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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? Promote advancement of women in real estate profession			
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, and other relevant information for each program title			
<b>28</b> HELD MULTIPLE EDUCATIONAL LUNCHEONS AND NETWORKING SPECIAL EVENTS, ORGANIZED GOLF TOURNAMENT TO RAISE FUND, PROVIDED AWARDS TO CHARITY AND SCHOLARSHIP TO STUDENTS, SENT DELEGATES TO ATTEND NATIONAL EVENTS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<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 )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-.)	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions 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 . . . . .	33	No
34	Were any changes made to the organizing or governing documents? 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 <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	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? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	No
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 . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end 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	Section 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 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 . . . . .	40b	
c	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 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ AZ		
42a	The organization's books are in care of ▶ GETTING IT DONE AMC Telephone no ▶ (623) 581-3597 P O BOX 72720 Located at ▶ PHOENIX, AZ ZIP + 4 ▶ 85050		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
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

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	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 & deferred compensation	(e) Expense account and other allowances
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	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.	
	***** Signature of officer	2010-11-12 Date
	ELIZABETH BECKWITH PRES ELECTTREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature CAROLYN SECHLER	Date 2010-11-12	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SECHLER CPA PC 921 E ORANGE DRIVE PHOENIX, AZ 85014			EIN
				Phone no (602) 230-2700

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

Additional Data

Software ID:  
Software Version:  
EIN: 86-0516666  
Name: ARIZONA COMMERCIAL REAL ESTATE WOMEN an  
arizona nonprofit corp

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
EILEEN O'BRIEN P O BOX 13116 PHOENIX,AZ 85002	PRES 002 00	0		
ELIZABETH BECKWITH P O BOX 13116 PHOENIX,AZ 85002	PRES-ELECT/TREAS 002 00	0		
CHRISTINE HUGHES P O BOX 13116 PHOENIX,AZ 85002	SECY 002 00	0		
BETH COHN P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
KAREN SCISLOWSKI P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
SHEILA BALE P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
VICKIE GEORGEN P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
KRISTINE ADDY P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
PAM MCCONLOGUE P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
COLLEEN CONLEY P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
LAURIE SHEEDY SANDAU P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		
SHERRY SENTGEORGE P O BOX 13116 PHOENIX,AZ 85002	PAST PRES 002 00	0		
SANDI ELMORE P O BOX 13116 PHOENIX,AZ 85002	DIR 002 00	0		

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

2009

Open to Public Inspection

Name of the organization  
ARIZONA COMMERCIAL REAL ESTATE WOMEN an arizona nonprofit corp

Employer identification number  
86-0516666

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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 activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		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.

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	CHARITY AUCTION (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	43,946	1,500	45,446
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	43,946	1,500	45,446
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .	3,919		3,919
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	15,710		15,710
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			19,629
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			25,817

Part III 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.

		(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 . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<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 Combine lines 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 charitable gaming? . . . . .	12	



		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**TY 2009 Other Assets Schedule**

**Name:** ARIZONA COMMERCIAL REAL ESTATE WOMEN an arizona nonprofit corp

**EIN:** 86-0516666

**Software ID:** 09000123

**Software Version:** 2009.0.12

Description	Beginning of Year Amount	End of Year Amount
Prepaid expenses	19,055	714
Reimbursement receivable	1,252	

## TY 2009 Other Expenses Schedule

**Name:** ARIZONA COMMERCIAL REAL ESTATE WOMEN an arizona nonprofit corp

**EIN:** 86-0516666

**Software ID:** 09000123

**Software Version:** 2009.0.12

Description	Amount
Travel	158
Conferences, conventions, and meetings .	48,158
CREW NATIONAL DUES AND SERVICES	21,411
BANK SERVICES FEES	4,492
BOARD GIFTS	173
BOARD MEETINGS	776
INSURANCE	405
MEMBERSHIP COMMITTEE EXPENSES	65
OFFICE EXPENSES	429
STRATEGIC PLANNING	539
OTHER ADMIN EXPENSES	31,384
PUBLIC RELATIONS	9,548
EDUCATION EXPENSES	1,000
WEBSITE FEES	6,397
BANK ADJUSTMENT	318
BUSINESS EXPENSES	110
SPONSORSHIP EXPENSES	3,749
OTHER PROGRAM EXPENSES	878
PRIOR YEAR ADJUSTMENT	3,260
CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS	12,629

## TY 2009 Other Liabilities Schedule

**Name:** ARIZONA COMMERCIAL REAL ESTATE WOMEN an arizona nonprofit corp

**EIN:** 86-0516666

**Software ID:** 09000123

**Software Version:** 2009.0.12

Description	Beginning of Year Amount	End of Year Amount
Deferred Dues/Sponsorship Revenue	40,524	