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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. 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

2010Open 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
COMMERCIAL REAL ESTATE WOMEN TAMPA BAY, INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 280564
 City or town, state or country, and ZIP + 4
TAMPA, FL 33682-0564

D Employer identification number
59-3450478

E Telephone number
813-205-2138

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ **WWW.CREWTAMPABAY.ORG**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 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. ▶ \$ **176,784.**

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	67,764.
	2	Program service revenue including government fees and contracts	2	34,588.
	3	Membership dues and assessments	3	24,907.
	4	Investment income	4	969.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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 \$ 11,764. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	48,053.
	c	Less direct expenses from gaming and fundraising events	6c	32,055.
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,998.
	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) RECEIVED	8	503.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	144,729.
Net Assets/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	34,000.
	13	Professional fees and other payments to independent contractors	13	241.
	14	Occupancy, rent, utilities, and maintenance	14	22,978.
	15	Printing, publications, postage, and shipping	15	745.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	89,469.
	17	Total expenses. Add lines 10 through 16	17	147,433.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<2,704.>
	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	54,534.
	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	51,830.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	54,534.	53,810.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	0.	3,825.
25 Total assets	54,534.	57,635.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	5,805.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,534.	51,830.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

28 SEE SCHEDULE O	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
BRENDA DOHRING HICKS	PRESIDENT			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
LEIGH FLETCHER	SECRETARY			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
MARY AYO	TREASURER			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
ROXANNE AMOROSO	DIRECTOR, SPONSORSHIP			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
JULIA RETTIG	NATIONAL DELEGATE			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
PENNY HULBERT	PRESIDENT ELECT			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
NANCY PHANEUF	DIRECTOR			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
CRISTINA CARELLI	DIRECTOR, MEDIA/PR			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
DEBORAH DOWD	DIRECTOR AT LARGE			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
ELIZABETH RYAN	DIRECTOR, MEMBERSHIP			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
GINA SPACE	DIRECTOR, PROGRAMS			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.
DEBORAH SHERIDAN	DIRECTOR			
PO BOX 280564, TAMPA, FL 33682-0564	2.00	0.	0.	0.

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

	Yes	No
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	
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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
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b If "Yes," has it filed a tax return on Form 990-T for this year?

35b	N/A	
-----	-----	--

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
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.

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
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **N/A**, section 4912 **N/A**, section 4955 **N/A**

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	N/A	
-----	-----	--

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

N/A

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

N/A

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
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41 List the states with which a copy of this return is filed **FL**

42a The organization's books are in care of **SHERYL L. SMITH**

Telephone no **813-205-2138**

Located at **1303 W. PATTERSON ST., TAMPA, FL**

ZIP + 4 **33604**

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)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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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 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X

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		X
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c Did the organization receive any payments for indoor tanning services during the year?

44c		X
-----	--	---

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		
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45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
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	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 ☐

47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
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
N/A				

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" N/A

(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 *Penney Hubert* Date 9/16/11
Type or print name and title Penney Hubert - President

Paid Preparer Use Only Print/Type preparer's name Janica A. Reticca Preparer's signature *Janica Reticca* Date 9-7-11 Check ☐ if self-employed PTIN
Firm's name CHERRY, BEKAERT & HOLLAND, L.L.P. Firm's EIN
Firm's address 1111 METROPOLITAN AVENUE, SUITE 1000 Phone no 704-377-1678
CHARLOTTE, NC 28204

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Employer identification number
59-3450478

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐
- Yes
- ☐
- No

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| Total | | | | | | |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

COMMERCIAL REAL ESTATE WOMEN

Schedule G (Form 990 or 990-EZ) 2010 **TAMPA BAY, INC.**

59-3450478 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GO FISH! (event type)	(b) Event #2 SILENT AUCTION (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	39,435.	20,382.		59,817.
	2 Less: Charitable contributions		11,764.		11,764.
	3 Gross income (line 1 minus line 2)	39,435.	8,618.		48,053.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		5,758.		5,758.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,084.	1,213.		26,297.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(32,055)
	11 Net income summary. Combine line 3, column (d), and line 10				15,998.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

COMMERCIAL REAL ESTATE WOMEN

Schedule G (Form 990 or 990-EZ) 2010 TAMPA BAY, INC.

59-3450478 Page 3

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.

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COMMERCIAL REAL ESTATE WOMEN
TAMPA BAY, INC.

Employer identification number
59-3450478

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	969.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	503.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSES	5,710.
TRAVEL	6,831.
INSURANCE	405.
CONFERENCE REGISTRATIONS	2,110.
WEBSITE EXPENSES	7,204.
MEMBERSHIP EXPENSES	8,076.
MISCELLANEOUS	4,584.
CONFERENCES, CONVENTIONS, MEETINGS	11,187.
PHILANTHROPIC PROGRAMS	18,735.
SPONSORSHIPS/SCHOLARSHIPS	11,148.
ARTLOUD DOWNTOWN	13,479.
TOTAL TO FORM 990-EZ, LINE 16	89,469.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER ASSETS	0.	3,825.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER LIABILITIES	0.	5,805.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - CREW TAMPA BAY PROVIDES A FORUM FOR WOMEN IN COMMERCIAL REAL ESTATE TO DO BUSINESS TOGETHER AND EDUCATES AND ELEVATES OUR MEMBERS TO BE RECOGNIZED AS THE EXPERTS IN THE INDUSTRY. CREW TAMPA BAY IS THE ASSOCIATION OF CHOICE FOR THE MOST POWERFUL AND INFLUENTIAL PROFESSIONAL WOMEN IN THE COMMERCIAL REAL ESTATE INDUSTRY.

CREW'S CORE VALUES ARE THE FOLLOWING:

1. PROFESSIONAL COMMUNITY: PASSIONATE COMMITMENT TO MUTUAL ASSISTANCE; MULTI-DISCIPLINARY; RESPONSIVE, LOYAL AND SUPPORTIVE RELATIONSHIPS.
2. EXCELLENCE: PROGRESSIVE AND INNOVATIVE; RELENTLESS PURSUIT OF QUALITY AND INTEGRITY IN BUSINESS AND PROFESSIONAL RELATIONSHIPS.
3. LEADERSHIP: VISIONARY, DYNAMIC AND SOLUTION-ORIENTED.
4. COMMITMENT: FOCUSED ON ADVANCING WOMEN IN COMMERCIAL REAL ESTATE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION SEEKS TO ACHIEVE ITS EXEMPT PURPOSE BY HOLDING MONTHLY LUNCHEON MEETINGS WITH SPEAKERS WHO ARE LEADERS IN THE REAL ESTATE INDUSTRY AND OTHER EVENTS TO PROVIDE MEMBERS THE OPPORTUNITY TO NETWORK AND MENTOR EACH OTHER. ADDITIONALLY, THE ORGANIZATION PUBLISHES A QUARTERLY NEWSLETTER WITH REAL ESTATE RELATED INDUSTRY NEWS AND JOB OPPORTUNITIES. THERE ARE 100

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.

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COMMERCIAL REAL ESTATE WOMEN
TAMPA BAY, INC.

Employer identification number
59-3450478

MEMBERS. IN ORDER TO PROMOTE THE GROUP AND ITS MEMBERS IN THE
COMMUNITY, THE ORGANIZATION ALSO PERFORMS SPECIFIC PHILANTHROPIC
ACTIVITIES INCLUDING RAISING FUNDS FOR THE CENTER FOR GIRLS AND
PROVIDING SCHOLARSHIPS FOR MEMBERS TO ATTEND THE CREW NATIONAL
ORGANIZATION ANNUAL CONVENTION AND PARTICIPATE IN TRAINING PROGRAMS.

FORM 990-EZ, PART V, QUESTION 34

CHANGES TO GOVERNING DOCUMENTS

DURING 2009, THE BOARD OF DIRECTORS CREATED A SUBCOMMITTEE TO REVIEW
THE ORGANIZATION'S BYLAWS WHICH HAD NOT BEEN REVIEWED SINCE 2001. WITH
APPROVAL OF TWO THIRDS OF THE MAJORITY VOTE OF THE MEMBERSHIP, THE
AMENDMENTS TO THE BYLAWS WERE ADOPTED JANUARY 1, 2010. THE BYLAW
MODIFICATIONS INCLUDED THE FOLLOWING:

- DEFINITION OF MEMBERSHIP CLASSES WAS REVISED TO INCLUDE THREE
MEMBERSHIP CLASSES: ASSOCIATE MEMBER, MEMBER AND EXECUTIVE MEMBER.
- SPECIFIC QUALIFICATION REQUIREMENTS WITHIN THE FIELD OF COMMERCIAL
REAL ESTATE AND THE CATEGORIES OF COMMERCIAL REAL ESTATE EXPERIENCE
WERE REVISED TO PROVIDE FOR THESE TO BE DETERMINED BY THE BOARD OF
DIRECTORS.
- SPONSOR QUALIFICATIONS WAS AMENDED TO INCLUDE ANY COMPANY OR
PROFESSIONAL SPONSORING A MEETING OR EVENT, AND ANNUAL SPONSORSHIP
BENEFITS TO BE DETERMINED BY THE BOARD OF DIRECTORS.
- MEMBERSHIP COMMITTEE DUTIES WERE MODIFIED AND INCLUDE THAT
RECOMMENDATIONS OF QUALIFIED MEMBER TO BE SUBMITTED TO BOARD OF
DIRECTORS FOR APPROVAL.

- SELECTION OF BOARD NOMINATION COMMITTEE WAS MODIFIED TO PROVIDE FOR

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

COMMERCIAL REAL ESTATE WOMEN
TAMPA BAY, INC.

Employer identification number
59-3450478

THE PRESIDENT-ELECT (WITH BOARD APPROVAL) TO APPOINT FOUR ACTIVE
MEMBERS TO SERVE ON THE COMMITTEE, AND THAT THE RECOMMENDATIONS OF THE
NOMINATING COMMITTEE BE RATIFIED BY THE BOARD OF DIRECTORS PRIOR TO THE
ELECTION.

- THE PROVISIONS OF ELECTION OF OFFICES/BOARD NOMINATIONS WERE MODIFIED
TO REQUIRE THE SLATE TO BE RATIFIED BY BOARD OF DIRECTORS.

- AMENDED ARTICLE XI - AMENDMENTS TO PROVIDE THAT FURTHER AMENDMENTS TO
BYLAWS REQUIRE TWO THIRDS OF THE MAJORITY VOTE OF THE BOARD OF
DIRECTORS.

Employer identification number
59-3450478

[illegible]

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization COMMERCIAL REAL ESTATE WOMEN TAMPA BAY, INC.	Employer identification number 59-3450478
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 280564	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TAMPA, FL 33682-0564	

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARY AYO

- The books are in the care of ► **400 N. TAMPA STREET SUITE 1010 - TAMPA, FL 33602**
Telephone No. ► **813-229-7800** FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2010** or
► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**LHA For Paperwork Reduction Act Notice, see Instructions.****Form 8868 (Rev. 1-2011)**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization	Employer identification number	
	COMMERCIAL REAL ESTATE WOMEN TAMPA BAY, INC.	59-3450478	
	Number, street, and room or suite no. If a P O box, see instructions		
	PO BOX 280564		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	TAMPA, FL 33682-0564		

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SHERYL L. SMITH

- The books are in the care of ☒ 1303 W. PATTERSON ST. - TAMPA, FL 33604

Telephone No. ☒ 813-205-2138

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ William B Title ☒ manager

Date ☒ 8.9.11

Form 8868 (Rev. 1-2011)