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# 2010

## Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010**

**B** Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

**C** Name of organization  
WISCONSIN COMMERCIAL REAL ESTATE WOMEN INC

Number and street (or P O box, if mail is not delivered to street address) 10000 INNOVATION DRIVE NO 250	Room/suite
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City or town, state or country, and ZIP + 4  
MILWAUKEE, WI 53226

D Employer identification number

39-1921749

**E Telephone number**



(414) 431-9300


**F** Group Exemption  
Number 

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

**Website:** [WWW.WCREW.ORG](http://WWW.WCREW.ORG)

**J Tax-Exempt status**(check only one)— ☐ 501(c)(3) ☒ 501(c)( 6 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

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

**K Check**  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 66,143

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	46,997
	3	Membership dues and assessments	3	19,080
	4	Investment income	4	66
	5a	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	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 in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,143	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	19,200
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	60,027
	17	<b>Total expenses.</b> Add lines 10 through 16	17	79,227
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,084
	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	55,888
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	42,804

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	55,888	22	42,804
23	Land and buildings		23	
24	Other assets (describe in Schedule O )		24	
25	Total assets	55,888	25	42,804
26	Total liabilities (describe in Schedule O )	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,888	27	42,804

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? WCREW IS THE WI CHAPTER OF THE CREW NETWORK, A NATIONAL ORGANIZATION OF COMMERCIAL REAL ESTATE PROFESSIONALS FROM EVERY DISCIPLINE THE WCREW TEAM CREATES OPPORTUNITIES FOR REAL ESTATE PROFESSIONALS TO NETWORK, LEARN, BECOME DYNAMIC LEADERS AND DEVELOP REWARDING, SUCCESSFUL AND FULFILLING CAREERS AND LIVES WCREW CONTINUES TO BUILD A STATEWIDE PRESENCE THROUGH CHARITABLE AND COMMUNITY FUNCTIONS AND REGULARLY SPONSORS PROGRAMS, INCLUDING NETWORKING EVENTS AND EDUCATIONAL SESSIONS		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	See Additional Data Table		
(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 (describe in Schedule O )		
(Grants \$ )	If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and 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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> <b>37a</b> <input type="text"/> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b> <input type="text"/>		
39	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <input type="text"/>		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
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 . . <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="text"/>		
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> CRYSTAL LAPLANTE Telephone no <input type="text"/> (414) 431-9300 10000 INNOVATION DRIVE SUITE 250 Located at <input type="text"/> MILWAUKEE, WI ZIP + 4 <input type="text"/> 53226		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="text"/> <b>43</b> <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations 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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and 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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2011-11-11 Date			
	CRYSTAL LAPLANTE TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	CRYSTAL LAPLANTE CPA	Date	2011-11-04	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	WIPFLI LLP 10000 INNOVATION DRIVE SUITE 250 MILWAUKEE, WI 532264837				EIN
				Phone no		(414) 431-9300

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

2010

Open to Public  
Inspection

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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> WISCONSIN COMMERCIAL REAL ESTATE WOMEN INC	<b>Employer identification number</b> 39-1921749
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 66

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MEMBERSHIP EXPENSES AMOUNT 12,525 DESCRIPTION LEADERSHIP LUNCHEON AMOUNT 3,893 DESCRIPTION GOLF OUTING AMOUNT 10,301 DESCRIPTION REAL ESTATE SHOWCASE AWARDS AMOUNT 19,905 DESCRIPTION GENERAL PROGRAM EXPENSES AMOUNT 4,112 DESCRIPTION CHARITABLE DONATIONS AMOUNT 4,500 DESCRIPTION COMMUNICATIONS AMOUNT 320 DESCRIPTION WAM COPIES, POSTAGE & FAXES AMOUNT 566 DESCRIPTION OFFICE EXPENSE AMOUNT 240 DESCRIPTION TAX RETURN & DFI FEES AMOUNT 1,325 DESCRIPTION BANK SERVICE CHARGES AMOUNT 47 DESCRIPTION CREDIT CARD FEES AMOUNT 1,888 DESCRIPTION OFFICER & DIRECTOR INSURANCE AMOUNT 405 TOTAL TO FORM 990-EZ, LINE 16 60,027

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** WISCONSIN COMMERCIAL REAL ESTATE WOMEN INC

**EIN:** 39-1921749

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



Additional Data

Software ID:

Software Version:

EIN: 39-1921749

Name: WISCONSIN COMMERCIAL REAL ESTATE WOMEN INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28 MONTHLY BOARD OF DIRECTORS MEETINGS AND COMMITTEE MEETINGS FOR MEMBERSHIP, PROGRAMS, CHARITABLE INITIATIVE, COMMUNICATIONS, FINANCE AND SPONSORSHIP ARE HELD PROGRAMS ARE ALSO HELD FOR MEMBERS AND GUESTS TO EXCHANGE INFORMATION, OBTAIN EDUCATION ON VARIOUS TOPICS RELATED TO THE FIELD OF COMMERCIAL REAL ESTATE, AND TO RECOGNIZE AND PROMOTE THE ADVANCEMENT OF MEMBERS IN THE FIELD OF COMMERCIAL REAL ESTATE (APPROX 90 MEMBERS)</div> <div>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		28a	0
<div>29 WCREW REAL ESTATE DEVELOPMENT SHOWCASE AWARDS ANNUAL EVENT HIGHLIGHTS AND HONORS REAL ESTATE DEVELOPMENT OR REDEVELOPMENT PROJECTS THAT MEET ONE OR MORE OF THE ESTABLISHED CRITERIA THE CRITERIA ARE JOB CREATION, ECONOMIC DEVELOPMENT, INCREASED PROPERTY VALUES IN THE AREA, CREATIVE USE OR REUSE OF SPACE AND OVERCOMING OBSTACLES WCREW ENVISIONS THAT OBSTACLES OVERCOME MAY RANGE FROM ENVIRONMENTAL CONTAMINATION TO COMPLICATED FINANCING TO PUBLIC/PRIVATE PARTNERING (APPROX 50 MEMBERS AND 130 NONMEMBERS ATTENDED)</div> <div>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		29a	0
<div>30 WOMEN IN REAL ESTATE LEADERSHIP AWARD LUNCHEON THE NOMINEES DISPLAY LEADERSHIP AMONG WOMEN IN THE WI COMMERCIAL REAL ESTATE INDUSTRY LEADERSHIP MAY BE EVIDENCED BY, AMONG OTHER THINGS, PROJECT DEVELOPMENT, COMMUNITY INVOLVEMENT, DISPLAY OF FORESIGHT AND VISION AND/OR COMMITMENT TO MENTORING THIS YEARLY EVENT IS TO RECOGNIZE OUTSTANDING WOMAN LEADERS IN THE COMMERCIAL REAL ESTATE INDUSTRY (APPROX 40 MEMBERS AND 140 NONMEMBERS ATTENDED)</div> <div>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		30a	0
<div>APPROXIMATELY 12 PROGRAMS WERE PLANNED FOR MEMBERS AND GUESTS TO EDUCATE THEM ON VARIOUS TOPICS RELATED TO THE FIELD OF COMMERCIAL REAL ESTATE AND TO PROMOTE THE FIELD OF COMMERCIAL REAL ESTATE (APPROX 15 MEMBERS AND 20 NONMEMBERS ATTENDED PER EVENT)</div> <div>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>			0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
FRANCESCA TENUTA 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	PRESIDENT 1 00	0	0	0
ANN RICHMOND 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	PRESIDENT-ELECT 1 00	0	0	0
CRYSTAL LAPLANTE 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	TREASURER 1 00	0	0	0
MELISSA RUDOLPH 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	SECRETARY 1 00	0	0	0
HEATHER TURNER LOTH 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	PAST PRESIDENT 1 00	0	0	0
JENNIFER DEVITT 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	DIRECTOR 1 00	0	0	0
JESSICA DUNN 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	DIRECTOR 1 00	0	0	0
PATRICIA FENSTAD 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	DIRECTOR 1 00	0	0	0
NICOLE HOHNSTEIN 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	DIRECTOR 1 00	0	0	0
LORA STRIGENS 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	DIRECTOR 1 00	0	0	0
KELLY UGRICH 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	DIRECTOR 1 00	0	0	0
JENNIFER ZIZZO 10000 INNOVATION DR SUITE 250 MILWAUKEE, WI 53226	DIRECTOR 1 00	0	0	0