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Short Form Return of Organization Exempt From Income Tax

2011

**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

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

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable	C Name of organization	D Employer identification number
<input checked="" type="checkbox"/> Address change	ST. LOUIS CCIM CHAPTER Number and street (or P O box, if mail is not delivered to street address) Room/suite 12777 OLIVE BLVD. City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63141	43-1603966
<input checked="" type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(314) 576-0033
<input type="checkbox"/> Terminated		F Group Exemption Number ▶
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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: ▶ _____

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 or a section 527 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. **\$ 83,667.**

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	27,928.
	3 Membership dues and assessments	3	51,980.
	4 Investment income	4	34.
	5 a 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 exceeds \$15,000)	6b		
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		
7 a 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) ATCH 2	8	3,725.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,667.	
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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	760.
	16 Other expenses (describe in Schedule O) ATCH 3	16	62,803.
17 Total expenses. Add lines 10 through 16	17	63,563.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,104.
	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	19,477.
	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	39,581.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2011)

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Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
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 SUSAN WAGNER Telephone no 314-576-0033 Located at 12777 OLIVE BLVD ST LOUIS, MO ZIP + 4 63141
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 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?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	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	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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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: DAVID BUSKER, PRESIDENT Date: 11/13/2012

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SHAWN BECKER Preparer's signature: Shawn Becker Date: 10-29-12 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

2011

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

ST. LOUIS CCIM CHAPTER

Employer identification number

43-1603966

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	34.
TOTAL	<u>34.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS	3,725.
TOTALS	<u>3,725.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	265.
CONFERENCES, CONVENTIONS	40,159.
ADMINISTRATIVE FEES	13,079.
MISCELLANEOUS	6,460.
TAXES	500.
INSTALLATION	2,340.
TOTAL	<u>62,803.</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	19,477.	39,581.
TOTALS	<u>19,477.</u>	<u>39,581.</u>

Name of the organization

ST. LOUIS CCIM CHAPTER

Employer identification number

43-1603966

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.

ATTACHMENT 6FORM 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>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
MATT HRUBES 12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	DIRECTOR 1.00	0	0	0
REBEKAH BAHN 12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	DIRECTOR 1.00	0	0	0
DAN MERLO 12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	DIRECTOR 1.00	0	0	0
VINCE BAJARDI 12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	DIRECTOR 1.00	0	0	0
TOM RAY 12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	DIRECTOR 1.00	0	0	0
JIM ROSEN 12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	DIRECTOR 1.00	0	0	0
DAVID BUSKER	DIRECTOR			

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

NAME AND ADDRESS	TITLE AND		HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
	AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (FORM W-2/		
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	1.00		0	0
TONY KENNEDY		DIRECTOR		
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	1.00		0	0
STEVE JACQUEMIN		VICE PRESIDENT		
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	1.00		0	0
LAWRENCE REED		DIRECTOR		
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	1.00		0	0
TOM BAJARDI		FORMER PRESIDENT		
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	1.00		0	0
EMERSON SUTTON JR		DIRECTOR		
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141	1.00		0	0
CHERYL MUNIZ		DIRECTOR		
	1.00		0	0

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 (FORM W-2/	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141				
STEVEN J. THARPE	PRESIDENT 1.00	0	0	0
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141				
TIFFANY WIEGERS	DIRECTOR 1.00	0	0	0
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141				
DAVID BIALES	TREASURER 1.00	0	0	0
12777 OLIVE BLVD. C/O SUSAN WAGNER ST. LOUIS, MO 63141				
GRAND TOTALS		0	0	0

Application for Extension of Time To File an Exempt Organization Return

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
CCIM-ST LOUIS METROPOLITAN AREA CHAPTER	<input checked="" type="checkbox"/> 43-1603966
Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
211 N BROADWAY, SUITE 2075	<input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions	
ST. LOUIS, MO 63102	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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	01	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

- The books are in the care of DAVID BIALES

Telephone No 314 261-7368

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 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

calendar year 20 11 or

tax year beginning _____, 20 _____, and ending _____, 20 _____

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 \$
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 \$
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 \$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.