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Department of the Treasury Internal Revenue Service

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 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning	ng and	d ending _		
B c	heck if	Rease C Name of organization			D Employer identif	ication number
a	heck if oplicable	Please use IRS COMMERCIAL REAL	ESTATE WOMEN - DENV	ÆR		-
	Addres	s label or C /O THIT THE TATO ASABTA			}	
F	Name change	type			84-0	978410
\vdash]initial]return		x if mail is not delivered to street address)	Room/suite		
\vdash	_ Termin	- Specific 1720 C DELLATER	·	110	· ·	782-0155
\vdash	Jated ∏Amend			1110	G Gross receipts \$	202,911.
\vdash	_ireturn ∏Applic	1 1 '	2-4303		H(a) Is this a group r	
Ь	Jtion pendir				for affiliates?	Yes X No
		6400 S FIDDLERS GRE		אדד.ד		
		empt status: X 501(c) (6) ◀ (inse			9 ''	a list. (see instructions)
		te: NWW · CREWDENVER · ORG		<u> </u>	H(c) Group exemption	
		organization: X Corporation Trust	Association Other	I Voor		M State of legal domicile: CO
	irt I	Summary	ASSOCIATION CHICA	L Tear	OF TOTTINATION, 1994	M State of legal doffliche. CO
		Briefly describe the organization's mission	or most significant activities. TO	יא רדד די	TATE COMMEDO	TAI CHOOPEC
Se		OF MEMBERS	or most significant activities. 10 E	ACTULI	TALE COMMERC	TAL SUCCESS
Governance					- 4h 050/ -f.d	
/en	-	_	on discontinued its operations or dispose	osea or more	1	1
é		Number of voting members of the governir		• ••••	. 3	8
∞ ŏ		Number of independent voting members o		•	4	
Activities &	i	Total number of employees (Part V, line 2a			5	0
Ğ.	l	Total number of volunteers (estimate if nec	• • • • •	•	6	0
Ş	ı	Total gross unrelated business revenue fro		•	<u>7a</u>	
	<u> </u>	Net unrelated business taxable income fro	m Form 990-1, line 34 .			
		On all his transport and a rest (Dayl Mill Land All)	RECEIVE	$\overline{}$	Prior Year	Current Year
Revenue	i	Contributions and grants (Part VIII, line 1h)		୴୷୷	113,925.	
		Program service revenue (Part VIII, line 2g)	- 101	₩	74,170.	
		Investment income (Part VIII, column (A), li		10 IQ⊩	1,529.	
		Other revenue (Part VIII, column (A), lines 5		· S -	219.	
		Total revenue - add lines 8 through 11 (mu		<u> </u>	189,843.	189,273.
		Grants and similar amounts paid (Part IX, o		<u> </u>		
	ľ	Benefits paid to or for members (Part IX, co				
es	1	Salaries, other compensation, employee be) .		
ens	1	Professional fundraising fees (Part IX, colu				
Expenses	L .	Total fundraising expenses (Part IX, colum	· · · · · · · · · · · · · · · · · · ·	_		
ш		Other expenses (Part IX, column (A), lines			170,854.	
	18	Total expenses. Add lines 13-17 (must equ	ual Part IX, column (A), line 25)		170,854.	
	19	Revenue less expenses. Subtract line 18 f	rom line 12	·	18,989.	<1,234.>
Soc				Be	eginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		.	<u>86,146</u> .	84,912.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		_		
컐	22_	Net assets or fund balances. Subtract line	21 from line 20		86,146.	84,912.
Pá	art II	Signature Block				
		Under penalties of perjury, I declare that I have examine and complete Declaration of preparer (other than office	ed this return, including accompanying schedules a r) is based on all information of which preparer has	and statements, any knowledge	and to the best of my knowled	dge and belief, it is true, correct,
0		10 40			i 🙇 🛕	
Sig	n	Lucy Lucy			X 16-9-	10
6±2,9510	е	/ Signature of/officer			' Date	
7		Frank Committee	Chair			
		Type or print name and title				
	•	Preparer's	Date	Ch se		rer's identifying number instructions)
		signature TIM K. WEST		26/10 en		
	oarer's Only	Firm's name (or yours if WENNER, SILV	ESTAIN AND COMPANY,	LLC	EIN ▶	
Ž	OHIY	self-employed), 8101 E. PREN	TICE AVE., SUITE 80	00		·
3		ZIP + 4 GREENWOOD VI	LLAGE, CO 80111-293		Phone no. ▶ (303) 771-5300
Ma	 ∕the II	yours if self-employed), address, and ZIP + 4 GREENWOOD VI	own above? (see instructions)			X Yes No
662 0	01 02-0		ork Reduction Act Notice, see the s	separate ins	structions.	Form 990 (2009)

	990 (2009) C/O WHITING MANA	GEMENT	<u>84-09784</u>	10 Page 2
Pai	t III Statement of Program Service Accompl	lishments		
1	Briefly describe the organization's mission: TO FACILITATE MEMBER SUCCESS			
2	Did the expensation undertake any againment everyon cor	arroad uppg the year which were a	et listed on	-
Z	Did the organization undertake any significant program ser the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.			Yes X No
3	Did the organization cease conducting, or make significant If "Yes," describe these changes on Schedule O	changes in how it conducts, any p	orogram services?	Yes X No
4	Describe the exempt purpose achievements for each of the Section 501(c)(3) and 501(c)(4) organizations and section 4 allocations to others, the total expenses, and revenue, if an	1947(a)(1) trusts are required to rep	ort the amount of grants and	
4a	(Code) (Expenses \$ THE ORGANIZATION PROVIDES MON' FOR ITS MEMBERS THROUGH PROGR.)(Revenue \$ AND NETWORKING MEE	TINGS
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue	· · · · · · · · · · · · · · · · · · ·	
	Total program service expenses \$) (Heverlae i		

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Form 990 (2009) C/O WHITING MANAGEMENT
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		x
_		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	İ		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
404	Schedule D, Parts XI, XII, and XIII.	12		X
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	7.14		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16_		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) C/O WHITING MANAGEMENT
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	l		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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_		X
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 25	24a		X
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) and 501(c)(4) 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		
þ	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ĺ		
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		:	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			7.
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
C		28b		
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u>~</u>	-	
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	റററ "	

Form	990 (2009) C/O WHITING MANAGEMENT 84-0978	410		5
	990 (2009) C/O WHITING MANAGEMENT 84-0978 t V Statements Regarding Other IRS Filings and Tax Compliance	410	Р	age 5
			Yes	No
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	<u> </u>	res	NO
·u	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0 -if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ł		
·	(gambling) winnings to prize winners?		Ì	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	_20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ь	If "Yes," enter the name of the foreign country:	70		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ì	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			İ
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		i	İ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ĺ
_	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?			-
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	0-		l
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ĺ
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		

Form 990 (2009)

C/O WHITING MANAGEMENT

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

<u>Sec</u>	tion A. Governing Body and Management	_					
						Yes	No
1a	Enter the number of voting members of the governing body	1a		8			
b	Enter the number of voting members that are independent	1b		0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct supervisio	on			
	of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 99	0 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?			5		X
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more more	ember	s of the				
	governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?	•		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken		-	· · · · · · · · · · · · · · · · · · ·			
	by the following:			Ì			
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?		•	Ì	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates	s.			
	and branches to ensure their operations are consistent with those of the organization?	•	,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filing th	e form?	ľ	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ū		ľ			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise				
	to conflicts?	·			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe				
	in Schedule O how this is done	.,			12c		
13	Does the organization have a written whistleblower policy?		•		13		X
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•				
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization	•	•		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	•		· · · ·			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			1	
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate i	ts participat	ion			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (501(c)(3)s only) a	available	for		
	public inspection. Indicate how you make these available. Check all that apply.	. ,	· · · · · · · · · · · · · · · · · · ·				
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict	of interest i	policy, an	d fina	ncıal	
	statements available to the public.		-	, ,	_		
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the	organizat	ion: 🕨	•	
	WHITING MANAGEMENT - 303-782-0155			J			
	1720 S. BELLAIRE ST., NO. 110, DENVER, CO 80222-4	1303					

Form 990 (2009)

C/O WHITING MANAGEMENT

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	ompensate an	y cu	rren	t off	icer	, dire	ecto	r, or trustee		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	(cl		Pos		i app	lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer B		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SEE ATTACHED LIST	1									
								0.	0.	0
					ļ					
						-				-
										,,
						-				
	-			-						<u>-</u> :

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(0)		Pos			. I. A	Reportable	Reportable		i	stimate nount	
		hours per week	Individual trustee or director	Institutional trustee	air		Highest compensated do do do		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	ated tions co MISC)		other compensate from the organizate and relate	
			Individu	Insbirtic	0 fficer	Key employee	Highest	Former				1	anızatı	
		_												
														_
												<u> </u>		
				_										
												<u> </u>		
					-							 		
	Total .					ļ			0.		0.			0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	 10se	liste	ed al	bove	e) wł	no re		,000 in reportabl				0
3	Did the organization list any former officer,	director or tru	ıstee	. ke	v em	olar	vee.	or h	nighest compensated en	nplovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	such individual					-			••		3		_X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	· co	mple	ete S	Sche	edule	e J f	or such individual	-		4		х
Sec	the organization? If "Yes," complete Scheo											5		Х
1	Complete this table for your five highest countries the organization NONE	empensated in	aqet	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	(A) Name and business	address							(B) Description of s	ervices	С	(C ompe	C) nsatio	n
							_							
	Total autobase of students and	in all rates at the				<u></u>			I all a constant					
	Total number of independent contractors (\$100,000 in compensation from the organi	-	ot III	ние	u 10		se (18)	sted	abovej who received m	iore man				

Form 990 (2009) C/O WHITING MANAGEMENT 84-0978410 Page 9 Statement of Revenue Part VIII (D) Revenue excluded from (A) (B) (C) Related or Total revenue Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 67,286. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 24,345. similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 91,631 h Total. Add lines 1a-1f Business Code 541900 2 a PROGRAMS 88,210 88,210. f All other program service revenue 88,210. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 955. 955. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue of including \$ contributions reported on line 1c) See 16,915 Part IV. line 18 13,638 **b** Less: direct expenses 3,277. 3,277. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 5,200. 11 a OTHER 541900 5,200. d All other revenue e Total. Add lines 11a-11d <u>5,200.</u> 189,273. 96,687. 0. 955. Total revenue See instructions.

Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 3b, 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 governments and		•						
	organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16				<u></u>				
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal	1,945.							
С	Accounting .								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion								
13	Office expenses	9,871.							
14	Information technology								
15	Royalties								
16	Occupancy .								
17	Travel .								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	61,609.							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance			_					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled								
	miscellaneous may not exceed 5% of total								
	expenses shown on line 25 below.)	40 207			-				
	ADMIN	40,307.							
b	WEBSITE	25,977.							
C	DUES	<u>25,920.</u>							
d	PROGRAMS	16,558.		-					
е	MEMBERSHIP	8,320.		 	_				
	All other expenses	100 505							
25	Total functional expenses Add lines 1 through 24f	190,507.							
26	Joint costs. Check here I if following								
	SOP 98-2. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	enn annuarrangann ann 1000CASUM SUUCUANN								

Form 990 (2009)

Part X Balance Sheet

Part X	Balance Sheet		, , , , , , , , , , , , , , , , , , ,	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	30,692.	1	28,588.
2	Savings and temporary cash investments	55,454.	2	56,324.
3	Pledges and grants receivable, net	155	3	·
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		1	
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			-
	Part II of Schedule L		6	
3 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment. cost or other			
	basis Complete Part VI of Schedule D 10a	* w = max + max	.	
b	Less: accumulated depreciation 10b		10c	
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16_	Total assets. Add lines 1 through 15 (must equal line 34)	86,146.	16	84,912.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ខ្ព 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II	-		
	of Schedule L	.	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	 -
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
.	Organizations that follow SFAS 117, check here and complete			
8 37	lines 27 through 29, and lines 33 and 34.		0.7	
27	Unrestricted net assets		27	
28	Temporarily restricted net assets Permanently restricted net assets	 	28 29	
g 29	Organizations that do not follow SFAS 117, check here		29	
	complete lines 30 through 34.			
2 20		. 0.	20	n
30	Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fund	0.	30	0.
31 32	Retained earnings, endowment, accumulated income, or other funds	86,146.	32	84,912
Net Assets or Fund Balances	Total net assets or fund balances	86,146.	33	84,912.
34	Total liabilities and net assets/fund balances	86,146.	34	84,912.
	Total habilities and het assets/fully balances	00,140.	_ ••	Form 990 (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form	990 (2009) C/O WHITING MANAGEMENT	84-0978410	Pag	ge 1 2
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O).		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	iule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a		
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		

Form **990** (2009)

Act and OMB Circular A-133?

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

COMMERCIAL REAL ESTATE WOMEN - DENVER

Employer identification number

C/O WHITING MANAGEMENT 84-0978410 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts (or retained by) to (or retained by)
organization (ii) Activity or entity (fundraiser) from activity fundraiser or control of contributions? listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 C/O WHITING MANAGEMENT

84-0978410 Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col (a) through GOLF MIXER col. (c)) (event type) (event type) (total number) 1 Gross receipts 13,265 3,650 16,915. 2 Less: Charitable contributions 13,265. 3,650 16,915. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 11,236. Rent/facility costs 11,236. Food and beverages 1,853 1,853. 8 Entertainment 538. 11. 549. Other direct expenses . . 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,638) 11 Net income summary. Combine line 3, column (d), and line 10 3,277. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?

Sch	edule G (Form 990 or 990-EZ) 2009 C/O WHITING MANAGEMENT	84-097	841	0 Pa	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	%			
b	An outside facility	%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	of "Yes," enter the amount of gaming revenue received by the organization > and the amount of gaming revenue received by the organization	ount			
	of gaming revenue retained by the third party > \$				
C	If "Yes," enter name and address of the third party:				
	Name ►				
	Name				
	Address >				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation > \$		i		
	Description of services provided				
			İ		
			ļ		-
	Director/officer Employee Independent contractor		i		
47	Mandatany diatributionas				
	Mandatory distributions:		l		
a	Is the organization required under state law to make chantable distributions from the gaming proceeds to		ا		
L	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		17a		
K	organization's own exempt activities during the tax year.	in the			
	OLOGINZACIOLI S OWLI EXELLIDE ACTIVICES CUCHICI LITE CAX VEAL P 3				1

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O

(Form 990)

· 👗

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMERCIAL REAL ESTATE WOMEN - DENVER

Employer identification number 8.4 - 0.9.7.8.4.1.0

C/O WHITING MANAGEMENT 84-09/8410
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED TO THE
ORGANIZATION'S GOVERNING BODY BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS POLICIES
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
-

CREW Denver 2009 CREW Directors & Committee Chairs

25-May-10

Alpha Order

Address Phone Name_ Position

(303) 782-0166 Kathie Barstnar **Executive Director** Fax (303) 820-3844 Direct (303) 782-0166 **Executive Director** 1720 S. Bellaire Street Cell. (303) 378-0554

Denver, CO 80222-4303 E-mail kbarstnar@wmrdenver.com **NAIOP Colorado Chapter**

Member Type Member

(303) 282-4140 Fax (303) 777-3823 Chair, Budget & Finance Liaison, Membership Jean M Bitzer Direct (303) 282-4140 Cell: (303) 589-9519 455 Sherman Street

Property Manager Denver, CO 80203 E-mail: jbitzer@455sherman.com Sherman Joint Venture

Member Type Member

(720) 904-4376 Fax: (720) 904-4370 Suzanne K Book Co-Chair, Career Outreach Direct Sr Vice President 1675 Broadway

KeyBank Real Estate Capital Denver, CO 80202 E-mail suzanne_k_book@keybank.com

Member Type Member

(303) 758-5558 Fax: (303) 756-1741 Ann M Broderick **Budget & Finance Liaison/Membership**

5590 E Yale Ave Direct Partner

Ryan, Gunsauls, & O'Donnell, P.C Denver, CO 80222-6989 E-mail ambroderick@rgo-cpa com Member Type Member

(303) 327-4459 Fax (866) 449-2132 Co-Chair, Women of Influence Kristen Campbell

Direct (303) 327-4459 14143 Denver West Parkway Cell. (303) 547-7724 Sales and Marketing

E-mail kristen campbell@aardex com Aardex LLC Golden, CO 80401 Member Type Member

Sara Croot Co-Chair, Membership/Networking (303) 217-2267 Fax: (303) 217-2245

Cell (303) 906-6383 999 18th Street Direct (303) 217-2267 Vice President

Denver, CO 80202 E-mail. Sara Croot@bbvacompass com BBVA Compass Real Estate Group

Member Type Member (303) 312-3443 Robin Cupka Co-Chair, CREW Foundation Fax

Direct (303) 312-3443 821 17th Street Cell (303) 807-1515

Denver, CO 80202 E-mail rcupka@cobizbank.com Colorado Business Bank

Member Type Member (303) 295-1717 Angela Feddersen **Director of Community Affairs**

Heinze

Cell (303) 319-1274 1050 17th Street, Suite A200 Direct: Senior Associate

Denver, CO 80265 E-mail: angela fheinze@rnldesign com RNL Design

Member Type. Member

Chief Financial Officer & Budget & Finance (720) 266-5206 Fax (303) 832-3842 Amber T Fehr

Direct: (720) 266-5206 Cell (303) 810-1281 3219 S Detroit Controller

Denver, CO 80210 E-mail: amber@starrrealty.com Starr Realty Corporation

Member Type Member Jayma File Staff (303) 820-3151

Fax (303) 820-3844 Direct (303) 782-0166 Cell (303) 518-4289 Director 1720 S Bellaire Street

Denver, CO 80222 E-mail jfile@wmrdenver.com **CREW Denver** Member Type: Member

(303) 324-9975 Director of Communications Tye Keliiholokai Fax

Cell (303) 324-9975 Direct Sales Market Manager 12703 W Bowles PI

E-mail tye keliiholokai@kimball.com Kımball Office Littleton, CO 80127

Member Type: Member

Fax: (303) 292-0845

25-May-10

CREW Denver 2009 CREW Directors & Committee Chairs

Alpha Order

<u>Name</u>	<u>Position</u>	<u>Address</u>	Phor	<u>ne</u>		
Marie K Kline	Co-Chair, C	CREW Foundation	(303) 871-745	59 Fax	(303) 871-2971	
Director of Operations		2101 S. University Blvd	Direct		(303) 478-0806	
The Burns School - University of Denver Denver, CO 80208-0001 E-mail mkline@du.edu						
			Member Type Mem	nber		
Jennifer Luce	Budget & F	inance Liaison/Membership &	(303) 347-591		(303) 347-5977	
Senior Vice President	-	101 W County Line Road	Direct (303	3) 798-3000 Cell	•	
FirstBank		Littleton, CO 80129	E-mail jenni	ifer.luce@efirstbank o	com	
			Member Type. Mem	nber		
Melinda Lundquist	Co-Chair, C	Communications	(720) 249-353	39 Fax	(720) 482-9546	
Senior Project Manager		7901 E Belleview Ave	Direct: (720		(303) 328-1336	
CVL Consultants of Colo	rado Inc	Englewood, CO 80111		ndquist@cvldenver.co		
			Member Type: Mem	nber		
Sherri E Oddo	Past Presid	lent/Network Delegate/Past		Fax		
		10141 Nickolas Avenue	Direct		(720) 201-5434	
		Highlands Ranch, CO 80130		rioddo@comcast.net		
	_		Member Type Non-			
Terri T Odenweller	Programs		(303) 335-675			
Owner, Consultant		11153 W Coco PI	Direct.		(303) 335-6750	
Amerisphere		Littleton, CO 80127		nweller@amerisphere	e net	
Cycl. Dates	Ca Chair V	Naman of Indiana	Member Type. Mem		(000) 000 4454	
Cyd Petre	Co-Chair, v	Vomen of Influence	(720) 264-560		(303) 298-4151	
Senior Vice President		821 17th Street			(720) 353-9583	
Colorado Business Bank		Denver, CO 80202		re@cobizbank.com		
Gail K Quan	Dudant 9 C	inana Lisiaan/Cammuniku Affair	Member Type Mem		1000010000	
CFO	budget & F	inance Liaison/Community Affair 5711 S Nevada St	, ,		18668136990	
Littleton Capital Partners	шс	Littleton, co 80120	Direct (303	5) /9/-9119 Cell	(303) 324-4002	
Entitleton Capital Fartilets	LLC	Littleton, CO 80120	Member Type: Mem	an@lcpartners.net		
Doris J Rigoni	Director of	Membership	(303) 291-999		(202) 204 0007	
Commercial Account Mai		1875 Lawrence St	(303) 291-999 Direct.		(303) 291-9997 (303) 907-8740	
Chicago Title	lagor	Denver, CO 80202	E-mail. rigon		(303) 307-0740	
compage comp		30	Member Type Mem			
Courtney Ryan	Co-Chair. N	//lembership/Networking/Programs	- 1		(303) 297-8055	
Project Development Eng	gineer	1621 18th St	Direct	Cell.		
Mortenson Construction	,	Denver, CO 80202		tney ryan@mortensor		
			Member Type ⁻ Mem			
Karen Samuels Jones	President E	lect, Network Delegate & Nomina	iting (303) 291-231	9 Fax	(303) 291-2400	
		1899 Wynkoop Street	Direct:	Cell	, ,	
Perkins Coie, LLP		Denver, CO 80202	E-mail. ksan	nuelsjones@perkinsc	oie com	
			Member Type Mem	ber		
Tonya Schloemer		Community Outreach	(646) 831-237		(678) 624-8215	
Manager Real Estate & I	Facilities	1675 Broadway Ste 150		6) 831-2372 Cell	(646) 831-2372	
E*TRADE FINANCIAL		Denver, CO 80202		a schloemer@etrade		
			Member Type. Mem	nber		

CREW Denver 2009 CREW Directors & Committee Chairs

25-Mav-10

Alpha Order

Position Address **Phone** Name

(303) 988-2585 Alissa Schultz-Communications Fax (303) 988-2583

Campbell

Direct (303) 988-2585 Cell (720) 284-4222 **Environmental Consultant** 165 S. Union Blvd, Ste 310 Lakewood, CO 80228 E-mail: Bureau Veritas North America, Inc.

alissa.schultzcampbell@us bureauveritas com

Total On Committee: 31

Member Type Non-Member (720) 382-1328 Co-Chair, Golf Tournament

Fax (303) 423-0632 Julie Spencer Business Dev Representative 6890 W 52nd Ave Direct Cell:

Arvada, CO 80002 Swinerton Builders E-mail. jspencer@swinerton.com

Member Type Member (303) 237-0480 Heather Steffens Chair, Business Partner Services Fax.

Direct (303) 237-0480 Director of Business Development 8000 West 14th Avenue Cell E-mail hsteffens@soundenvironmental.com Sound Environmental Strategies Lakewood, CO 80214

Member Type. Member

Jennifer L Stenman Co-Chair, Community Outreach (303) 623-4500 Fax: (303) 623-0960 Granite Building 2nd Floor Direct. (720) 377-0234 Cell. Partner

E-mail jstenman@fgll-law.com Franke Greenhouse List & Lippitt LLP Denver, CO 80202

Member Type Member (303) 476-6641 Kathy Thurston **President**

6400 S. Fiddlers Green Circle Direct: (303) 476-6641 Managing Director

Cell. (303) 324-9902 The PrivateBank Greenwood Village, CO 80111 E-mail

(303) 634-2094 Co-Chair, Membership/Networking Fax (303) 634-2020 Sumaya Vanderhorst

Member Type. Non-Member

Direct (303) 634-2094 1200 17th Street Cell Attorney at Law

Denver, CO 80202 E-mail svanderhorst@swlaw.com Snell & Wilmer LLP Member Type. Member

Director of Education (303) 713-6411 Fax (720) 224-9158 Jennifer H Varela 8401 E Belleview Direct (303) 713-6411 Cell (303) 815-9060

Sales Support Specialist E-mail. jennifer varela@usbank com Denver, CO 80237 U.S. Bank Business Banking

Member Type. Non-Member

(720) 554-8271 Rachel E Vavra Co-Chair, Communications Fax Direct Consultant 7604 Technology Way Cell:

Denver, Colorado 80237 E-mail: rachel.vavra@shawgrp.com Shaw Group

Member Type Non-Member (720) 274-8372 Brenda Wroblewski Co-Chair, Golf Tournament

Fax (303) 799-9502 Direct (720) 274-8372 Broker Associate, Sr. Marketing Cell: (303) 725-0804 2 Inverness Drive East

Englewood, CO 80112 E-mail bwroblewski@invernessproperties com Inverness Properties, LLC

Member Type Non-Member

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously form. 					
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	iled Form 8868.				
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor Part I only	nplete				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a to file income tax returns.	n extension of time				
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensionated below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cryou must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fawww irs gov/efile and click on e-file for Charities & Nonprofits.	nically if (1) you want the additional onsolidated Form 990-T. Instead,				
Type or Name of Exempt Organization	Employer identification number				
print COMMERCIAL REAL ESTATE WOMEN - DENVER	04 0070410				
by the C/O WHITING MANAGEMENT 84-0978410					
due date for filing your 1720 S. BELLAIRE ST., NO. 110					
return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions. DENVER, CO 80222-4303					
Check type of return to be filed (file a separate application for each return):					
X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870					
WHITING MANAGEMENT • The books are in the care of ▶ 1720 S. BELLAIRE ST., NO. 110 - DENVER, CO 80222-4303					
Telephone No. ▶ 303-782-0155 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the box ▶ and attach a list with the names and EINs of all					
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for X calendar year 2009 or AUGUST 15 , 2010 , to file the exempt organization return for the organization named is for the organization's return for the organization named is for the organization or the organization named is for the organization or the organization named is for the organization or the organization named is for the organization or the organization named is for the organization or the organization named is for the organization or the organization named is for the organization or the organization named is for the organization or the or					
tax year beginning, and ending	·				
2 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period				
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$				
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
tax payments made. Include any prior year overpayment allowed as a credit	3b \$				
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,					
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).					
See instructions	3c \$ N/A				