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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

OMB No 1545-1150

2010

**Open to Public  
Inspection**

**A For the 2010 calendar year, or tax year beginning** , and ending**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**WOMEN'S COUNCIL OF REALTORS FLORIDA  
STATE CHAPTER, INC.**D Employer identification number**

59-2158240

Number and street (or P O box, if mail is not delivered to street address)

8771 SOUTH LAKE CIRCLE

Room/suite

**E Telephone number**

239-770-5394

City or town, state or country, and ZIP + 4

FORT MYERS FL 33908

**F Group Exemption**

Number

**G Accounting Method**  Cash  Accrual Other (specify) ►**I Website** ► N/A**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.

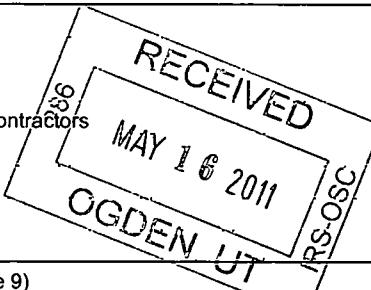
**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,**

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 180,666

**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 

<b>Revenue</b>  <b>1</b> Contributions, gifts, grants, and similar amounts received <b>2</b> Program service revenue including government fees and contracts <b>3</b> Membership dues and assessments <b>4</b> Investment income <b>5a</b> Gross amount from sale of assets other than inventory <b>b</b> Less cost or other basis and sales expenses <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) <b>6</b> Gaming and fundraising events <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) <b>b</b> Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) <b>c</b> Less direct expenses from gaming and fundraising events <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <b>7a</b> Gross sales of inventory, less returns and allowances <b>b</b> Less: cost of goods sold <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) <b>8</b> Other revenue (describe in Schedule O) <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>SEE STATEMENT</b>  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>5a</b>  <b>5b</b> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>6a</b>  <b>6b</b>  <b>6c</b> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>7a</b>  <b>7b</b> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>8</b>  <b>9</b> </div>	<b>1</b> 67,053 <b>2</b> <b>3</b> 63,615 <b>4</b> 1,888  <b>5c</b>  <b>6d</b>  <b>7c</b> <b>8</b> 48,110 <b>9</b> 180,666
	<b>10</b> Grants and similar amounts paid (list in Schedule O) <b>11</b> Benefits paid to or for members <b>12</b> Salaries, other compensation, and employee benefits <b>13</b> Professional fees and other payments to independent contractors <b>14</b> Occupancy, rent, utilities, and maintenance <b>15</b> Printing, publications, postage, and shipping <b>16</b> Other expenses (describe in Schedule O) <b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>10</b> <b>11</b> <b>12</b> 18,000 <b>13</b> 2,450 <b>14</b> 265 <b>15</b> <b>16</b> 148,945 <b>17</b> 169,660 <b>18</b> 11,006
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) <b>19</b> 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) <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) <b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>19</b> 138,725 <b>20</b> <b>21</b> 149,731





**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 33  X

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  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, 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  X

b If "Yes," has it filed a tax return on Form 990-T 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  X

37a 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? 37b  X

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? 38a  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

40a 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 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 40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d

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 40e  X

41 List the states with which a copy of this return is filed ► NONE42a The organization's books are in care of ► PENNY ERICKSENTelephone no ► 850-420-5554

388 BEACON WAY

Located at ► SANTA ROSA BEACH

FL

ZIP + 4

► 32459

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 ► \_\_\_\_\_

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.?

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  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  Xb 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  Xc Did the organization receive any payments for indoor tanning services during the year? 44c  Xd 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)?	45	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 may need to be completed instead of Form 990-EZ (see instructions)	45a	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	46	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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 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 <b>ROBIN L. MCKEEVER, 2011 PRESIDENT</b> Type or print name and title		Date
Paid Preparer Use Only	Preparer's name <b>WILLIAM L. TRICE</b> Firm's name ► <b>CRIPPEN, TRICE, FORD, TORRES, LLP</b> Firm's address ► <b>1900 SE 18TH AVE. OCALA, FL 34471-8312</b>	Preparer's signature <b>WILLIAM L. TRICE</b> Date 05/02/11	Check <input type="checkbox"/> if self-employed PTIN P00292820 Firm's EIN ► <b>59-2032210</b> Phone no <b>352-732-4260</b>

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

►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**
Department of the Treasury  
Internal Revenue Service**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.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization	WOMEN'S COUNCIL OF REALTORS FLORIDA STATE CHAPTER, INC.	Employer identification number 59-2158240
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## FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
BUSINESS MEETINGS/CONVENTIONS	\$ 39,264
EDUCATION INCOME	\$ 7,507
WAYS & MEANS	\$ 1,250
OTHER INCOME	\$ 89
TOTAL	\$ 48,110

## FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
POSTAGE	\$ 88
PRINTING	\$ 94
INSTALLATION BANQUET	\$ 9,000
EXECUTIVE RETREAT	\$ 8,238
HOSPITALITY SUITE	\$ 1,434
BUSINESS MEETINGS AND CONVENT	\$ 46,889
AWARDS	\$ 1,299
BANK CHARGES	\$ 110
TRADE SHOW BOOTH/MARKETING	\$ 978
DISCRETIONARY FUND/GIFTS	\$ 1,067
DISTRICT VICE PRESIDENTS	\$ 4,000
GOVERNORS	\$ 13,311
LEADERSHIP DEVELOPMENT	\$ 100
NATIONAL PRESIDENT	\$ 911

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

Page 2

Name of the organization	WOMEN'S COUNCIL OF REALTORS FLORIDA		Employer identification number
NOMINATING	\$	466	59-2158240
PRESIDENT	\$	8,969	
PRESIDENT ELECT	\$	4,678	
SPEAKER FEES/EDUCATION	\$	10,110	
STATE FOCUS	\$	270	
SPONSOR PACKAGE	\$	4,746	
V PRESIDENT/SECRETARY/TRE	\$	10,850	
PAST PRESIDENTS DINNER	\$	1,864	
PRES. INSTALL SPONSORS EX	\$	11,970	
SUPPLIES	\$	267	
TECHNOLOGY/WEB SITE	\$	4,736	
REGIONAL VICE PRESIDENT	\$	2,500	
TOTAL	\$	148,945	

## FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
AUDIO-VISUAL EQUIPMENT	\$ 2,013	\$ 2,013
LESS ACCUMULATED DEPRECIATION	\$ 957	\$ 1,221
TOTAL	\$ 1,056	\$ 792

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0	\$ 1,608
DEFERRED REVENUE	\$ 52,053	\$ 19,000

**Form 4562**Department of the Treasury  
Internal Revenue Service  
(99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2010**Attachment  
Sequence No. **67**Name(s) shown on return **WOMEN'S COUNCIL OF REALTORS FLORIDA  
STATE CHAPTER, INC.**Identifying number  
**59-2158240**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	227

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	38
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	265
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 4562 (2010)