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Department of the Treasury

## **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)

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

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	ror th	e 2009 calendar year, or tax year beginning and	enaing		
В	Check if applicab	Please C Name of organization		D Employer identific	cation number
_	Addre	USE INSCOMMERCIAL REAL ESTATE WOMEN-PHILA,			
<u> </u>	chang	pnnt or LISA REANE-AMPER, POLITZINER & MATTI	A,LLP		200722
<u> </u>	chang	Doing Business As	Room/suite		392732
Ļ	return		E Telephone number		
느	Termi ated □Amen	Instruc- TUT WEST AVENUE			881-8863
Ļ	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	90,328.
L	tion pendi	BENKINIOWN, IN 19040 0490	OUTDE	H(a) Is this a group re	
	•	F Name and address of principal officer:TINA MAKOULIAN, ESC	QUIKE	for affiliates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: X 501(c) (6 ) ◀ (insert no.)		1	list. (see instructions)
_	-		I Voor	H(c) Group exemption of formation 1984 M	State of legal domicile PA
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art I	forganization X Corporation Trust Association Other ►  Summary	L Year	OI IOMIANON I DO TIMO	State of legal domicile FA
	1	Briefly describe the organization's mission or most significant activities: COMM	ERC TAL	PEAT ESTAT	E WOMEN
စ္ည	'	(CREW PHILADELPHIA) IS A MEMBERSHIP ORGAL	NTZATT	ON FOUNDED	IN 1984 TO
n na	2	Check this box If the organization discontinued its operations or dispose			
L & / LVIO Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	sea of filore	3	11
6 8 9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
୍ୟ କଥ		Total number of employees (Part V, line 2a)		5	
jŧ, ∕	1	Total number of volunteers (estimate if necessary)		6	18
cti V	1	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
) A		Net unrelated business taxable income from Form 990-T, REFORED		7b	0.
5 —	<del>  </del>	THEOLIVE	이	Prior Year	Current Year
ه (	8	Contributions and grants (Part VIII, line 1h)	41,655.	41,525.	
֓֞֝֞֝֞֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֝֓֓֓֓֡֡֝	9	Program service revenue (Part VIII, line 2g)  JUN 0 8 2010	50,645.	48,073.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,409.	710.	
3 OC	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 100 @ THEN UT	뜨		20.
, A	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		95,709.	90,328.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e).			
Š	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		88,664.	87,193.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		88,664.	87,193.
	19	Revenue less expenses. Subtract line 18 from line 12		7,045.	3,135.
Assets or		- · · · · · · · · · · · · · · · · · · ·	Be	ginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	_	144,107.	142,021.
Net A	21	Total liabilities (Part X, line 26)	-	13,187.	7,966.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20  Signature Block		130,920	134,055.
	ars fr	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statements, a	and to the best of my knowledge	ne and belief, it is true, correct.
		and complete Declaration of preparer (other than officer) is based on all Information of which preparer has a	any knowledge	,,	,,
Sig	-	an Kline		6/4/2	010
He		Signature of officer		Date	
		LISA KEANE, CPA, TREASURER			
		Type or print name and title o	-	<del></del>	
		Preparer's Date			r's identifying number tructions)
Pai		signature 1/1/ nu h	self em	ployed     (see ins	P00010875
	parer's	Firm's name (or AMPER, POLITZINER & MATTIA, LLP yours if	<del></del>		2842766
USE	Only	self-employed) 101 WEST AVENUE, P.O. BOX 458			
_		JENKINTOWN, PA 19046-0458		Phone no. ► (	215) 881-8800
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	rt 淵 Statement of Program Service Ac	complishments	
1		E SCHEDULE O FOR CONTINU	
	COMMERCIAL REAL ESTATE WO		
	ORGANIZATION FOUNDED IN 1		
	EDUCATIONAL OPPORTUNITIES	·	
	INDUSTRY IN THE PHILADELP	<del></del>	TO FURTHER THE
2	Did the organization undertake any significant prog	gram services during the year which were not lis	
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule		
3	Did the organization cease conducting, or make sign	gnificant changes in how it conducts, any progr	am services? Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for ea		* *
	Section 501(c)(3) and 501(c)(4) organizations and s		ne amount of grants and
	allocations to others, the total expenses, and rever	nue, if any, for each program service reported.	
4-	/C- d-:	7, 193. including grants of \$	\/D
4a	(Code: )(Expenses \$ 8 MONTHLY MEETINGS WITH SPE	AKERS ARE HELD DROFFSSI	) (Revenue \$ ONAL DEVELOPMENT
	SEMINARS ARE HELD AND A W		
		THE MEMBERS	ANNOUNCEMENTS AND
	TEND TO DE DIDITIDO TO	1111 111111111111111111111111111111111	
	-		
		<del></del>	
			· · · · · ·
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
	-	<u>–</u>	·
	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
			····
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ Including gran	nts of \$ ) (Revenue \$	)
4e	Total program service expenses ►\$	87,193.	
			Form <b>990</b> (2009)

Part W Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		х
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		х
~	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
Ū	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	:	х
124	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		
IZA	Was the organization included in consolidated, independent addited limited statements for the tax year.  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	İ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X
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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 and other assistance to individuals in the United States 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	ŀ		
	Schedule J	23		X
24a	9 1			
	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 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	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) and 501(c)(4) 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		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		
	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor, or a grant selection committee member, or to a person related to such an individual? 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>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_ X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_ X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ X_
34	Was the organization related to any tax-exempt or taxable entity?	1		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
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23-2392732 Form 990 (2009) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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. 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 transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6а b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .... 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders ... 11a

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amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11b

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Part VI 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.

Sec	tion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body  Enter the number of voting members that are independent.	4		
þ	Little the hamber of voting thembers that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		
7a		70		Х
_	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:	0-	x	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	^	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	N/a
102	Does the organization have local chapters, branches, or affiliates?	10a	162	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to ensure their operations are consistent with those of the organization?	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11 11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
J	to conflicts?	12b	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	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		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition: ▶	_	
	LISA KEANE, CPA - AMPER, POLITZINER - 215-881-8863			
	101 WEST AVENUE, JENKINTOWN, PA 19046-0458			
		Form	990 (	2009)

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LISA KEANE-AMPER, POLITZINER & MATTIA, LLP

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

#### 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employees."
- 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 the organization did not co	ompensate an	у си	rren	t off	icer	, dıre	ecto	r, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	ļ	Position		Reportable	Reportable	Estimated			
	hours	(cl	(check all that apply)		compensation	compensation	amount of			
	per week	휺						from the	from related organizations	other compensation
	Week	o Fig				Bag		organization	(W-2/1099-MISC)	from the
		State of the state	fuste		22	Suad		(W-2/1099-MISC)	(,	organization
		ag d	tona		ν (olgu	S st con	,			and related
		Individual trustee or director	Institutional trustee	Officer	Кеу еттрюуее	Highest compensated employee	Готпе			organizations
TINA MAKOULIAN		-								
PRESIDENT	5.00	Х		Х				0.	0.	0.
DEBORAH GILMORE										
PRESIDENT ELECT	5.00	Х		Х				0.	0.	0.
DEANNA COSTAS										
ASST. TREASURER & SECRET	2.50	X		Х				0.	0.	0.
LISA KEANE, CPA										
TREASURER	2.50	X		Х				0.	0.	0.
TERRY WHITAKER										
DELEGATE	2.50	Х						0.	0.	0.
PAT PATRICK								_		_
IMMED PAST PRESIDENT/NET	2.50	X		X		_		0.	0.	0.
TRACY STEELE										
COMMUNITY OUTREACH CHAIR	2.50	X	_					0.	0.	0.
SHERI MILLER	2 5 2									0
COMMUNITY OUTREACH CO-CH	2.50	X	_			ļ		0.	0.	0.
SUZANNE WELCH	2 52	١,,							_	0
COMMUNITY OUTREACH CO-CH	2.50	X	-					0.	0.	0.
BETTYANN SILVIUS	2 50	J			ŀ			0.	0.	0.
MEMBERSHIP CHAIR RAELENE MCCARTHY	2.50	X	_		_					
MEMBERSHIP CO-CHAIR	2.50	X				l		0.	0.	0.
REBECCA UDELL	2.50	^	-	-	<del> </del>					
COMMUNICATIONS CHAIR	2.50	X			ŀ			o.	0.	0.
CAROLYN LIVINGSTON	2.30	<u> </u>	-					-		-
COMMUNICATIONS - PR/NEWS	2.50	x						0.	0.	0.
CYNTHIA SHAW		Ë	<u> </u>		$\vdash$	-	_			
EVENTS/PROFESSIONAL DEV	2.50	X						0.	0.	0.
KRISTINA HARSHANY		Г								
EVENTS/PROFESSIONAL DEV	2.50	Х						0.	0.	0.
JEANNE ARMSTRONG										
SPONSORSHIP CHAIR	2.50	X	L				L	0.	0.	0.
JULIANN HICKEY										
SPONSORSHIP CO-CHAIR	2.50	X						0.	0.	0.

932007 02-04-10

Page 8

Part VII Section A. Officers, Directors, Tru (A)	(B)		усс		:: <u>::::</u> :)	g	CSt	(D)	(E)	<u> </u>	(F)	
<ul> <li>Name and title</li> </ul>	Average			Position eck all that apply)				Reportable	Reportable	- 1	Estimated	
	hours per week	Individual trustee or director	institutional trustae	Call		Highest compensated De Co		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co:	other other mpensa from the ganizate ganizate ganizate ganizate ganizate	ation e ion ed
MELISSA QUINTANA WEBSITE CO-CHAIR	2.50	х						0.	0	•		0.
										ļ	···	
											<del>-</del>	
	-											
1b Total .						▶		0.	0	•		0.
Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wt	o re	eceived more than \$100	,000 in reportable		Yes	0 <b>N</b> o
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			, ke			yee, 			nployee on	3	103	Х
For any individual listed on line 1a, is the su and related organizations greater than \$150	),000? <i>If</i> "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4		х
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schede Section B. Independent Contractors	•			rom	any	unr	elate	ed organization for serv	ices rendered to	5		Х
Complete this table for your five highest countries the organization.  NONE	mpensated in	depe	ende	ent c	ontr	racto	rs tl	hat received more than	\$100,000 of compe	nsation	from	
(A) Name and business	address							(B) Description of s	ervices		(C) ensatio	n
							-			-		
							-					
								-				
						-						
Total number of independent contractors (ii     \$100,000 in compensation from the organize		ot li	mıte	d to		se lis )	ted	above) who received m	nore than	F	 . 990 (	0000;

LISA KEANE-AMPER, POLITZINER & MATTIA, LLP 23-2392732 Part VIII Statement of Revenue (D) Revenue excluded from (A) (C) Related or Unrelated Total revenue exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 41,525. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 41,525. h Total. Add lines 1a-1f Business Code 27**,**578. 2 a PROGRAM INCOME 900099 27,578. Program Service Revenue CORPORATE SPONSORSHIP 900099 20,495. 20,495. f All other program service revenue 48,073.  $\triangleright$ g Total. Add lines 2a-2f Investment income (including dividends, interest, and 710 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  $\blacktriangleright$ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 ... **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 20 20. b d All other revenue 20. e Total. Add lines 11a-11d 90,328. 48,073. 0. 730. Total revenue. See instructions 12 Form **990** (2009)

Part.IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	. All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management			<u> </u>	
b	Legal .		2		
C	Accounting .	2,400.	2,400.		
đ	Lobbying			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion				
13	Office expenses				_
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 706	10 706		
19	Conferences, conventions, and meetings	12,736.	12,736.		
20	Interest	24 056	24 256		
21	Payments to affiliates .	24,256.	24,256.		
22	Depreciation, depletion, and amortization	ADE	405	<u> </u>	
23	Insurance	405.	405.		
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)  EVENT EXPENSES	29,666.	29,666.		
	CUADEED ADVITIONDANTON	5,706.	5,706.		
Ь		5,086.	5,086.	<u> </u>	
C	DOIDD BUDBUGEO	2,733.	2,733.	· · · ·	
d	SPONSORSHIP EXPENSES	1,521.	1,521.	<del></del>	
e	<del></del>	2,684.	2,684.	·	
f oe	All other expenses	87,193.	87,193.	0.	0.
25	Total functional expenses. Add lines 1 through 24f	01,133.	01,133.	<u> </u>	<u> </u>
26	Joint costs. Check here if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		l l		I

`	•	(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	64,013.	1	54,294.
2	Savings and temporary cash investments	75,340.	2	81,442.
3	Pledges and grants receivable, net	<del>-</del>	3	
4	Accounts receivable, net	4,554.	4	5,439.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
φ 7	Notes and loans receivable, net	-	7	· ··· · · · · · · · · · · · · · · · ·
Assets 8 8	Inventories for sale or use		8	···
8   9	Prepald expenses and deferred charges	200.	9	846.
i	Land, buildings, and equipment: cost or other	***************************************		
	basis. Complete Part VI of Schedule D 10a			
			10c	
111	Investments - publicly traded securities		11	<del> </del>
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	
16	Total assets. Add lines 1 through 15 (must equal line 34)	144,107.	16	142,021.
17	Accounts payable and accrued expenses	3,393.	17	212/0210
18	Grants payable		18	
19	Deferred revenue	-	19	
20	Tax-exempt bond liabilities		20	<del></del>
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 51	Payables to current and former officers, directors, trustees, key employee			
	highest compensated employees, and disqualified persons. Complete Pai			
3	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. Complete Part X of Schedule D	9,794.	25	7,966.
26	Total liabilities. Add lines 17 through 25	13,187.	26	7,966.
20	Organizations that follow SFAS 117, check here		20	77300.
	lines 27 through 29, and lines 33 and 34.	616		
ğ   27	Unrestricted net assets		27	
E 28	Temporarily restricted net assets		28	<del></del>
B 29	•		29	<del> </del>
<u> </u>	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here		29	
<u>.</u>	complete lines 30 through 34.	•		
8 20	•	0.	00	0.
30	Capital stock or trust principal, or current funds	0.	30	0.
š 31	Paid-in or capital surplus, or land, building, or equipment fund	130,920.	31	
Net Assets or Fund Balances 24 25 26 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	130,920.	32	134,055.
33	Total net assets or fund balances		33	134,055.
34	Total liabilities and net assets/fund balances .	144,107.	34	142,021.

Form **990** (2009)

### COMMERCIAL REAL ESTATE WOMEN-PHILA, INC

Form 990 (2009) LISA KEANE-AMPER, POLITZINER & MATTIA, LLP 23-2392732 Page 12

	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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			1
	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.	3ь		į.

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC LISA KEANE-AMPER, POLITZINER & MATTIA, LLP

Employer identification number 23-2392732

Pa	organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Pa	The Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an h	ustorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	flied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	_
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ig the year ► \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	TILL Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
þ	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	•	. \$
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		iał gaın, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		• \$
þ	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC LISA KEANE-AMPER, POLITZINER & MATTIA, LLP Schedule D (Form 990) 2009 23-2392732 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year e Distributions during the year 1e 1f f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes by: No (i) unrelated organizations 3a(i)

<b>b</b> If "Yes" to 3a(ii), are the related organizations	3b				
4 Describe in Part XIV the intended uses of the	organization's endowment	funds.			
Part VI Investments - Land, Building	s, and Equipment. Se	ee Form 990, Part X, line	10.		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1a Land		_			
<b>b</b> Buildings					
c Leasehold improvements					_
d Equipment					
e_Other					
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, colur	nn (B), line 10(c).)	<b>•</b>		0

Schedule D (Form 990) 2009

3a(ii)

(ii) related organizations

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC TICA KEANE-AMDER POLITEZINER & MATTIA LLP

Schedule D (Form 990) 2009 LISA KEANE-	AMPER, POLITZIN	ER & MATTIA, LL	P 23-2392732 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		
(a) Description of security or category	(b) Book value		od of valuation:
(including name of security)	(2) 20011 1000	Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests		<u> </u>	
Other			
	-	· -	
		·	
		···	
			<del></del>
			·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	<u></u>		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13.	4.3.54	
(a) Description of investment type	(b) Book value	(e) Method of valuation: Cost or end-of-year market value	
		Cost or end-o	
			····
		· · · · · · · · · · · · · · · · · · ·	
		·	
		·····	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
(a)	Description		(b) Book value
	<del></del>		
		<u></u>	-
	<u> </u>		
	<del></del>		
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,		• • • • • •	
(a) Description of liability		b) Amount	
<u> </u>		b) Amount	
Pederal income taxes DEFERRED DUES		7,966.	
DEFERRED DOES		1,500.	
		-	
		7 066	
Total. (Column (b) must equal Form 990, Part X, col (B) line		7,966.	
2. FIN 48 Footnote. In Part XIV, provide the text of the foo	tnote to the organization's fi	nancial statements that repo	rts the organization's liability for
uncertain tax positions under FIN 48.			
932053 02-01-10			Schedule D (Form 990) 2009

#### COMMERCIAL REAL ESTATE WOMEN-PHILA, INC

LISA KEANE-AMPER, POLITZINER & MATTIA, LLP 23-2392732 Page 4 Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 Investment expenses 7 7 Prior period adjustments 8 Other (Describe in Part XIV.) 9 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses . 2c d Other (Describe in Part XIV.) 2d 2e e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 4ь **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIV Supplemental Information Complete this part to 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2 X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

#### SCHEDULE O

(Form, 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC LISA KEANE-AMPER, POLITZINER & MATTIA, LLP

Employer identification number 23–2392732

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTE PROFESSIONAL NETWORKING AND EDUCATIONAL OPPORTUNITIES FOR

MEMBERS IN THE COMMERCIAL REAL ESTATE INDUSTRY IN THE PHILADELPHIA

AREA. OUR MISSION: TO FURTHER THE PROFESSIONAL DEVELOPMENT OF WOMEN IN

ALL PHASES OF COMMERCIAL REAL ESTATE, TO PROMOTE AVENUES OF

COMMUNICATION AMONG PROFESSIONAL WOMEN WITHIN THE COMMERCIAL REAL

ESTATE INDUSTRY AS WELL AS OTHER RELATED FIELDS, TO ENCOURAGE THE

RECOGNITION AND ADVANCEMENT OF PROFESSIONAL WOMEN IN THE FIELD OF

COMMERCIAL REAL ESTATE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFESSIONAL DEVELOPMENT OF WOMEN IN ALL PHASES OF COMMERCIAL REAL

ESTATE, TO PROMOTE AVENUES OF COMMUNICATION AMONG PROFESSIONAL WOMEN

WITHIN THE COMMERCIAL REAL ESTATE INDUSTRY AS WELL AS OTHER RELATED

FIELDS, TO ENCOURAGE THE RECOGNITION AND ADVANCEMENT OF PROFESSIONAL

WOMEN IN THE FIELD OF COMMERCIAL REAL ESTATE.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 RETURN IS REVIEWED WITH BOARD MEMBERS AND INCLUDES A PRESENTATION MADE TO ALL MEMBERS IN ATTENDANCE AT MONTHLY BOARD MEETING. A FULL COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS VIA EMAIL AS PART OF THE MONTHLY BOARD PACKAGE IN ADVANCE OF THE BOARD MEETING PRESENTATION. AT THE BOARD MEETING PRESENTATION, THE RETURN IS DISCUSSED AND APPROVED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO

ANNUALLY DISCLOSE ANY CONFLICTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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#### SCHEDULE O (Form.990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC LISA KEANE-AMPER, POLITZINER & MATTIA, LLP

Employer identification number 23–2392732

NOT APPLICABLE SINCE NO	
COMPENSATION IS PAID FOR THE ORGANIZATION	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION HAS THI	S
INFORMATION LISTED ON ITS WEBSITE IN A MEMBERS ONLY SECTION BUT	' IS WILLING
TO PROVIDE THE INFORMATION UPON REQUEST	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, E	TTC:
TINA MAKOULIAN - C/O BALLARD SPAHR LLP, 1735 MARKET ST FL 51	
PHILADELPHIA, PA 19103-7507	
DEBORAH GILMORE - C/O THE REINVESTMENT FUND, 718 ARCH STREET PHILADELPHIA, PA 19106	
DEANNA COSTAS - C/O ASHER & CO, 1801 MARKET STREET	
PHILADELPHIA, PA 19103-1609	
LISA KEANE, CPA - C/O AMPER, POLITZINER & MATTIA LLP, 101 WEST	AVENUE
JENKINTOWN , PA 19046-2039	
PAT PATRICK - C/O THE BRICKSTONE CO, 701 MARKET STREET	
PHILADELPHIA, PA 19106-1538	

#### Form **8868**

(Rev. April 2009) 4

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this of complete Part II unless you have already been granted an automatic 3-month extension on a previously file.	· •		
Par		ed Form 6006.		
	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extension of time		
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical sutomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file irs.gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional assolidated Form 990-T. Instead,		
Type print	or Name of Exempt Organization COMMERCIAL REAL ESTATE WOMEN-PHILA, INC	Employer identification number		
<b></b>	LISA KEANE-AMPER, POLITZINER & MATTIA, LLP	23-2392732		
File by the due date for filing your 101 WEST AVENUE				
return Instruct	See			
Chec	k type of return to be filed (file a separate application for each return):			
X	Form 990         Form 990-T (corporation)         Form 47           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 52           Form 990-EZ         Form 990-T (trust other than above)         Form 60           Form 990-PF         Form 1041-A         Form 88	27 69		
	LISA KEANE, CPA - AMPER, POLITZINER e books are in the care of > 101 WEST AVENUE - JENKINTOWN, PA 19046- lephone No. > 215-881-8863  FAX No. > 215-881-8263			
● lft ● lft	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box and attach a list with the names and EINs of all	s is for the whole group, check this		
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010, to file the exempt organization return for the organization named a			
	s for the organization's return for:  ► X calendar year 2009 or			
	tax year beginning , and ending	·		
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period		
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$		
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit.	3b \$		
¢	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
_	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.	3c \$ N/A		
Cauti	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.		

Form 8868 (Rev 4-2009)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.