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OMB No 1545-1150

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

**Open to Public Inspection** 

		e 2012 calenda <mark>r year, or tax year beginning 01-01-2012 , and ending 12-31-2012</mark>			
		COLUMBUS COMMEDITAL DEAL FOTATE	er ide	entification number	
Address change WOMEN		WOMEN 31-124	5428		
	Name change  Number and street (or P O box, if mail is not delivered to street address) Room/suite  Initial return  Room/suite		<b>E</b> Telephone number		
_	nitiai re Fermina	Stuffi			
_		city or town, state or country, and ZIP + 4	xempti	ion	
_		DUBLIN, OH 43016 Number		<b>-</b>	
<b>G</b> A	ccoun	H Check ► ✓ If the required to attach			
T 14		(Form 990, 990-E	Z, or	990-PF)	
		e: ► WWW CREWCOLS ORG			
		npt status(check only one) — 501(c)(3)			
nori	mally	▶ In the organization is not a section 509(a)(3) supporting organization or a section 527 organization <b>and</b> inot more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ons) But if the organization chooses to file a return, be sure to file a complete return			
		es 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total as: (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	1	9,800	
	2	Program service revenue including government fees and contracts	2	18,849	
	3	Membership dues and assessments	3	11,052	
	4	Investment income	4	51	
	5a	Gross amount from sale of assets other than inventory 5a			
a	b	Less cost or other basis and sales expenses	1		
Ĕ	°	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
Revenue	_	Gaming and fundraising events	JC		
œ	6				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a			
	ь	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 2,050			
	c	Less direct expenses from gaming and fundraising events 6c 4,006			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,956	
	7a	Gross sales of inventory, less returns and allowances			
	ь	Less cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8	1,079	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,875	
	10	Grants and similar amounts paid (list in Schedule O)	10	, -	
	11	Benefits paid to or for members	11		
w	12		12	17.577	
150	13	Professional fees and other payments to independent contractors	13	17,577	
Expenses	14	Occupancy, rent, utilities, and maintenance	14		
ũ	15	Printing, publications, postage, and shipping	15	18	
	16	Other expenses (describe in Schedule O)	16	13,115	
	17	Total expenses. Add lines 10 through 16	17	30,710	
Ď	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,165	
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
ă A		end-of-year figure reported on prior year's return)	19	34,940	
ž	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	43,105	

Check if the organization used	Schedule O to respond to	any question in this P	art II	<u></u>	<u> </u>
		(A	<b>)</b> Beginning of year		(B) End of year
22 Cash, savings, and investments			34,940	22	43,105
23 Land and buildings			·	23	·
24 Other assets (describe in Schedule O				24	
25 Total assets			34,940	25	43,105
26 Total liabilities (describe in Schedule (			/	26	,
27 Net assets or fund balances (line 27 of	•	th line 21)	34,940	27	43,105
Part III Statement of Program	Service Accomplish	nents (see the instruction	ns for Part III)	Τ	Expenses
Check if the organization used				(Re	quired for section 501
What is the organization's primary exempt PROFESSIONAL ORGANIZATION COMMREAL ESTATE		EMENT OF WOMEN I	N COMMERCIAL	org	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
Describe the organization's program servic measured by expenses. In a clear and cond benefited, and other relevant information fo	ise manner, describe the s			J Opt	
28 PUBLICATION OF QUARTERLY NEWS INDUSTRY DEVELOPMENT					
	s amount includes foreign	<del>,</del>	,	28a	
29 FACILITATION OF MONTHLY PROGRAINDUSTRY DEVELOPMENT (Grants \$ ) If this	ams to inform membe s amount includes foreign			29a	
30 OTHER	s amount metades foreign	grants, eneck here :		29a	
	s amount includes foreign	grants, check here .	▶┌	30a	
31 Other program services (describe in Sci	nedule O )		·		
(Grants \$ ) If this	s amount includes foreign	grants, check here .	▶ ┌	31a	
32 Total program service expenses (add line				32	
Part IV List of Officers, Directors, Trus Check if the organization used					
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o dans,	(e) Estimated amoun of other compensation
See Additional Data Table					

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>		
			Yes	No		
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	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)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
С	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? If "Yes," complete Schedule C, Part III	35c	Yes			
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					
ь	Did the organization file Form 1120-POL for this year?	37b		Νo		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9					
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		Νo		
41	List the states with which a copy of this return is filed 🕨					
42a	The organization's books are in care of ► KATHY DOWNEY Telephone no	o 🟲 <u>(614)480-</u>		-6860		
	Located at F 555 METRO PLACE NORTH DUBLIN, OH ZIP + 4	43	3017			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No		
	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.					
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	<b>42</b> c		Νo		
	If "Yes," enter the name of the foreign country					
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<u>▶</u> Г		
			Yes	No		
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		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		
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			140		
_	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo		
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ (2	.012)							Page 4
							Yes	No
	ganization engage, directly s for public office? If "Yes,"				or in opposition to			No
Al	ection 501(c)(3) orga I section 501(c)(3) orga		questions 47-49b ar	nd 52, a	and complete the	table:	for lir	nes 50
	nd 51 neck if the organization used	d Schedule O to respond t	o any question in this P	art VI				Γ
							Yes	No
	ganızatıon engage ın lobbyıı complete Schedule C, Part I		tion 501(h) election in	effect d	uring the tax year?	. 47		
<b>18</b> Is the org	anızatıon a school as descr	ribed in section 170(b)(1)(	A)(11)? If "Yes," comple	ete Sche	edule E .	. 48		
<b>19a</b> Did the or	ganızatıon make any transfe	ers to an exempt non-char	ritable related organizat	tion?		. 49a		
<b>b</b> If"Yes," v	was the related organization	a section 527 organization	on?			. 49b		
	this table for the organizati							
	s) who each received more to title of each employee paid	than \$100,000 of compen <b>(b)</b> A verage	(c) Reportable		there is none, ente Health benefits,		e " tımated	amoun
. ,	than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	emplo	ontributions to yee benefit plans, and deferred ompensation	1 ' '	rcompe	
					ompensation			
						1		
<b>f</b> Total nu	mber of other employees pa	nd over \$100,000				<u> </u>		
						<b>▶</b>		
51 Complete	mber of other employees pa this table for the organizations to the organization from the organization	on's five highest compens		· · · ·	· · · · · · · · who each received	▶more th	an \$10	0,000
51 Complete of compen	this table for the organizati	on's five highest compens n If there is none, enter "l	None "	1	who each received		an \$10	
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen	this table for the organizati sation from the organization	on's five highest compens n If there is none, enter "l	None "	1				
51 Complete of compen  (a) Name	this table for the organizationsation from the organization and address of each indepe	on's five highest compens n If there is none, enter "I ndent contractor paid mor	None " e than \$100,000	(b)	Type of service			
51 Complete of compen (a) Name  d Total nu	this table for the organizations at the organization from the organization and address of each indepe	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000	(b)	Type of service			
d Total nu	this table for the organizationsation from the organization and address of each indepe	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " e than \$100,000  i over \$100,000  i 501(c)(3) organizatio	(b)	Type of service		ompen	sation
d Total nu Did the nonexer	this table for the organizations at the organization from the organization and address of each indepedant and address of each indepedant of other indepedent organization complete Sche	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	e than \$100,000  over \$100,000  1 501(c)(3) organization ule A	(b)	Type of service	(c) C	Yes	sation
d Total nu  Total nu  Did the nonexer  nder penalties on wiedge and be nowledge.	this table for the organization from the organization and address of each indeperation and address of each indeperation and address of each indeperation organization complete Schempt charitable trusts must a corporate or the corporation of t	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	e than \$100,000  over \$100,000  1 501(c)(3) organization ule A	(b)	Type of service	(c) C	Yes	sation
d Total nu  Total nu  Did the nonexer  nowledge and b nowledge.	this table for the organization sation from the organization and address of each indeperation and address of each indeperation of other independent of organization complete Schempt charitable trusts must a possible from the charitable trusts must be considered in the charitable trusts must be	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	e than \$100,000  over \$100,000  1 501(c)(3) organization ule A	(b)	Type of service	(c) C	Yes	sation
d Total nu  2 Did the nonexer  nder penalties chowledge and benowledge.	this table for the organization sation from the organization and address of each indeperation and address of each indeperation of other independent of organization complete Schempt charitable trusts must also of perjury, I declare that I have elief, it is true, correct, and contains the correct of officer states of other s	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	e than \$100,000  over \$100,000  1 501(c)(3) organization ule A	(b)	Type of service  1947(a)(1)  1947(a)(1)  2013-07-26	(c) C	Yes	sation s No
d Total nu 52 Did the nonexer  nder penalties chowledge and benowledge.	this table for the organization from the organization and address of each indeperation and address of each indeperation and address of each indeperation organization complete. So the mpt charitable trusts must a configuration of perjury, I declare that I have elief, it is true, correct, and configuration of officer.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? <b>NOTE:</b> All Section attach a completed Sched	e than \$100,000  yover \$100,000  n 501(c)(3) organization ule A  uding accompanying scheoarer (other than officer)	(b)	Type of service  1947(a)(1)  1947(a)(1)  2013-07-26  Date	(c) C	Yes	sation s No
d Total nu 52 Did the nonexer  nder penalties chowledge and benowledge.	mber of other independent organization and address of each independent organization organization and address of each independent organization complete Schempt charitable trusts must an of perjury, I declare that I have elief, it is true, correct, and contains the second of the second organization organization complete Schempt charitable trusts must are second organization organization complete.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, incling complete. Declaration of prep	e than \$100,000  yover \$100,000  n 501(c)(3) organization ule A  uding accompanying schoolarer (other than officer)	(b)	Type of service  1947(a)(1)  1947(a)(1)  2013-07-26  Date  Check f f self-employed	(c) C	Yes	sation s No
d Total nu 52 Did the nonexer  nder penalties chowledge and benowledge.	this table for the organization sation from the organization and address of each indeperation and address of each indeperation of other independent of organization complete Schempt charitable trusts must a soft perjury, I declare that I have elief, it is true, correct, and contains the same of officer satisfies the same of officer satisfies and the satisfies of the satisfies of the satisfies and the satisfies and title satisfies and title satisfies and title satisfies and s	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclusion omplete. Declaration of prep	e than \$100,000  yover \$100,000  n 501(c)(3) organization ule A  uding accompanying schoolarer (other than officer)	(b)	Type of service  1947(a)(1) 1947(a)(1) 2013-07-26 Date  Check If PTIN	(c) C	Yes	sation s No

#### **Additional Data**

Software ID: Software Version:

**EIN:** 31-1245428

Name: COLUMBUS COMMERCIAL REAL ESTATE

WOMEN

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

hours per week devoted to position	compensation (Forms W-2/1099-	contributions to	
devoted to position	(Forms W-2/1000-		1
	(1 011113 W-2/1099-	employee benefit plans,	of other
	MISC) (if not paid,	and deferred	compensation
	enter -0-)	compensation	
1 00	0		
1 00	0		
1 00	0		
3 00	0		
1 00	0		
1 00	0		
1 00	0		
1 00	0		
	1 00 1 00 3 00 1 00 1 00	1 00 0  1 00 0  3 00 0  1 00 0  1 00 0	1 00       0         1 00       0         1 00       0         1 00       0         1 00       0         1 00       0

DLN: 93492227004713

## OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** COLUMBUS COMMERCIAL REAL ESTATE WOMEN 31-1245428 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page <b>2</b>
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an			ddu
A	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ich amiliated gro	up members nam	e, address, EIN,
<u>B</u>	Check Frifthe filing organization checked box		ol" provisions app	oly		
	Limits on Lobbying E (The term "expenditures" means an		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 10	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				<u> </u>
_	Subtract line 1g from line 1a If zero or less, ente	•				
i	Subtract line 1f from line 1c If zero or less, ente					
i	If there is an amount other than zero on either lir		organization file	Form 4720 rep	ortina	
-	section 4911 tax for this year?					├ Yes ├ No
	4 Van A		Indon Coation	F01/b)		
	(Some organizations that made a columns below. See the		ection do not	: have to cor		he five
	Lobbying Expe	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Identifier

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			r age D
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(z	1)	(	b)
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i		Ļ		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912		L		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		L		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)	)(5), o		
			_	-	es No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'Iine 3, is answered "Yes."	`No" C	)(5), o )R (b)	r sec Part 1	tion III-A,
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
Ь	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

Schedule C (Form 990 or 990EZ) 2012

Explanation

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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.

2012
Open to Public

Inspection

Name of the organization
COLUMBUS COMMERCIAL REAL ESTATE
WOMEN

Employer identification number

31-1245428

Identifier	Return Reference	Explanation
DOING BUSINESS AS		CREW COLUMBUS
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	OTHER INCOME 1,069 MISC INCOME 10 TOTAL 1,079
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 650 SUPPLIES 125 LUNCHEONS 11,925 INSURANCE 415 TOTAL 13,115
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PROFESSIONAL ORGANIZATION COMMITTED TO THE ADVANCEMENT OF WOMEN IN COMMERCIAL REAL ESTATE
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	OTHER

TY 2012 Compensation Explanation							
	COLUMBUS COMMERCIAL REAL I WOMEN 31-1245428	ESTATE					
Person Na	me	Explanation					
SANDY STAYROOK							
KRISTEN EPPERT							
LIZ MCCOLEMAN							
KATHY DOWNEY							
MARY ANN POTTER LEWIS							
CONNI HATE							

DLN: 93492227004713

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JULIE PHILLIPS

SHANNON LANDRUM