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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
COMMERCIAL REAL ESTATE WOMEN -
NORTHERN VIRGINIA INC

Number and street (or P O box, if mail is not delivered to street address) 1201 WAKARUSA DR SUITE C3	Room/suite
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City or town, state or country, and ZIP + 4
LAWRENCE, KS 66049

D Employer identification number



62-1301828

E Telephone number


F Group Exemption
Number

G Accounting method ☐ Cash ☒ Accrual Other (specify) ☐ _____

I Website:  WWW.CREWNORTHERNVIRGINIA.ORG

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

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. \$ 69,230

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	13,600
	2	Program service revenue including government fees and contracts		2	27,050
	3	Membership dues and assessments		3	26,355
	4	Investment income		4	220
	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 \$ 2,005 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	2,005
	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	69,230	
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	3,600
	14	Occupancy, rent, utilities, and maintenance		14	1
	15	Printing, publications, postage, and shipping		15	517
	16	Other expenses (describe in Schedule O)		16	71,231
	17	Total expenses. Add lines 10 through 16		17	75,349
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,119
	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	82,667
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	76,548

Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	84,001	22	77,369
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	9,361	24	2,336
25	Total assets	93,362	25	79,705
26	Total liabilities (describe in Schedule O)	10,695	26	3,157
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	82,667	27	76,548

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose?
TO EDUCATE AND PROMOTE MEMBERS IN COMMERCIAL REAL ESTATE THE CHAPTER IS PART OF THE CREW NETWORK WHICH IS A BUSINESS NETWORKING ORGANIZATION ANY MONEY RAISED IS USED TO COVER THE COST OF MAINTAINING THE NETWORK AND PROVIDING ITS MEMBERS BUSINESS DEVELOPMENT, LEADERSHIP DEVELOPMENT, INDUSTRY RESEARCH AND CAREER OUTREACH

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 PROVIDES MONTHLY MEETINGS WITH SPEAKERS RELATED TO REAL ESTATE TOPICS FOR MEMBERS AND NON-MEMBERS ALSO PROVIDES NETWORKING OPPORTUNITIES FOR PROFESSIONALS WITHIN THE REAL ESTATE PROFESSION MEMBERS ALSO PARTICIPATE IN COMMUNITY SERVICE PROJECTS AND PUBLISH QUARTERLY NEWSLETTERS TO INFORM OTHER MEMBERS OF CHAPTER ACTIVITIES AND INDUSTRY DEVELOPMENTS
(Grants \$) If this amount includes foreign grants, check here ☐

29
(Grants \$) If this amount includes foreign grants, check here ☐

30
(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a)

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 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	No
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	No
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	No
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	No
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>HOLLY CARNEVALE</u> Telephone no ▶ <u>(443) 745-1272</u> 7716 CASHLAND COURT Located at ▶ <u>ALEXANDRIA, VA</u> ZIP + 4 ▶ <u>22315</u>		
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 .	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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
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		2011-05-13 Date		
	HOLLY CARNEVALE TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MICHELE C HAMMANN CPA	Date 2011-05-16	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	SS&C SOLUTIONS INC 4910 CORPORATE CENTRE DR STE 150 LAWRENCE, KS 66047				Phone no (785) 838-4484

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 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 - NORTHEN VIRGINIA INC	Employer identification number 62-1301828
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Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL 13,972 CONFERENCES/MEETINGS 4,253 INSURANCE 405 MEMBERSHIP EXPENSE 15,388 PROGRAM EXPENSE 17,918 CONTRIBUTIONS 1,600 WEB/COMPUTER EXPENSE 3,923 SPONSORSHIP EXPENSE 5,391 BANK & CREDIT CARD FEES 1,133 ADMINISTRATIVE FEE 6,920 SUPPLIES 328 TOTAL 71,231

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 8,236 2,336 PREPAID EXPENSES AND DEFERRED CHARGES 1,125 0 TOTAL 9,361 2,336

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PA YABLE AND ACCRUED EXPENSES 5 382 PREPAID DUES 4,790 2,775 PREPAID SPONSORSHIP REVENUE 5,900 0

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO EDUCATE AND PROMOTE MEMBERS IN COMMERCIAL REAL ESTATE THE CHAPTER IS PART OF THE CREW NETWORK WHICH IS A BUSINESS NETWORKING ORGANIZATION ANY MONEY RAISED IS USED TO COVER THE COST OF MAINTAINING THE NETWORK AND PROVIDING ITS MEMBERS BUSINESS DEVELOPMENT, LEADERSHIP DEVELOPMENT, INDUSTRY RESEARCH AND CAREER OUTREACH

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	PROVIDES MONTHLY MEETINGS WITH SPEAKERS RELATED TO REAL ESTATE TOPICS FOR MEMBERS AND NON-MEMBERS ALSO PROVIDES NETWORKING OPPORTUNITIES FOR PROFESSIONALS WITHIN THE REAL ESTATE PROFESSION MEMBERS ALSO PARTICIPATE IN COMMUNITY SERVICE PROJECTS AND PUBLISH QUARTERLY NEWSLETTERS TO INFORM OTHER MEMBERS OF CHAPTER ACTIVITIES AND INDUSTRY DEVELOPMENTS

TY 2010 Compensation Explanation

Name: COMMERCIAL REAL ESTATE WOMEN -
NORTHEN VIRGINIA INC










EIN: 62-1301828

Person Name	Explanation
JULIE MAZA	
KATIE GOLDEN	
DEBBY ALLEN	
NANCY PAYNE	
RHONDA HAMMACK	
KATHERINE CICCIO	
CHASITY JANSO	
LOUISE ZIMMERMAN WHITE	
MONICA TRESSLER	

Additional Data

Software ID:
Software Version:
EIN: 62-1301828
Name: COMMERCIAL REAL ESTATE WOMEN -
NORTHEN VIRGINIA INC

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
JULIE MAZA  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	PAST PRESIDE 1 00	0		
KATIE GOLDEN  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	SECRETARY 1 00	0		
DEBBY ALLEN  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	PRESIDENT 6 00	0		
NANCY PAYNE  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	PRESIDENT EL 2 00	0		
RHONDA HAMMACK  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	TREASURER 1 00	0		
KATHERINE CICCIO  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	MEMBERSHIP C 3 00	0		
CHASITY JANS  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	PROGRAMS CHA 3 00	0		
LOUISE ZIMMERMAN WHITE  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	COMMUNICATIO 1 00	0		
MONICA TRESSLER  1201 WAKARUSA DR SUITE C3 LAWRENCE, KS 66049	COMMUNITY SE 1 00	0		