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POSTAL SERVICE

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 \$500,000 and total assets less than \$1,250,000 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

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> 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, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - ☒ 501(c)(6) (insert no) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 170,004.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 61,225.
	2 Program service revenue including government fees and contracts	2 39,124.
	3 Membership dues and assessments	3 21,826.
	4 Investment income	4 2,090.
	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)	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 \$ 16,475. of contributions reported on line 1)	6a 36,766.
	b Less: direct expenses other than fundraising expenses	6b 31,685.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 5,081.
	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 ▶ ATCH 4)	8 8,973.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 138,319.
	10 Grants and similar amounts paid (attach Schedule)	10 27,476.
	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	13 326.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ▶ ATCH 6)	16 88,387.
	17 Total expenses. Add lines 10 through 16	17 142,189.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -3,870.
Net Assets	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 62,092.
	20 Other changes in net assets or fund balances (attach explanation) ATCH 7	20 -3,688.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 54,534.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	ATCH 8	62,092.	22 54,534.
23 Land and buildings			23
24 Other assets (describe ▶)			24
25 Total assets		62,092.	25 54,534.
26 Total liabilities (describe ▶)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		62,092.	27 54,534.

65

13

Expenses

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

28 ATTACHMENT 9

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

28a

29

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

29a

30

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

30a

31 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)

32

(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	IMMEDIATE PAST	PRESIDENT		
WESLEY CHAPEL, FL 33543	1.00	0.	0.	0.
BRENDA DORHING	PRESIDENT			
TAMPA, FL 33602	10.00	0.	0.	0.
CK LAWONN	MEMBERSHIP DIRECTOR			
TAMPA, FL 33634	3.00	0.	0.	0.
MARY AYO	TREASURER			
TAMPA, FL 33602	3.00	0.	0.	0.
LEIGH FLETCHER	SECRETARY			
TAMPA, FL 33602	2.00	0.	0.	0.
MATT COE	DIRECTOR AT LARGE			
TAMPA, FL 33602	3.00	0.	0.	0.
ROXANNE AMOROSO	SPONSORSHIP DIRECTOR			
TAMPA, FL 33602	4.00	0.	0.	0.
PAULA SARACKI	PROGRAMS DIRECTOR			
OLDSMAR, FL 34677	4.00	0.	0.	0.
SHERRY SMITH	EXECUTIVE DIRECTOR			
TAMPA, FL 33682-0564	8.00	26,000.	0.	0.
PENNY HULBERT	NATIONAL DELEGATE			
TAMPA, FL 33602	3.00	0.	0.	0.
JAN CHAFFEE	PRESIDENT ELECT			
OLDSMAR, FL 34677	3.00	0.	0.	0.

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

	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? 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 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.		X
37 a 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
38 a 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 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		
40 a 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. 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. ▶		
42 a The organization's 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. ▶		
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 (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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** ☐ Yes ☐ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No
- b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No
- 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 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

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000

Sign Here	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.			
	<input checked="" type="checkbox"/> Signature of officer <i>Mary Ayo</i> <input type="checkbox"/> Type or print name and title <i>Mary Ayo Treasurer</i>		Date <i>12/27/10</i>	
Paid Preparer's Use Only	Preparer's signature <i>Brent Wilson</i>	Date <i>12/17/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <i>000638700</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>CBIZ MHM, LLC</i> <i>11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211</i>		EIN <i>34-1874260</i>	Phone no. <i>913.234.1000</i>

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

Form 990-EZ (2009)

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

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

Employer identification number
59-3450478

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 | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and 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 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 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 ▶						

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

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
		GO FISH (event type)	SILENT AUCTION (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	38,985.	14,256.	0.	53,241.
	2 Less: Charitable contributions	14,975.	1,500.	0.	16,475.
	3 Gross income (line 1 minus line 2)	24,010.	12,756.	0.	36,766.
Direct Expenses	4 Cash prizes	0.	0.	0.	0.
	5 Noncash prizes	0.	0.	0.	0.
	6 Rent/facility costs	0.	0.	0.	0.
	7 Food and beverages	0.	0.	0.	0.
	8 Entertainment	0.	0.	0.	0.
	9 Other direct expenses	25,692.	5,993.	0.	31,685.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(31,685.)
11 Net income summary. Combine line 3, column (d), and line 10				5,081.	

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine line 1, column d, and line 7					

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?

b If "No," explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____

Address ► _____

15 a 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 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? **17a**
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	2,090.
TOTAL	<u>2,090.</u>

ATTACHMENT 2

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GO FISH	14,975.
SILENT AUCTION	1,500.
TOTAL	<u>16,475.</u>

ATTACHMENT 3

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GO FISH	24,010.	25,692.	-1,682.
SILENT AUCTION	12,756.	5,993.	6,763.
TOTALS	<u>36,766.</u>	<u>31,685.</u>	<u>5,081.</u>

COMMERCIAL REAL ESTATE WOMEN TAMPA BAY, INC.

59-3450478

ATTACHMENT 4

FORM 990EZ, PART I - OTHER REVENUE

OTHER INCOME

8,973.

TOTALS

8,973.

ATTACHMENT 5

FORM 990EZ, PART 1 - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

CENTER FOR GIRLS
TAMPA, FL 33606

NONE
501(C) (3)

CHARITABLE DONATION

10,000

TOTAL CONTRIBUTIONS PAID

10,000

ATTACHMENT 6FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	724.
CONFERENCES, CONVENTIONS	9,851.
MEMBERSHIP	5,107.
MONTHLY PROGRAMS	43,514.
ADOPT DOWNTOWN EXPENSES	13,620.
WEBSITE EXPENSES	9,087.
NEWSLETTER EXPENSES	1,123.
BANK FEES	151.
CHAPTER ADMIN FEES	1,380.
INSURANCE	405.
MERCHANT FEES	2,559.
MISCELLANEOUS EXPENSES	856.
CREW EXPENSES	10.
TOTAL	<u>88,387.</u>

ATTACHMENT 7

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

DECREASES IN FUND BALANCES

PRIOR PERIOD ADJUSTMENT

3,688.

TOTAL

3,688.

ATTACHMENT 8FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	7,220.	8,332.
SAVINGS	54,872.	46,202.
TOTALS	<u>62,092.</u>	<u>54,534.</u>

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 9PROGRAM 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.