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Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

A	For the	e 2010 calendar year, or tax year beginning an	d ending		
В	Check if applicable	COMMERCIAL REAL ESTATE WOMEN-PHILA,	INC	D Employer identific	eation number
	Addre	S LISA KEANE - EISNERAMPER, LLP			
	Name chang	e Doing Business As		23-23	392732
	Initial return Termii	Number and street (or P 0 box if mail is not delivered to street address) 101 WEST AVENUE	Room/suit	•	881-8863
F	ated Ameni	ded O		G Gross receipts \$	79,735.
F	Applic			H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
_	pendi		UIRE	for affiliates? H(b) Are all affiliates incl	Yes X No
_	Tayay	empt status	1) or 52	– 1 * *	list. (see instructions)
		te: NWW.CREWPHILADELPHIA.ORG	1) 01 32	H(c) Group exemption	·
		forganization X Corporation	1 Ve2		State of legal domicile PA
	art I	Summary		n or formation 1301 iv	State of legal doffliche 111
سسيا	1.	Briefly describe the organization's mission or most significant activities: COM	MERCIA	L REAL ESTAT	E WOMEN
Activities & Governance	'	(CREW PHILADELPHIA) IS A MEMBERSHIP ORG	ANIZAT	ION FOUNDED	IN 1984 TO
ī.	2	Check this box If the organization discontinued its operations or disp			·
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	00000 01 1110	3	11
ဖိ	4	Number of independent voting members of the governing body (Part VI, line 1b	N.	4	11
≪ర ഗ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<i>'</i> 7	5	
je	6	Total number of volunteers (estimate if necessary)		6	20
Şį	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
_	"	14et unrelated business taxable income nom 1 om 350 1, line 04		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		41,525.	36,635.
J.	9	Program service revenue (Part VIII, line 2g)		48,073.	42,085.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	710.	950.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20.	65.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	90,328.	79,735.	
_	13_	Grants-and-similar amounts paid (Part IX, column (A), lines 1-3)	'	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	1!		,	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundralsing fees (Part IX, column (A), line 11e)	" -	0.	0.
Sen	load		0.		
X	17	Total fundraising expenses (Part IX, column (D), line 25)		87,193.	107,705.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses: Add lines 13:17 (must equal Part IX, column (A), line 25)	<u></u> -	87,193.	107,705.
	·		-	3,135.	<27,970.>
	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	3 20	Total accets (Part V. line 16)	-	Beginning of Current Year 142,021.	End of Year 116,592.
SSE	20	Total assets (Part X, line 16)	-	7,966.	10,507.
e e	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		134,055.	106,085.
B	art II	Signature Block		134/055.	100/003.
		ities of perjury, I declare that I have examined this return, including accompanying schedi	ulac and state	ments and to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			y knowledge and belief, it is
tiut	, conec	SAN KLAML	Willon prepar	5 7	2011
c:-		Signature of officer		Date	2011
Siç He		LISA KEANE, CPA, TREASURER			
ne	16	Type or print name and title			· · ·
_		<u> </u>	. 0	Date / Check	PSIN
Pai	d	Print/Type preparer's name DAVID A. GRUBER Preparer's ignature	EBJ,	Date 3/1/ Check if self-employe	100010875
	parer	Firm's name EISNERAMPER LLP	,,		3-1639826
	Only	10000			
Uat	, only	Firm's address 101 WEST AVENUE, P.O. BOX 458 JENKINTOWN, PA 19046-0458		Phone no (215) 881-8800
NA-	v tha II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 02-2		tions		Form 990 (2010)
W2	OU 1 UZ-2	,∠-;; ∟:::, ro: i upo: work i leadelloll Act Hollee, dee the deparate matrac			(200)

,	COMMERCIAL REAL ESTATE WOMEN-PHILA, INC	. = 0.0	_
	1990 (2010) LISA KEANE - EISNERAMPER, LLP 23-2392	2/32	Page 2
Pai	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response to any question in this Part III		<u> </u>
'	Briefly describe the organization's mission: COMMERCIAL REAL ESTATE WOMEN (CREW PHILADELPHIA) IS A MEMBERSH.	ΓP	
	ORGANIZATION FOUNDED IN 1984 TO PROMOTE PROFESSIONAL NETWORKING	_	
	EDUCATIONAL OPPORTUNITIES FOR MEMBERS IN THE COMMERCIAL REAL ES		
	INDUSTRY IN THE PHILADELPHIA AREA. OUR MISSION: TO FURTHER TH	È	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	70	700
4a	· · · · · · · · · · · · · · · · · · ·		720.)
	MONTHLY MEETINGS WITH SPEAKERS ARE HELD, PROFESSIONAL DEVELOPMENT		
	SEMINARS ARE HELD AND A WEBSITE IS MAINTAINED FOR ANNOUNCEMENTS	5 AND	
	NEWS TO BE DISTRIBUTED TO THE MEMBERS		
		<u> </u>	
			
		_	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		_	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 107, 705.		
		Form 99	0 (2010)
032002			. ,

	990 (2010) LISA KEANE - EISNERAMPER, LLP 23-2392	732	P	age 3
Par	t IV 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)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1	v
	Schedule D, Part III	8	 	_X
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	١.		v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		}	v
	If "Yes," complete Schedule D, Part V	10	 	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.		1	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			\ ,
	Part VI	11a	} —	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ł	l v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	l		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 ^	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		.
	Schedule D, Parts XI, XII, and XIII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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	-	├ ^
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 		v
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	\vdash	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		X
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>^</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	├	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	v
	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	1,_		\ v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

Pai	City 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			v
	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,			v
	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			v
_	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K. If "No", go to line 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ŀ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b		ļ <u>.</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	١.,
	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			١
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):]		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	Х
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	<u> </u>	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	<u> </u>	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	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
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	L	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	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	L

	COMMERCIAL REAL ESTATE WOMEN-PHILA, II				
	990 (2010) LISA KEANE - EISNERAMPER, LLP	23-2392	<u>732</u>	P	age 5
Par	······································				
	Check if Schedule O contains a response to any question in this Part V				لِــا
	1	1 .		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?	1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	5)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	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	ction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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	as required			
	to file Form 8282?	i	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	. I		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	ļ.—	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Die		_ '	•	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	<u> </u>	_
9	Sponsoring organizations maintaining donor advised funds.				1
а	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		ļ
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	444	'		
	amounts due or received from them.)	11b	ا مه ا		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	. 1	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	-
_	Note. See the instructions for additional information the organization must report on Schedule O.				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b		ŧ	3

14a

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

23-2392732

Page 6 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year 1a $\overline{11}$ b Enter the number of voting members included in line 1a, above, who are independent 1b 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 X 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a Х 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Х in Schedule O how this is done Х 13 13 Does the organization have a written whistleblower policy? X 14 14 Does the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 LISA KEANE, CPA - EISNERAMPER, LLP - 215-881-8863 101 WEST AVENUE, JENKINTOWN, PA 19046-0458

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)				C)	ا		(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours per	(cl	(check all that apply)		compensation	compensation	amount of			
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DEBORAH GILMORE										
PRESIDENT	5.00	Х		X		<u> </u>		0.	0.	0.
TRACY STEELE, ESQ										
PRESIDENT-ELECT	5.00	X		Х		<u> </u>	L.	0.	0.	0.
DEANNA COSTAS					ļ		İ			
ASST. TREASURER & SECRETAR	2.50	X		X		<u>L</u>		0.	0.	0.
LISA KEANE, CPA										
TREASURER	2.50	X		X			L	0.	0.	0.
TINA MAROULIAN, ESQ				i						
PAST PRESIDENT& DELEGATE	5.00	X		X			<u> </u>	0.	0.	0.
REBECCA UDELL									_	_
COMMUNICATIONS CHAIR	2.50	X			L.	<u> </u>		0.	0.	0.
LYNN MCDOWELL								_	_	_
SPONSORSHIP CO-CHAIR	2.50	X		L		_		0.	0.	0.
KRISTINA HARSHANY						ĺ				
EVENTS CHAIR	2.50	X	<u> </u>	L_	_	<u> </u>		0.	0.	0.
LESLIE WATKINS			ļ			1				
EVENTS CO-CHAIR	2.50	X	Ļ	<u> </u>	_	-	_	0.	0.	0.
FON WANG				ļ						
COMMUNICATIONS CO-CHAIR	2.50	X	<u> </u>	<u> </u>	_			0.	0.	0.
BETTYANN SILVIUS		l								
MEMBERSHIP CHAIR	2.50	X				<u> </u>	<u> </u>	0.	0.	0.
RAELENE MCCARTHY	2 - 5	١								
MEMBERSHIP CO-CHAIR	2.50	X			<u> </u>	\vdash	ļ	0.	0.	0.
JEANNE ARMSTRONG	2.50		l							
CHAPTER DELEGATE	2.50	X	├	<u> </u>	-	\vdash		0.	0.	0.
JOANNE ULLRICH	2 50			Ì						
WEBSITE CO-CHAIR	2.50	X	-	<u> </u>		-		0.	0.	0.
JULIANN HICKEY	2 52			<u> </u>				_	^	
SPONSORSHIP CHAIR	2.50	X	-	<u> </u>	 —	₩	 	0.	0.	0.
SEEMA BALI	2.50							_	0.	
EVENTS CO-CHAIR	2.50	<u>X</u>	 	\vdash		\vdash	\vdash	0.		0.
SHARON HUMBLE	2 50								0.	0.
COMMUNITY ACTION EVENTS CHAIR	2.50	A	1	<u> </u>	<u> </u>	<u> </u>	<u></u>	0.		Form 990 (2010)

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		;	
Form	990	(2010)	

Part VII Section A. Officers, Directors, Ti		nplo	yee			High	est		ees (continued)			
(A)	(B)		(C) Position					(D)	(E)		(F)	
Name and title	Average hours per	(cl				ı app	olv)	Reportable compensation	Reportable compensation		Estimate amount	
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		nsated		from the organization (W-2/1099-MISC)	from related organizations co (W-2/1099-MISC)		other compensa from the organizat and relat organizate	ition e ion ed
TERRY WHITAKER										\dagger		
PR & NEWS CO-CHAIR	2.50	X			┢	-	-	0.	0	•		0.
JESSICA SLACK COMMUNITY ACTION CO-CHAIR	2.50	X					İ	0.	0			0.
CARI BRYCE	2.50	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	 		+-					┪		
COMMUNITY ACTION CO-CHAIR	2.50	X						0.	0	•		0.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)						0. 0.	0			0.		
 Total number of individuals (including but compensation from the organization 	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 in reportable			0
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the sand related organizations greater than \$1 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co. Section B. Independent Contractors 	such individual sum of reportab 50,000? If "Yes, accrue compe	ole co ," co nsat	omp ompl	ens ete from	atio Sch	n an e <i>du:</i> y un	d ot	her compensation from for such individual	the organization		Yes 3 4 5	X X
1 Complete this table for your five highest of	ompensated in	dep	ende	ent o	cont	tract	ors 1	that received more than	\$100,000 of compe	nsa	tion from	
the organization. NONE (A) Name and busines	s address	_						(B) Description of s	ervices	Co	(C) ompensatio	on
			_	-								
Total number of independent contractors \$100,000 in compensation from the organ	_	not li	mite	ed to		ose I 0	sted	d above) who received n	nore than		Form 990 (2010

Pa	rt V	/111	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512,
							revenue	revenue	513, or 514
Contributions, gifts, grants and other similar amounts	1		Federated campaigns	1a	26 625				
B			Membership dues	1b	36,635.				
햧			Fundraising events	1c					
P.E			Related organizations	1d					
Sim			Government grants (contribut						
출발		f		1 1					
불형			similar amounts not included abo						
55		9	Noncash contributions included in lines	s 1a-1f \$		36,635.			
		h	Total. Add lines 1a-1f		· · · · · · · · · · · · · · · · · · ·	30,033.			
	_	_	PROGRAM INCOME		Business Code 900099	25,235.	25 235		
<u>Ş</u>	2	a b	CORPORATE SPONS	SORSHIP	900099	16,850.	25,235. 16,850.		_
Program Service Revenue		C			300033	10,030.	10,030.		
E S		d							
ğ		e							
<u> </u>		f	All other program service reve	enue	·				
- 1		g	Total. Add lines 2a-2f			42,085.			
	3		Investment income (including	dividends, inte	erest, and				
			other similar amounts)		>	950.			950.
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties						
				(ı) Real	(II) Personal				
-	6	а	Gross Rents						
		þ	Less rental expenses						
		C	Rental income or (loss)						
		d	Net rental income or (loss)		<u> </u>				
ľ	7	а	Gross amount from sales of	(i) Securities	(II) Other				
1			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
j			Gain or (loss)						
ĺ			Net gain or (loss)		•				
<u>e</u>	8	а	Gross income from fundraising	ng events (not					
Other Revenue			including \$	of					
Be			contributions reported on line	·					
ğ			Part IV, line 18		a				
ᅗᅵ			Less: direct expenses		b				
	^		Net income or (loss) from fun	-	·		<u> </u>		
	y	a	Gross income from gaming a						
ļ		L	Part IV, line 19		а Ь				
ŀ			Less: direct expenses Net income or (loss) from gan	nina activitica	D [
	10		Gross sales of inventory, less						
		a	and allowances		a				
l		h	Less: cost of goods sold		ь				
- 1			Net income or (loss) from sale	es of inventory	.				
t			Miscellaneous Revenu		Business Code				
ŀ	11	a			900099	65.			65.
ŀ	• •	b	OTHER TROOMS			- 33.			1
-		C		 	-				
}		d	All other revenue			·			
			Total. Add lines 11a-11d			65.			
l	12		Total revenue. See instructions		>	79,735.	42,085.	0.	1,015.
03200						.			Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must comport include amounts reported on lines 6b,	(A) but are (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	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			1 1111 - 1111 - 1111 - 1111 - 1	.1 .1
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):				1
а	Management				
ь	Legal				
c	Accounting .	2,880.	2,880.		
d	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				
19	Conferences, conventions, and meetings	11,658.	11,658.		***
20	Interest	,,	,,		·
21	Payments to affiliates	21,435.	21,435.		· · · -
22	Depreciation, depletion, and amortization		==,		
23	Insurance	405.	405.		
24	Other expenses Itemize expenses not covered	100	100		<i>"</i>
	above (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0) EVENT EXPENSES	27,214.	27,214.		
_	SPONSORSHIP EXPENSES	24,430.	24,430.		
b	MEMBERSHIP SERVICES	10,477.	10,477.	_	
C	CHAPTER ADMINISTRATION	5,697.	5,697.		
d	BOARD EXPENSES	1,452.	1,452.	 	
e			2,057.		
f	All other expenses	2,057.			0
25	Total functional expenses. Add lines 1 through 24f	107,705.	107,705.	0.	ļ <u>-</u>
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising column to the colum				
~~~	solicitation				Form <b>990</b> (2010
	1 1/4/ 14 14 1				

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		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	54,294.	1	-
2	Savings and temporary cash investments	81,442.	2	26,536. 82,316.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	5,439.	4	2,740.
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		1	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
2 7	Notes and loans receivable, net		7	
7 8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	846.	9	5,000.
	Land, buildings, and equipment, cost or other			······································
'''	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	-
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	142,021.	16	116,592. 4,528.
17	Accounts payable and accrued expenses		17	4,528.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ខ្ល 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employ	ees,		
21 22	highest compensated employees, and disqualified persons. Complete	Part II		
۱	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	7,966.		5,979
26	Total liabilities. Add lines 17 through 25	7,966	26	10,507.
	Organizations that follow SFAS 117, check here   and con	plete		
្ធ	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117, check here	ind		
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	$\overline{}$	0.
g 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	_	0.
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	134,055		106,085.
^z   33	Total net assets or fund balances	134,055		106,085.
34	Total liabilities and net assets/fund balances	142,021	34	116,592.

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.

#### (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.

2010
Open to Public Inspection

Name of the organization

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC LISA KEANE - EISNERAMPER, LLP

Employer identification number 23–2392732

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	-	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements o	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

## COMMERCIAL REAL ESTATE WOMEN-PHILA, INC

		<u>ANE - EISN</u>				_		23-23		
Par	<b>† 脚  Organizations Maintaining C</b>									
3	Using the organization's acquisition, accession	on, and other record	ts, check	any of the	following tha	it are a si	gnificant i	use of its o	collection	ıtems
	(check all that apply):									
а	Public exhibition	d	י 🗀 נ	oan or excl	hange progra	ams				
b	Scholarly research	e	. 🗀	Other		<u></u>				
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	he organizati	on's exer	mpt purpo	se in Part	XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, his	stoncal treas	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	iization's co	ollection?_				Yes	No.
Par	TIV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt 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?									
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able [.]			, <del></del>			
									<u>Amount</u>	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	a Did the organization include an amount on Form 990, Part X, line 21?							L No		
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	TY Endowment Funds. Complete	f the organization ar	swered '	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	<b>(b)</b> Pi	nor year	(c) Two yea	rs back	<b>(d)</b> Three y	ears back	(e) Four	ears back
1a	Beginning of year balance	-								
b	Contributions .									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities		]							
	and programs		ļ							
f	Administrative expenses									
g	End of year balance				L					
2	Provide the estimated percentage of the year end balance held as:									
а	Board designated or quasi-endowment		%							
b										
c	Term endowment %									
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3ь	
4	Describe in Part XIV the intended uses of the									
Par	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X,					<del></del>		
	Description of investment	(a) Cost or o			or other	l ''	ccumulate		(d) Book	value
-		basis (investi	ment)	basis	(other)	dej	preciation			
1a	Land						<del></del>			
b	Buildings							_		
С	Leasehold improvements					ļ				_
d	Equipment					<u> </u>				
<u>e</u>	Other					l				
T		Court Court 000 Dead	V	(0) ( 1	10/-11					0

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.				
(a) Description of security or category	(b) Book value	_	) Method of valuat			
(including name of security)	(2) 2001. (2.00	Cost	or end-of-year mark	et value		
) Financial derivatives			·			
Closely-held equity interests			-			
3) Other						
(A)						
(B)	<del></del>					
(C)		-				
(D)						
(E)		<del>-</del>	<del></del>	· · · · · · · · · · · · · · · · · ·		
(F) (G)						
(H)			_			
(1)						
fotal (Col (b) must equal Form 990, Part X, col (8) line 12 )						
Part VIII Investments - Program Related.		· 13.	·····			
			c) Method of valuat	ion:		
(a) Description of investment type	(b) Book value	-	Cost or end-of-year market value			
(1)						
(2)						
(3)						
(4)						
(5)				<u></u> -		
(6)				· · · · · · · · · · · · · · · · · · ·		
(7)						
(8)						
(9)						
(10)			······································			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	•			··		
Part IX Other Assets. See Form 990, Part X, III				(h) Pook value		
	(a) Description			(b) Book value		
(1)						
(2)						
(3)				·		
(4)						
(5) (6)				-		
(7)						
(8)						
(9)				_		
(10)						
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		<b>•</b>			
Part X Other Liabilities. See Form 990, Part		· · · · · · · · · · · · · · · · · · ·				
(a) Description of liability		(b) Amount				
(1) Federal income taxes						
(2) DEFERRED DUES		5,979.				
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
Fotal. (Column (b) must equal Form 990, Part X, col (B)	line 25.)	5,979.	ion's liability for uncertai	n tax positions under		
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot. FIN 48 (ASC 740)	and organization a minimal sta					
32053 2-20-10			Scho	edule D (Form 990) 20		

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC LISA KEANE - EISNERAMPER, LLP 23-2392732 Page 4 Schedule D (Form 990) 2010 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) Total expenses (Form 990, Part IX, column (A), line 25) 2 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 5 5 Donated services and use of facilities 6 Investment expenses 6 7 7 Prior period adjustments 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net) Add lines 4 through 8 9 10 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 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: 2a Net unrealized gains on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d 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 4a Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 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: Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c 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 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 D (Form 990) 2010

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMERCIAL REAL ESTATE WOMEN-PHILA, INC LISA KEANE - EISNERAMPER, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01:24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or	990-EZ) (2010)			Page 2
Name of the organization		REAL ESTATE WOME		Employer identification number
	LISA KEANE	- EISNERAMPER, I	LP	23-2392732
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COMPENSATION	IS PAID FOR	THE ORGANIZATION	1	
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FORM 990, PAR	T VI, SECTION	ON C, LINE 19: TH	HE ORGANIZATION	HAS THIS
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