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Form 990-EZ

# 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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012

, and ending 12-31-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization COMMERCIAL REAL ESTATE WOMEN OF ST LOUIS		D Employer identification number 43-1585106
Number and street (or P O box, if mail is not delivered to street address) 2191 LEMAY FERRY ROAD		E Telephone number (314) 633-6714
City or town, state or country, and ZIP + 4 ST LOUIS, MO 63125		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.CREWSTL.ORG](http://WWW.CREWSTL.ORG)J Tax-exempt status (check only one) —  501(c)(3)  501(c)( 6 ) (insert no)  4947(a)(1) or  527K 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 ► \$ 108,864

## 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 37,500
	2 Program service revenue including government fees and contracts . . . . .	2 25,675
	3 Membership dues and assessments . . . . .	3 43,635
	4 Investment income . . . . .	4 1,184
	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 \$ 7,500 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 870
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c 436
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 434
	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 . . . . . ►	9 108,428
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 6,000
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
Net Assets	13 Professional fees and other payments to independent contractors . . . . .	13 3,875
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 22
	15 Printing, publications, postage, and shipping . . . . .	15 1,164
	16 Other expenses (describe in Schedule O) . . . . .	16 86,278
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 97,339
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 11,089
	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) . . . . .	19 102,436
	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 . . . . . ►	21 113,525

**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	110,384	22	131,253
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,770	24	6,306
<b>25 Total assets</b>	<b>113,154</b>	<b>25</b>	<b>137,559</b>
<b>26 Total liabilities</b> (describe in Schedule O)	<b>10,718</b>	<b>26</b>	<b>24,034</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>102,436</b>	<b>27</b>	<b>113,525</b>

**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?

TO PROVIDE A COMMUNICATION NETWORK AMONG PROFESSIONALS IN THE FIELD OF COMMERCIAL REAL ESTATE (CRE), TO ENCOURAGE AND PROMOTE BUSINESS AND PROFESSIONAL OPPORTUNITIES FOR WOMEN IN THE FIELD OF CRE, TO PROVIDE ORGANIZATIONAL AND DEVELOPMENTAL SUPPORT TO MEMBERS AND POTENTIAL MEMBERS, TO FURTHER THE PROFESSIONAL DEVELOPMENT AND EXPERTISE OF THE MEMBERS THROUGH EDUCATIONAL OPPORTUNITIES, TO ESTABLISH AND ANNUALLY FUND A SCHOLARSHIP ENDOWMENT AND TO ESTABLISH A FUND TO SUPPORT CHARITABLE ENDEAVORS AS APPROVED BY THE BOARD, TO ACKNOWLEDGE AND PUBLICIZE THE ACCOMPLISHMENTS OF WOMEN IN THE FIELD OF CRE, TO PROMOTE THE HIGHEST PROFESSIONAL STANDARDS AMONG ITS MEMBERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 A COMMUNICATION NETWORK IS PROVIDED THROUGH CREW NETWORK AND THE CREW WEBSITE MONTHLY PROGRAMS AND EVENTS ARE PROVIDED THAT PROMOTE BUSINESS AND PROFESSIONAL OPPORTUNITIES, PROVIDE ORGANIZATIONAL AND DEVELOPMENTAL SUPPORT, FURTHER PROFESSIONAL DEVELOPMENT AND EXPERTISE OF THE MEMBERS AND ACKNOWLEDGE AND PUBLICIZE THE ACCOMPLISHMENTS OF WOMEN IN THE FIELD OF CRE. DELEGATES AND MEMBERS ARE SENT TO MEETINGS AND CONVENTIONS AT THE NATIONAL LEVEL TO DEVELOP LEADERS THAT PROMOTE THE HIGHEST PROFESSIONAL STANDARDS. THE CHAPTER PROVIDES AN ANNUAL GOLF TOURNAMENT FOR THE BENEFIT OF THE CHARITABLE ORGANIZATION - SAFE CONNECTIONS AND TWO EVENTS ANNUALLY THAT REACH OUT TO HIGH SCHOOL AND COLLEGE WOMEN INTERESTED IN A CAREER IN CRE. SIX 1,000 SCHOLARSHIPS WERE AWARDED IN 2012 TO HIGH SCHOOL SENIORS INTERESTED IN THE FIELD OF CRE

(Grants \$ ) If this amount includes foreign grants, check here   28a

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here   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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

**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

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a		
37b		No
38a		No
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41		
42a		
42b		No
42c		No
43		
44a		
44b		No
44c		No
44d		
45a		No
45b		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

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)?

b If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c 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

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

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?

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?

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

b Gross receipts, included on line 9, for public use of club facilities ► **39b**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ► **40b**

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **40c**

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

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ► **40e**

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The organization's books are in care of ► **CREW NETWORK** Telephone no ► (785) 832-1808  
Located at ► **1201 WAKARUSA DRIVE SUITE D LAWRENCE, KS** ZIP + 4 ► **66049**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
If "Yes," enter the name of the foreign country ► \_\_\_\_\_  
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside the U.S.?  
If "Yes," enter the name of the foreign country ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

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

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

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

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

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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization a school as 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?

**b** 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"

<b>(a)</b> Name and title of each employee paid more than \$100,000	<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC)	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> 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"

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> 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.

<b>Sign Here</b>	***** Signature of officer <b>JULIE KRAPF TREASURER</b> Type or print name and title	2013-05-09 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHELE C HAMMANN CPA	Preparer's signature MICHELE C HAMMANN CPA	Date 2013-05-09	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► SS&C SOLUTIONS INC			Firm's EIN ►	
	Firm's address ► 3320 CLINTON PARKWAY COURT SUITE 2 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.

**2012****Open to Public  
Inspection**

Name of the organization

COMMERCIAL REAL ESTATE WOMEN  
OF ST LOUIS**Employer identification number**

43-1585106

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO INDIVIDUALS	FORM 990- EZ, PART I, LINE 10	6,000 0 0
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	EXPENSES ADVERTISING 7,763 MEETING EXPENSES 3,235 INSURANCE 415 MEMBERSHIP EXPENSES 27,940 PROGRAM EXPENSES 23,808 SUPPLIES & MISC EXPENSE 286 WEB & COMPUTER EXPENSES 420 NATIONAL SPONSORSHIP 2,000 TRAVEL 5,950 BOARD EXPENSES 983 LEGAL EXPENSES 10 BANK FEES 1,666 FLOWERS/GIFTS 275 ADMINISTRATION EXPENSES 8,239 POSTAGE EXPENSE 251 SUPPLIES 62 DUES & SUBSCRIPTIONS 600 CHARITABLE CONTRIBUTIONS 2,375 TOTAL 86,278
OTHER ASSETS	FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 2,770 4,356 PREPAID EXPENSES AND DEFERRED CHARGES 0 1,950 TOTAL 2,770 6,306
OTHER LIABILITIES	FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 632 4,623 DEFERRED REVENUE 71 71 PREPAID DUES 6,115 8,140 PREPAID SPONSORSHIP REVENUE 2,900 11,200 ACCRUED EXPENSES 1,000 0
PRIMARY EXEMPT PURPOSE	FORM 990- EZ, PART III	TO PROVIDE A COMMUNICATION NETWORK AMONG PROFESSIONALS IN THE FIELD OF COMMERCIAL REAL ESTATE (CRE), TO ENCOURAGE AND PROMOTE BUSINESS AND PROFESSIONAL OPPORTUNITIES FOR WOMEN IN THE FIELD OF CRE, TO PROVIDE ORGANIZATIONAL AND DEVELOPMENTAL SUPPORT TO MEMBERS AND POTENTIAL MEMBERS, TO FURTHER THE PROFESSIONAL DEVELOPMENT AND EXPERTISE OF THE MEMBERS THROUGH EDUCATIONAL OPPORTUNITIES, TO ESTABLISH AND ANNUALLY FUND A SCHOLARSHIP ENDOWMENT AND TO ESTABLISH A FUND TO SUPPORT CHARITABLE ENDEAVORS AS APPROVED BY THE BOARD, TO ACKNOWLEDGE AND PUBLICIZE THE ACCOMPLISHMENTS OF WOMEN IN THE FIELD OF CRE, TO PROMOTE THE HIGHEST PROFESSIONAL STANDARDS AMONG ITS MEMBERS
FIRST ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 28	A COMMUNICATION NETWORK IS PROVIDED THROUGH CREW NETWORK AND THE CREW WEBSITE MONTHLY PROGRAMS AND EVENTS ARE PROVIDED THAT PROMOTE BUSINESS AND PROFESSIONAL OPPORTUNITIES, PROVIDE ORGANIZATIONAL AND DEVELOPMENTAL SUPPORT, FURTHER PROFESSIONAL DEVELOPMENT AND EXPERTISE OF THE MEMBERS AND ACKNOWLEDGE AND PUBLICIZE THE ACCOMPLISHMENTS OF WOMEN IN THE FIELD OF CRE. DELEGATES AND MEMBERS ARE SENT TO MEETINGS AND CONVENTIONS AT THE NATIONAL LEVEL TO DEVELOP LEADERS THAT PROMOTE THE HIGHEST PROFESSIONAL STANDARDS. THE CHAPTER PROVIDES AN ANNUAL GOLF TOURNAMENT FOR THE BENEFIT OF THE CHARITABLE ORGANIZATION - SAFE CONNECTIONS AND TWO EVENTS ANNUALLY THAT REACH OUT TO HIGH SCHOOL AND COLLEGE WOMEN INTERESTED IN A CAREER IN CRE. SIX 1,000 SCHOLARSHIPS WERE AWARDED IN 2012 TO HIGH SCHOOL SENIORS INTERESTED IN THE FIELD OF CRE

## TY 2012 Compensation Explanation

**Name:** COMMERCIAL REAL ESTATE WOMEN  
OF ST LOUIS  
**EIN:** 43-1585106

Person Name	Explanation
ANN SCHMELZLE	
AMY MISTLER	
COLLEEN WEST	
REBEKAH BAHN	
LAURA VALENTI	
ANGIE EARLYWINE	
MONICA CONNERS	
STACEY HUDSON	
MERRI M CROSS	
TRACY HOWREN	
CHERYL MUNIZ	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 43-1585106  
**Name:** COMMERCIAL REAL ESTATE WOMEN  
OF ST LOUIS

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

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANN SCHMELZLE PAST PRESIDE	5 00	0		
AMY MISTLER PRESIDENT	5 00	0		
COLLEEN WEST DIRECTOR	5 00	0		
REBEKAH BAHN SECRETARY	5 00	0		
LAURA VALENTI TREASURER	5 00	0		
ANGIE EARLYWINE PRESIDENT EL	5 00	0		
MONICA CONNERS DIRECTOR	5 00	0		
STACEY HUDSON DIRECTOR	5 00	0		
MERRI M CROSS NATIONAL DEL	5 00	0		
TRACY HOWREN DIRECTOR	5 00	0		
CHERYL MUNIZ DIRECTOR	5 00	0		