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OMB No 1545-1150

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information

A For the 2017 calendar year, or tax year beginning , and ending

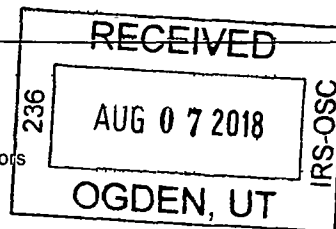
B Check if applicable	C Name of organization	D Employer identification number
<input checked="" type="checkbox"/> Address change	WOMEN'S COUNCIL OF REALTORS FLORIDA	59-2158240
<input checked="" type="checkbox"/> Name change	STATE INC	
<input type="checkbox"/> Initial return	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Final return/terminated	8149 Lowbank Drive	239-877-1102
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number
<input type="checkbox"/> Application pending	Naples FL 34109	06

G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <input type="checkbox"/>	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: WWW.WCRFLORIDA.COM	
J Tax-exempt status (check only one) <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$ 197,374

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	109,140
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	54,626
4	Investment income	4	114
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		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	
6c	Less direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	33,494
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	197,374
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	11,300
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	165,840
17	Total expenses. Add lines 10 through 16	17	177,140
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,234
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	94,013
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-3,118
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	111,129



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

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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 ☐

	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		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)		X
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)?		X
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		X
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		X
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?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter 39a		
a Initiation fees and capital contributions included on line 9 39b		
b 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 section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ CHRISTINE CITRANO Telephone no ▶ 239-877-1102 8149 LOWBANK DRIVE Located at ▶ NAPLES FL ZIP + 4 ▶ 34109		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶		X
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 ▶ 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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)		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

	Yes	No
46		X

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

	Yes	No
47		
48		
49a		
49b		

- 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"

(a) Name and title of each employee	(b) 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 ▶

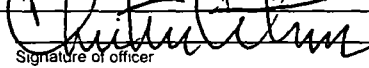
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

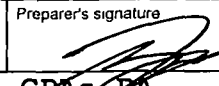
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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 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 10 July 30, 2018

 Signature of officer
CHRISTINE CITRANO
 Type or print name and title
TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jeff Lareau		07/23/18		P00362849
	Firm's name ▶ Lareau & Lareau CPAs, PA	Firm's EIN ▶ 59-3281562			
	Firm's address ▶ PO Box 1348 Apopka, FL 32704-1348	Phone no 407-886-2597			

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047

2017Open to Public
Inspection

Name of the organization	WOMEN'S COUNCIL OF REALTORS FLORIDA STATE INC	Employer identification number	59-2158240
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Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
BUSINESS MEETINGS AND CONVENT	\$ 31,213
EDUCATION INCOME	\$ 1,941
WAYS AND MEANS	\$ 340
Total	\$ 33,494

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
TRADE SHOW MARKETING	\$ 425
NATL FOCUSCANDIDATE MARKETING	\$ 3,469
BANK FEES	\$ 176
DISC FUND AND GIFTS	\$ 16
OFFICE EXP	\$ 36
TAXES AND LICENCES	\$ 96
TECH AND WEBSITE	\$ 1,660
IMMEDIATE PAST PRES TRAVEL	\$ 649
AWARDS	\$ 758
INSTALLATION EXPENSES	\$ 10,908
EXECUTIVE RETREAT	\$ 34,787
HOSPITALITY SUITE	\$ 2,837
NATIONAL CANDIDATE INSTALL	\$ 1,035
NATIONAL PRESIDENT VISIT	\$ 1,162
PAST PRESIDENTS LUNCH	\$ 988

Schedule O (Form 990 or 990-EZ) (2017)

Page 2

Name of the organization

Employer identification number

WOMEN'S COUNCIL OF REALTORS FLORIDA

59-2158240

NOMINATING	\$	690
SPEAKER FEES AND ED	\$	4,710
STRATEGIC FORUMS	\$	289
BUSINESS MEETINGS AND CONVENT	\$	48,189
SPONSOR PACKAGE	\$	8,020
REGIONAL VICE PRESIDENT SUMMI	\$	3,683
GOVERNORS	\$	8,715
PRESIDENTS EXP	\$	8,302
PRESIDENT	\$	5,866
PRESIDENT ELECT	\$	3,711
V-PRES/SECRETARY/TREASURER	\$	11,874
DISTRICT VICE PRES	\$	2,789
Total	\$	165,840

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
OVERREPORTED 2016 DEFERRED REVENUE PE- INSTALL	\$ -3,118

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	\$ 0	\$ 1,027
Total	\$ 0	\$ 1,027

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
DEF REVENUE- BUS PARTNERS	\$ 13,500	\$ 11,000
DEF REVENUE- PE INSTALL	\$ 1,341	\$ 5,000

Name of the organization

Employer identification number

WOMEN'S COUNCIL OF REALTORS FLORIDA

59-2158240

Form 990-EZ, Part III, Line 28 - First Accomplishment

We are a network of successful realtors, advancing women as professionals and leaders in business, the industry, and the communities we serve. We continue to provide support to woman realtors across the state, providing opportunities to volunteer and develop leadership skills at all levels of the organization, enhancing professional reputations and further honing skills that make involvement an integral part of developing personal and professional leadership. We provide networking opportunities at the national, state and local levels. As a result of our training and involvement, our connection with each other across the Nation is solidified with a resounding 54% of our national membership referring business to other Council Member annually.