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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO PROVIDE A REAL ESTATE BOARD FOR REAL ESTATE PROFESSIONALS IN SOUTHEASTERN WISCONSIN			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> TO PROVIDE A UNIFIED MEDIUM TO SAFEGUARD & ADVANCE INTERESTS OF REAL ESTATE PROFESSIONALS & TO PROMOTE & MAINTAIN HIGH STANDARDS OF CONDUCT BY OFFERING CONTINUING EDUCATION & CERTIFICATION (1 CONFERENCE AND 12 COURSES) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	0
<b>29</b> MEETINGS & ACTIVITIES ARE PROVIDED FOR MEMBERS TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION & TO FURTHER THE INTERESTS OF VARIOUS TYPES OF REAL PROPERTY OWNERSHIP (APPROX 550 MEMBERS) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	0
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .

35a

Yes

b

If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

35b

Yes

36

Was there a liquidation, dissolution, termination, or substantial contraction 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

0

b

Did the organization file **Form 1120-POL** for this year? . . . . .

37b

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 unpaid at the start of the period covered by this return? . . . . .

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9 . . . . .

39a

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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .

40b

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

40e

No

41

List the states with which a copy of this return is filed ▶

42a

The books are in care of ▶ JIM VILLA Telephone no ▶ (414) 271-2021

12300 WEST CENTER STREET

Located at ▶ MILWAUKEE, WI ZIP + 4 ▶ 53222

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)?

42b

Yes

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**.

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

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

Yes

No

44

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

44

No

45


Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

complete the tables for lines 50 and 51.






		Yes	No
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	
<b>50</b>	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

<b>Please Sign Here</b>	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.	
	*****	2010-01-11
	Signature of officer	Date
	JIM VILLA PRESIDENT Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature  Christie Felton	Date	Check if self-employed 	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4  Schenck SC 11414 W Park Place Ste 200 Milwaukee, WI 53224			EIN 
				Phone no  (414) 463-4411

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

Additional Data

Software ID:

Software Version:

EIN: 39-1772140

Name: COMMERCIAL ASSOCIATION OF REALTORS  
WISCONSIN INC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JIM VILLA 12300 WEST CENTER STREET MILWAUKEE, WI 53222	PRESIDENT 40 00	96,000	2,718	0
ANDREW JENSEN JR 12300 WEST CENTER STREET MILWAUKEE, WI 53222	PAST CHAIRMAN 0 50	0	0	0
BARRY CHAVIN 12300 WEST CENTER STREET MILWAUKEE, WI 53222	CHAIRMAN 0 50	0	0	0
SCOTT FURMANSKI 12300 WEST CENTER STREET MILWAUKEE, WI 53222	CHAIRMAN-ELECT 0 50	0	0	0
JAMES T BARRY III 12300 WEST CENTER STREET MILWAUKEE, WI 53222	SECRETARY 0 50	0	0	0
JOHN CZARNECKI 12300 WEST CENTER STREET MILWAUKEE, WI 53222	TREASURER 0 50	0	0	0
DAN ROSENFELD 12300 WEST CENTER STREET MILWAUKEE, WI 53222	DIRECTOR 0 50	0	0	0
PETER GINN 12300 WEST CENTER STREET MILWAUKEE, WI 53222	DIRECTOR 0 50	0	0	0
DON ZIEN 12300 WEST CENTER STREET MILWAUKEE, WI 53222	DIRECTOR 0 50	0	0	0
MICHAEL FARDY 12300 WEST CENTER STREET MILWAUKEE, WI 53222	DIRECTOR 0 50	0	0	0
STEPHEN PROVANCHER 12300 WEST CENTER STREET MILWAUKEE, WI 53222	DIRECTOR 0 50	0	0	0
NED PURTELL 12300 WEST CENTER STREET MILWAUKEE, WI 53222	DIRECTOR 0 50	0	0	0
THOMAS SHEPHERD 12300 WEST CENTER STREET MILWAUKEE, WI 53222	DIRECTOR 0 50	0	0	0
RICH TENNESSEN 12300 WEST CENTER STREET MILWAUKEE, WI 53222	AT LARGE DIRECTOR 0 50	0	0	0

**TY 2008 Other Assets Schedule****Name:** COMMERCIAL ASSOCIATION OF REALTORS WISCONSIN INC**EIN:** 39-1772140

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	17,520	2,330
Prepaid Expenses and Deferred Charges	6,386	3,882
Other Depreciable Assets	1,308	206

**TY 2008 Other Expenses Schedule****Name:** COMMERCIAL ASSOCIATION OF REALTORS WISCONSIN INC**EIN:** 39-1772140

Description	Amount
MEETING COSTS	78,590
FACILITY RENTALS	27,326
PROMOTIONS	11,525
Supplies	9,813
Payroll Taxes	9,599
BANK & CREDIT CARD CHARGES	7,715
MEMBERSHIP COSTS	6,584
Travel	6,034
MISCELLANEOUS	4,476
DONATION	3,828
UBIT TAX	3,542
INSURANCE	2,677
INTERNET EXPENSE	1,975
Telephone	1,645
SIGNAGE	1,546
ENTERTAINMENT	1,390
PROPERTY TAXES	54



## TY 2008 Other Liabilities Schedule

**Name:** COMMERCIAL ASSOCIATION OF REALTORS WISCONSIN INC

**EIN:** 39-1772140

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	7,470	8,803
Deferred Revenue	24,655	13,302