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A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOUTHERN NEVADA CCIM		D Employer identification number 88-0233294
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 97653		E Telephone number
		City or town, state or country, and ZIP + 4 LAS VEGAS, NV 89193		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).

I Website: CHAPTERS CCIM COM/SOUTHERNNEVADA		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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	\$	300,728
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received				1	5,865
	2	Program service revenue including government fees and contracts				2	160,820
	3	Membership dues and assessments				3	94,593
	4	Investment income				4	6,005
	5a	Gross amount from sale of assets other than inventory			5a		
	b	Less cost or other basis and sales expenses			5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐					
	a	Gross revenue (not including \$ 2,865 of contributions reported on line 1) ☐			6a	33,445	
	b	Less direct expenses other than fundraising expenses			6b	13,915	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c	19,530
	7a	Gross sales of inventory, less returns and allowances			7a		
	b	Less cost of goods sold			7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe ☐ _____)				8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7 c, and 8				9	286,813
Expenses	10	Grants and similar amounts paid (attach schedule)				10	9,061
	11	Benefits paid to or for members				11	
	12	Salaries, other compensation, and employee benefits				12	
	13	Professional fees and other payments to independent contractors				13	20,925
	14	Occupancy, rent, utilities, and maintenance				14	
	15	Printing, publications, postage, and shipping				15	4,849
	16	Other expenses (describe ☐ _____)				16	239,364
	17	Total expenses. Add lines 10 through 16				17	274,199
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	12,614
	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)				19	96,709
	20	Other changes in net assets or fund balances (attach explanation)				20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20				21	109,323

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	123,738	22 129,713
23	Land and buildings		23
24	Other assets (describe )	4,305	24 6,310
25	Total assets	128,043	25 136,023
26	Total liabilities (describe )	31,334	26 26,700
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	96,709	27 109,323

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (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? TO PROVIDE EDUCATIONAL AND NETWORKING OPPORTUNITIES TO ITS MEMBERS			
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			
28 EDUCATIONAL CLASSES WERE HELD THROUGOUT THE YEAR TO ENCOURAGE REAL ESTATE AGENTS TO OBTAIN A HIGHER DESIGNATION (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 FUND RAISING EVENTS ARE HELD TO HELP PROVIDE MONEY FOR NEEDY SCHOOLS IN THE AREA AND OTHER CHARITABLE ORGANIZATIONS (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. 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

Part V Other 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 not 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 Form 990-T for this year?	35b	
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 Form 1120-POL for this year?	37b	No
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? . . .	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 ▶ _____		
42a	The organization's books are in care of ▶ <u>ALTERNATIVE MANAGEMENT</u> Telephone no ▶ <u>(702) 798-5156</u> 6725 VIA AUSTI PKWY 250 Located at ▶ <u>LAS VEGAS, NV</u> ZIP + 4 ▶ <u>89119</u>		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	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 Form 1041 —Check here ▶ ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	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

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

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		2010-05-14 Date		
	CATHY JONES, TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	DIANNA RUSSO	Date 2010-06-17	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	HOULDSWORTH RUSSO & COMPANY PC 170 N STEPHANIE SUITE 110 HENDERSON, NV 89074			EIN
					Phone no (702) 269-9992
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Additional Data

Software ID:

Software Version:

EIN: 88-0233294

Name: SOUTHERN NEVADA CCIM

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
TEDD ROSENSTEIN PO BOX 97653 LAS VEGAS, NV 89193	PRESIDENT 0	0		
CAROL CLINE-ONG PO BOX 97653 LAS VEGAS, NV 89193	PRES ELECT 0	0		
CATHY JONES PO BOX 97653 LAS VEGAS, NV 89193	SEC/TREAS 0	0		
DEVIN LEE PO BOX 97653 LAS VEGAS, NV 89193	PAST PRES 0	0		
GARY BANNER PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
MIRIAM CAMPOS-ROOT PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
GARRY CUFF PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
CHRISTIE DAUGHERTY PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
SANDY FINK PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
ANDY HANTGES PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
JAN HOBACK PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
RYAN MARTIN PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
BOBBI MIRACLE PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	0		
KATHY STUBBS PO BOX 97653 LAS VEGAS, NV 89193	DIRECTOR 0	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
SOUTHERN NEVADA CCIM

Employer identification number
88-0233294

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
		WINE TASTING EV (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	36,310		36,310
	2	Less Charitable contributions	2,865		2,865
	3	Gross income (line 1 minus line 2)	33,445		33,445
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	9,915		9,915
	8	Entertainment			
	9	Other direct expenses	4,000		4,000
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			
					19,530

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			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ 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	No
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► <u>ALTERNATIVE MANAGEMENT</u>			
Address ► <u>6725 VIA AUSTI PKWY 250</u> <u>LAS VEGAS, NV 89119</u>			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	No
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 Compensation Explanation

Name: SOUTHERN NEVADA CCIM

EIN: 88-0233294

Person Name	Explanation
TEDD ROSENSTEIN	
CAROL CLINEONG	
CATHY JONES	
DEVIN LEE	
GARY BANNER	
MIRIAM CAMPOSROOT	
GARRY CUFF	
CHRISTIE DAUGHERTY	
SANDY FINK	
ANDY HANTGES	
JAN HOBACK	
RYAN MARTIN	
BOBBI MIRACLE	
KATHY STUBBS	

TY 2009 Other Assets Schedule

Name: SOUTHERN NEVADA CCIM

EIN: 88-0233294

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	2,105	2,020
PREPAID EXPENSES AND DEFERRED CHARGES	2,200	2,150
DUE FROM CCIM INSTITUTE		2,140
	4,305	6,310

TY 2009 Other Expenses Schedule

Name: SOUTHERN NEVADA CCIM
EIN: 88-0233294

Description	Amount
WINE TASTING EVENT	
MISCELLANEOUS	2,034
POWERPOINT	100
TRAVEL	5,000
MEETING	318
MARKETING	887
EXPENSES	
ADVERTISING	3,503
OFFICE	4,749
BUSINESS MEETINGS	4,856
INSURANCE	2,477
BAD DEBT	2,245
BANK CHARGES	1,953
BOARD EXPENSES	2,922
EDUCATION	103,066
ICSC RECEPTION	6,063
MEMBERSHIP EXPENSES	1,704
NEWSLETTER/PUBLICATIONS	15,659
POSTAGE AND DELIVERY	1,398
PROGRAM EXPENSES	59,025
SCHOLARSHIPS	9,500
SOCIAL ACTIVITIES	3,253
SPONSORSHIP COMMITTEE	8,044
SUPPLIES	45
TELEPHONE	488
WEBSITE	75

TY 2009 Other Liabilities Schedule**Name:** SOUTHERN NEVADA CCIM**EIN:** 88-0233294

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2,559	
DEFERRED REVENUE	28,775	26,700
	31,334	26,700