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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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 , 2010, and ending , 20

B Check if applicable: X Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: CCIM-ST LOUIS METROPOLITAN AREA CHAPTER. D Employer identification number: 43-1603966. E Telephone number: (314) 514-0600. F Group Exemption Number.

G Accounting method: X Cash, Accrual, Other (specify). H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF): X

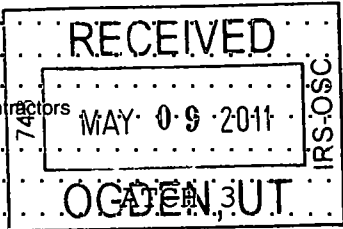
I Website: Tax-exempt status: 501(c)(3) X, 501(c)(6) (insert no), 4947(a)(1) or 527.

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through 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. \$ 73,517.

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. X

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less direct expenses gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue; 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED JUN 01 2011 Revenue



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)



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

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.
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.
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, explain in Schedule O why the organization did not report the income on Form 990-T.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. 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?
40c 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.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of DAVID BIALES. Telephone no 314-261-7368. Located at 211 N BROADWAY, SUITE 2075 ST LOUIS, MO. ZIP + 4 63102.
42b 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?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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.
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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 Form 990-EZ		X
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		X

**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, and complete the tables for lines 50 and 51.

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 as 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?		
b 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

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

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: David N. Biales Date: 4/30/11  
 Type or print name and title: David N. Biales, Treasurer

**Paid Preparer Use Only**  
 Print/Type preparer's name: SHAWN C BECKER, J.D. Preparer's signature: Shawn C Becker Date: 4-26-11 Check  if self-employed PTIN: P00970717  
 Firm's name: RUBINBROWN LLP Firm's EIN: 43-0765316  
 Firm's address: ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105 Phone no: 314-290-3300

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

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

CCIM-ST LOUIS METROPOLITAN AREA CHAPTER

Employer identification number

43-1603966

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	22.
TOTAL	<u>22.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS	4,051.
TOTALS	<u>4,051.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	249.
CONFERENCES, CONVENTIONS	47,118.
ADMINISTRATIVE FEES	11,486.
MISCELLANEOUS	5,339.
TAXES	500.
INSTALLATION	1,560.
TOTAL	<u>66,252.</u>

ATTACHMENT 4

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

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	13,245.	19,477.
TOTALS	<u>13,245.</u>	<u>19,477.</u>

Name of the organization CCIM-ST LOUIS METROPOLITAN AREA CHAPTER	Employer identification number 43-1603966
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ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CCIM-ST. LOUIS CHAPTER PROMOTES AND FURTHERS NETWORKING AND TRAINING FOR REAL ESTATE PROFESSIONALS IN THE ST. LOUIS METROPOLITAN AREA.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MATT HRUBES 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
REBEKAH BAHN 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
DAN MERLO 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
VINCE BAJARDI 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
TOM RAY 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
JIM ROSEN 211 N BROADWAY, SUITE 2075	DIRECTOR 1.00	0.	0.	0.

CCIM-ST LOUIS METROPOLITAN AREA CHAPTER

43-1603966  
ATTACHMENT 6 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
C/O DAVID BIALES ST. LOUIS, MO 63102				
DAVID BUSKER 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
TONY KENNEDY 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
STEVE JACQUEMIN 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	VICE PRESIDENT 1.00	0.	0.	0.
LAWRENCE REED 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
TOM BAJARDI 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	FORMER PRESIDENT 1.00	0.	0.	0.

CCIM-ST LOUIS METROPOLITAN AREA CHAPTER

43-1603966  
ATTACHMENT 6 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
EMERSON SUTTON JR 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
CHERYL MUNIZ 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
STEVEN J. THARPE 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	PRESIDENT 1.00	0.	0.	0.
TIFFANY WIEGERS 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	DIRECTOR 1.00	0.	0.	0.
DAVID BIALES 211 N BROADWAY, SUITE 2075 C/O DAVID BIALES ST. LOUIS, MO 63102	TREASURER 1.00	0.	0.	0.
<u>GRAND TOTALS</u>		<u>0.</u>	<u>0.</u>	<u>0.</u>