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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)

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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**

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **CREW AUSTIN, INC**
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: _____
3209 BLUE RIDGE DRIVE
 City or town, state or country, and ZIP + 4: **CEDAR PARK TX 78613**

D Employer identification number: **01-0730138**
E Telephone number: **(512) 236-2079**
F Group Exemption Number: _____

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ► **N/A**

J Tax-exempt status (check only one) — 501(c) (**6**) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **67,838.**

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
REVENUE	1	Contributions, gifts, grants, and similar amounts received	34,257.
	2	Program service revenue including government fees and contracts	20,951.
	3	Membership dues and assessments	11,725.
	4	Investment income	32.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ 16,682. of contributions reported on line 1)	873.
6b	Less: direct expenses other than fundraising expenses		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	873.	
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe _____)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	67,838.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	25,462.
	12	Salaries, other compensation, and employee benefits	21,000.
	13	Professional fees and other payments to independent contractors	500.
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	2,702.
	16	Other expenses (describe ► See Other Expenses Statement)	38,378.
17	Total expenses. Add lines 10 through 16	88,042.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-20,204.	
ASSETS	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)	34,920.
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	14,716.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	34,920.	22	38,224.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► _____)	0.	24	0.
25	Total assets	34,920.	25	38,224.
26	Total liabilities (describe ► See L-26 Stmt)	0.	26	23,508.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,920.	27	14,716.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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Part III. Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>To promote support for women in real estate.</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
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		
28	<u>Meetings and networking to keep members current as to trends & activities in the commercial real estate industry. Approximately 120 members.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV. List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
JINNY SAAD 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	PRESIDENT 10.00	0.	0.	
KATHY CARR 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	PAST PRESIDENT 10.00	0.	0.	
M'LOU BELL 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	PRESIDENT ELECT 10.00	0.	0.	
KRISTIN GARDNER 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	TREASURER 10.00	0.	0.	
ANGEL BENSCHNEIDER 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	SECRETARY 10.00	0.	0.	
ROSALIE KESZLER 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	BOARD MEMBER 5.00	0.	0.	
BARBARA HOBSON 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	BOARD MEMBER 5.00	0.	0.	
JENNIFER SHERRILL 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	BOARD MEMBER 5.00	0.	0.	
LENORA DUBOSE 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	BOARD MEMBER 5.00	0.	0.	
AMY COOPER 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	BOARD MEMBER 5.00	0.	0.	
KATHY MAYFIELD 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613	BOARD MEMBER 5.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	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 0.		
37b	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 period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a	Section 501(c)(7) organizations. Enter: 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 ▶ _____		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	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 ▶ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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 ▶ <u>Texas</u>		

42a The organization's books are in care of ▶ AMY ABLES Telephone no ▶ (512) 236-2079
 Located at ▶ 3209 BLUE RIDGE DRIVE CEDAR PARK TX ZIP + 4 ▶ 78613

		Yes	No
42b	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: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? 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 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		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|-------------|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49 a | | |
| 49 b | | |
- 46** 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
- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49 a** 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 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 and deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

▶ Kristin M. Peterson Signature of officer ▶ 8/16/2010 Date

▶ Kristin M. Peterson, Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ William K. Knox Date 08/13/10

Check if self-employed

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WILLIAM K. KNOX, PC, CPA

3355 BEE CAVES ROAD, SUITE 301-B EIN ▶

AUSTIN TX 78746-6775 Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

BOARD MEALS	637.
CREDIT CARD FEES	1,976.
GIFTS	980.
INSURANCE	405.
NETWORK DUES	5,801.
RECRUITMENT	507.
TRAVEL	7,885.
UNCOLLECTABLE DUES	215.
WEBSITE	953.
OFFICE SUPPLIES	1,217.
POSTAGE	147.
TELEPHONE	600.
WOMEN RUN THE CITY	1,000.
GOLF ADVENTURE	10,501.
HOLIDAY PARTY	5,554.
Total	38,378.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LINDA STRICKLAND 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MICHELLE MARTIN 3209 BLUE RIDGE DRIVE CEDAR PARK TX 78613 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 5.00	0.	0.	

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
INTEREST INCOME	32.
Total	<u>32.</u>

Supporting Statement of:

Form 990-EZ/Line 11

Description	Amount
LEADERSHIP CONFERENCE	1,527.
MEETING EXPENSES	14,047.
SPEAKER FEES	90.
CHAMBER DUES	425.
NETWORK DIRECTORY	2,000.
CREW CAREERS	5,180.
CREW FOUNDATION	1,484.
MEMBERSHIP DIRECTORY	709.
Total	<u>25,462.</u>

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

Name as Shown on Return
CREW AUSTIN, INC

Employer Identification No
01-0730138

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
DEFERRED SPONSOR INCOME		17,000.
PREPAID DUES		6,508.
Totals to Form 990-EZ, Part II, line 26		23,508.