year beginning****, 2008, and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

COMMERCIAL REAL ESTATE WOMEN TAMPA BAY, INC.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 280564

City or town, state or country, and ZIP + 4

TAMPA, FL 33682-0564

D Employer identification number

59-3450478

E Telephone number

(813) 205-2138

F Group Exemption Number . . . ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, —

I Website: ► N/A

J Organization type (check only one) - ☒ 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 171,839.

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

1	Contributions, gifts, grants, and similar amounts received	1	45,487.
2	Program service revenue including government fees and contracts	2	43,968.
3	Membership dues and assessments	3	39,475.
4	Investment income STMT 1	4	45.
5 a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 16,775. of contributions reported on line 1) STMT 2	6a	42,564.
b	Less: direct expenses other than fundraising expenses	6b	31,517.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT 3	6c	11,047.
7 a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe STMT 4)	8	300.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	140,322.
10	Grants and similar amounts paid (attach schedule) STMT 5	10	19,666.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	26,000.
13	Professional fees and other payments to independent contractors	13	2,749.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	694.
16	Other expenses (describe STMT 6)	16	100,891.
17	Total expenses. Add lines 10 through 16	17	150,000.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,678.
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)	19	79,023.
20	Other changes in net assets or fund balances (attach explanation) STMT 7	20	-7,253.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,092.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments STMT 8	79,023.	22 62,092.
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	79,023.	25 62,092.
26 Total liabilities (describe)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,023.	27 62,092.

3P 12

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 9

(Grants \$ _____) If this amount includes foreign grants, check here		28a
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29

(Grants \$ _____) If this amount includes foreign grants, check here ☐ **29a**

30

(Grants \$) If this amount includes foreign grants, check here ►	30a
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3.1 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a

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

(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

DENISE CLEMENTS	PRESIDENT			
WESLEY CHAPEL, FL 33543	10.	NONE	NONE	NONE
BRENDA DORHING	PRESIDENT ELECT			
TAMPA, FL 33602	3.	NONE	NONE	NONE
LISA COLLADO	IMMEDIATE PAST	PRESIDENT		
TAMPA, FL 66302	1.	NONE	NONE	NONE
MARY AYO	TREASURER			
TAMPA, FL 33602	3.	NONE	NONE	NONE
SUSAN BENNETT	SECRETARY			
TAMPA, FL 33602	2.	NONE	NONE	NONE
MATT COE	DIRECTOR AT LARGE			
TAMPA, FL 33607	3.	NONE	NONE	NONE
SHERRIE MCGILL	MEMBERSHIP DIRECTOR			
ST. PETERSBURG, FL 33701	3.	NONE	NONE	NONE
PAULA SARACKI	PROGRAMS DIRECTOR			
OLDSMAR, FL 34677	4.	NONE	NONE	NONE
SHERRY SMITH	EXECUTIVE DIRECTOR			
TAMPA, FL 33682-0564	8.	26,000.	NONE	NONE
PENNY HULBERT	SPONSORSHIP DIRECTOR			
TAMPA, FL 33602	4.	NONE	NONE	NONE
JAN CHAFFEE	NATIONAL DELEGATE			
OLDSMAR, FL 34677	3.	NONE	NONE	NONE

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
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		X
41 List the states with which a copy of this return is filed. ▶		
42a The books are in care of ▶ MARY AYO Telephone no. ▶ 813-229-7800 Located at ▶ 400 N. TAMPA STREET SUITE 1010 TAMPA, FL ZIP + 4 ▶ 33602		
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)?		X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . .	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"			

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

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


(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ▶		

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

X Mary Ayo 12/27/10
Signature of officer Date

▶ Mary Ayo Treasurer
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature 	Date 12/17/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00638700
	Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ MHM, LLC 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	EIN 34-1874260	Phone no 913.234.1000	

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

(FORM 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization
COMMERCIAL REAL ESTATE WOMEN TAMPA BAY, INC.

Employer identification number

59-3450478

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

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

- | | | | | | |
|----------|--------------------------|-------------------------|----------|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | 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 activities? ☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
Total						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		GO FISH (event type)	SILENT AUCTION (event type)	NONE (total number)	
Revenue	1 Gross receipts	39,969.	19,370.	NONE	59,339.
	2 Less Charitable contributions	13,775.	3,000.	NONE	16,775.
	3 Gross revenue (line 1 minus line 2)	26,194.	16,370.	NONE	42,564.
Direct Expenses	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Non-cash prizes	NONE	NONE	NONE	NONE
	6 Rent/facility costs	NONE	NONE	NONE	NONE
	7 Other direct expenses	27,305.	4,212.	NONE	31,517.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(31,517.)
9 Net income summary. Combine lines 3 and 8 in column (d)					11,047.

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. Combine lines 1 and 7 in column (d)					

	Yes	No
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?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- | | | | | | |
|--|------------|---|--|--|--|
| a The organization's facility | 13a | % | | | |
| b An outside facility | 13b | % | | | |

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- 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:

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? **17a**
- 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 ► \$ _____

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

INTEREST INCOME

45.

TOTAL

45.
=====

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS
=====DESCRIPTION
-----AMOUNT

GO FISH

13,775.

SILENT AUCTION

3,000.

TOTAL

16,775.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GO FISH	26,194.	27,305.	-1,111.
SILENT AUCTION	16,370.	4,212.	12,158.
TOTALS	42,564.	31,517.	11,047.

FORM 990EZ, PART I - OTHER REVENUE
 =====

OTHER INCOME	300.

TOTALS	300.
	=====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

=====

RECIPIENT NAME AND ADDRESS

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

CENTER FOR GIRLS
TAMPA, FL 33606

NONE
501(C)(3)

CHARITABLE DONATION.

15,000.

TOTAL CONTRIBUTIONS PAID

15,000.

=====

FORM 990EZ, PART I - OTHER EXPENSES

=====

CONFERENCES, CONVENTIONS	11,100.
CREW NETWORK DUES	6,996.
DIRECTORY	2,000.
MONTHLY PROGRAMS	56,447.
WEBSITE	11,601.
NEWSLETTER	3,090.
MEMBERSHIP	2,201.
CLEANING FOR SPONSORHIP PARTY	250.
BANK FEES	227.
CHAPTER ADMIN - EXPENSE REIMBURSEMENT	3,437.
AWARDS / SPEAKER GIFTS	1,277.
INSURANCE	405.
MISCELLANEOUS EXPENSES	1,860.

TOTAL	100,891.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES
=====

DECREASES IN FUND BALANCES

PRIOR PERIOD ADJUSTMENT

7,253.

TOTAL

7,253.
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	50,896.	7,220.
SAVINGS	28,127.	54,872.
	-----	-----
TOTALS	79,023.	62,092.
	=====	=====

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====PROGRAM SERVICE ACCOMPLISHMENT 1

THE ORGANIZATION SEEKS TO ACHIEVE ITS EXEMPT PURPOSE BY HOLDING MONTHLY LUNCHEON MEETINGS WITH SPEAKERS WHO ARE LEADERS IN THE REAL ESTATE INDUSTRY AND OTHER EVENTS TO PROVIDE MEMBERS THE OPPORTUNITY TO NETWORK AND MENTOR EACH OTHER. ADDITIONALLY, THE ORGANIZATION PUBLISHES A QUARTERLY NEWSLETTER WITH REAL ESTATE RELATED INDUSTRY NEWS AND JOB OPPORTUNITIES. ~~THERE ARE 100 MEMBERS. IN ORDER TO~~ PROMOTE THE GROUP AND ITS MEMBERS IN THE COMMUNITY, THE ORGANIZATION ALSO PERFORMS SPECIFIC PHILANTHROPIC ACTIVITIES INCLUDING RAISING FUNDS FOR THE CENTER FOR GIRLS, HOLDING A CAREER DAY MENTORING WORKSHOP FOR YOUNG GIRLS, AND PROVIDING SCHOLARSHIPS FOR STUDENTS STUDYING REAL ESTATE RELATED CAREERS.