

990

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Go to www.irs.gov/Form1990 for instructions and the latest information

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CREW ORLANDO	
	Doing business as	
	Number and street (or P O box if mail is not delivered to street address) 420 S ORANGE AVENUE	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32801	
F Name and address of principal officer		H(a) Is this a group return for
		D Employer identification number 59-2960643
		E Telephone number (407) 802-1210
		G Gross receipts \$ 320,741

Part III

Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

TO AID, ASSIST, SUPPORT AND SPONSOR EDUCATIONAL ENTERPRISES AND ENDEAVORS TO ITS MEMBERS TO BRING TOGETHER MEMBERS FOR THE PURPOSES OF FURTHERING THEIR EDUCATION AND EXPERTISE IN THE FIELD OF COMMERCIAL REAL ESTATE ON THE LOCAL, STATE AND NATIONAL LEVEL AND TO ADDRESS BUSINESS ISSUES AND CONCERNS THAT ARE UNIQUE TO WOMEN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

1 [REDACTED]

1 [REDACTED]

(4) SHANNA COLE DIRECTOR	2 00	X					0	0	0
(5) STEVE FULMER DIRECTOR	1 00	X					0	0	0
(6) COURTNEY KELLER DIRECTOR	1 00	X					0	0	0
(7) ANNE SPENCER DIRECTOR	1 00	X					0	0	0
(8) CINDY CAMPBELL DIRECTOR	1 00	X					0	0	0
(9) LAURA WALDA DIRECTOR	1 00	X					0	0	0
(10) LAURA BARBERO-BUFFA DIRECTOR	1 00	X					0	0	0

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete *Schedule C, Part I*

4 **Section 501(c)(3) organizations.**
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*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete *Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete *Schedule D, Part I*

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete *Schedule D, Part II*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III*

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

	Yes	No
1		No
2		No
3		No
4		
5		No
6		No
7		No
8		No

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete *Schedule J* for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete *Schedule J* for such individual

	Yes	No
3		No
4		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►			

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a

0

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2b

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions
Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1a	13	Yes	No
----	----	-----	----

If there are material differences in voting rights among members of the governing body, describe the circumstances, processes, or changes in Schedule O.

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Sub-Total ►

c Total from continuation sheets to Part VII, Section A ►

d Total (add lines 1b and 1c) ►

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 No

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
1a Federated campaigns . . .	1a						
b Membership dues . . .	1b	83,255					
c Fundraising events . . .	1c						
d Related organizations	1d						
e Government grants (contributions)	1e						
f All other contributions, gifts, grants, and similar amounts not included above	1f	107,000					
g Noncash contributions included in lines 1a - 1f \$							
h Total. Add lines 1a-1f		190,255					
Program Service Revenue		Business Code					
		2a PROGRAM INCOME		89,169	89,169		
		b					
		c					
		d					
		e					
		f All other program service revenue		89,169			
g Total. Add lines 2a-2f							
Investment Income		3 Investment income (including dividends, interest, and other similar amounts)	872				
		4 Income from investment of tax-exempt bond proceeds					
		5 Royalties					
		6a Gross rents	(i) Real	(ii) Personal			

that received more than \$5,000 Part II can be duplicated if additional space is needed

Part IX Statement of Functional Expenses

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX

	(A) Beginning of year	(B) End of year
1 Cash—non-interest-bearing	80,366	1 166,109
2 Savings and temporary cash investments	41,304	2 42,177
3 Pledges and grants receivable, net	3	
4 Accounts receivable, net	17,964	4 17,319
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
7 Notes and loans receivable, net	7	
	8	

sets

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 8B	THE COMMITTEES OF THE ORGANIZATION ARE ADVISORY IN NATURE AND DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD

Part XI

Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	279,962
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,108
3	Revenue less expenses Subtract line 2 from line 1	3	45,854
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,033
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	103,887

Part XII Financial Statements and Reporting

Additional Data

Software ID:

Software Version:

EIN: 59-2960643

Name: CREW ORLANDO

Form 990 (2018)

Form 990, Part III, Line 4a:

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2018

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 CELEBRATION OF (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	40,445			40,445
2 Less Contributions				
3 Gross income (line 1 minus line 2)	40,445			40,445
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	40,779			40,779
10 Direct expense summary Add lines 4 through 9 in column (d) ►				40,779
11 Net income summary Subtract line 10 from line 3, column (d) ►				-334

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
Direct Expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►
.....

Address ►
.....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►
.....

Address ►
.....

16 Gaming manager information

Name ►
.....

Gaming manager compensation ► \$

Description of services provided ►
.....

Director/officer Employee Independent contractor

17 Mandatory distributions

.....
.....
.....
.....
.....

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

Name of the organization
CREW ORLANDO

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

59-2960643

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete 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.

2018**Open to Public
Inspection**Name of the organization
CREW ORLANDOEmployer identification number
59-2960643**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO AID, ASSIST, SUPPORT AND SPONSOR EDUCATIONAL ENTERPRISES AND ENDEAVORS TO ITS MEMBERS TO BRING TOGETHER MEMBERS FOR THE PURPOSES OF FURTHERING THEIR EDUCATION AND EXPERTISE IN THE FIELD OF COMMERCIAL REAL ESTATE ON THE LOCAL, STATE AND NATIONAL LEVEL AND TO ADDRESS BUSINESS ISSUES AND CONCERNs THAT ARE UNIQUE TO WOMEN

990 Schedule O. Supplemental Information

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,000	6,000		
2 Grants and other assistance to foreign governments. See Part IV, line 21	10,500	10,500		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	990 WILL BE REVIEWED BY THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST