



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2010**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning , 2010, and ending ,**

|   |  |  |  |
|---|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>CREW of Northern Nevada</b><br>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br><b>PO Box 20721</b><br>City or town, state or country, and ZIP + 4<br><b>Reno NV 89515</b> | <b>D</b> Employer identification number<br><b>20-1282751</b> | <b>E</b> Telephone number<br><b>(775) 721-2057</b> |
|   |  | <b>F</b> Group Exemption Number                              |  |

**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **www.crewnn.org****J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) ( 6 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **69,832.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

|   |  |                |                |
|---|--|----------------|----------------|
| <b>REVENUE</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>       | <b>9,060.</b>  |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>       | <b>10,140.</b> |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>       | <b>15,355.</b> |
|   | <b>4</b> Investment income   | <b>4</b>       | <b>15.</b>     |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b>      |                |
|   | <b>b</b> Less: cost or other basis and sales expenses  | <b>5b</b>      |                |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b>      |                |
|   | <b>6</b> Gaming and fundraising events   |                |                |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000).  | <b>6a</b>      |                |
| <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>  | <b>35,245.</b> |                |
| <b>c</b> Less: direct expenses from gaming and fundraising events   | <b>6c</b>  | <b>30,793.</b> |                |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b>  | <b>4,452.</b>  |                |
| <b>7a</b> Gross sales of inventory, less returns and allowances.  | <b>7a</b>  |                |                |
| <b>b</b> Less: cost of goods sold   | <b>7b</b>  |                |                |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b>  |                |                |
| <b>8</b> Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue   | <b>8</b>   | <b>17.</b>     |                |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>   | <b>39,039.</b> |                |
| <b>EXPENSES</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O) See L-10 Stmt   | <b>10</b>      | <b>2,000.</b>  |
|   | <b>11</b> Benefits paid to or for members  | <b>11</b>      |                |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b>      |                |
|   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b>      | <b>13,235.</b> |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b>      | <b>1,651.</b>  |
|   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b>      |                |
|   | <b>16</b> Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses  | <b>16</b>      | <b>27,571.</b> |
|   | <b>17 Total expenses.</b> Add lines 10 through 16  | <b>17</b>      | <b>44,457.</b> |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)   | <b>18</b>  | <b>-5,418.</b> |                |
| <b>NET ASSETS</b>   | <b>19</b> 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) | <b>19</b>      | <b>19,931.</b> |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b>      |                |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b>      | <b>14,513.</b> |

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

MAY 19 2011

OGDEN, UT

TEEA0812 02/18/11

65 22

SCANNED JUN 16 2011 10:01 AM

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 19,931.               | 22 14,513.      |
| 23 Land and buildings  | 0.                    | 23 0.           |
| 24 Other assets (describe in Schedule O) _____                                 | 0.                    | 24 0.           |
| 25 Total assets  | 19,931.               | 25 14,513.      |
| 26 Total liabilities (describe in Schedule O) _____                            | 0.                    | 26 0.           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 19,931.               | 27 14,513.      |

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? **NETWORKING/ADVANCEMENT OF WOMEN REAL ESTATE PROFESSIONALS**  
 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.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

|   |     |
|---|-----|
| 28 THE ORGANIZATION HOLDS MEMBERSHIP MEETINGS TO PROVIDE WOMEN IN REAL ESTATE CAREERS AN OPPORTUNITY TO NETWORK AND RECEIVE EDUCATION ON ISSUES TO FURTHER ADVANCE THEIR CAREERS<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 _____<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   | 29a |
| 30 _____<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a |
| 31 Other program services (describe in Schedule O)<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   | 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)Check if the organization used Schedule O to respond to any question in this 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|--|---|--|
| ELIZABETH FIELDER<br>100 W LIBERTY ST, 12th FLOOR<br>RENO NV 89501    | Past Pres<br>2.00  | 0.   | 0.  | 0.                                       |
| MELISSA MOLYNEAUX<br>10765 DOUBLE R BLVD., STE 100<br>Reno NV 89521   | PRESIDENT<br>5.00  | 0.   | 0.  | 0.                                       |
| ELIZABETH TESKE<br>5500 EQUITY AVENUE<br>RENO NV 89502                | PRES. ELECT<br>2.00                                      | 0.   | 0.  | 0.                                       |
| BRAD BONKOWSKI<br>223 S DIVISION STREET<br>CARSON CITY NV 89703       | TREASURER<br>5.00  | 0.   | 0.  | 0.                                       |
| WENDY PITTS<br>PO Box 11130<br>Reno NV 89520                          | SECRETARY<br>3.00  | 0.   | 0.  | 0.                                       |
| GINA ALBANESE<br>1205 S. MEADOWS PARKWAY<br>Reno NV 89521             | DIRECTOR<br>1.00   | 0.   | 0.  | 0.                                       |
| KIMBERLY CLARK<br>5250 NEIL RD, STE 100<br>RENO WY 89501              | DIRECTOR<br>1.00   | 0.   | 0.  | 0.                                       |
| MARION TAVENER-HOSE<br>201 W LIBERTY ST, LOWER LEVEL<br>RENO NV 89501 | DIRECTOR<br>1.00   | 0.   | 0.  | 0.                                       |
| ANDY TOURIN<br>1450 RIDGEVIEW DRIVE<br>RENO NV 89519                  | DIRECTOR<br>1.00   | 0.   | 0.  | 0.                                       |
| See List of Officers, Directors, Trustees, & Key Employees Stmt       |  |  |   |  |

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

|   | Yes | No       |
|---|-----|----------|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.  |     | <b>X</b> |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).   |     | <b>X</b> |
| <b>35</b> 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, explain in Schedule O why the organization did not report the income on Form 990-T.  |     |          |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?   |     | <b>X</b> |
| <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?   |     |          |
| <b>36</b> 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   |     | <b>X</b> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.   |     |          |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?  |     | <b>X</b> |
| <b>38a</b> 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 tax year covered by this return?   |     | <b>X</b> |
| <b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>  |     |          |
| <b>39</b> Section 501(c)(7) organizations Enter.  |     |          |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>  |     |          |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>   |     |          |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>   |     |          |
| <b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b> |     |          |
| <b>c</b> 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 <b>40c</b>  |     |          |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>  |     |          |
| <b>e</b> 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 <b>40e</b>   |     | <b>X</b> |
| <b>41</b> List the states with which a copy of this return is filed <b>41</b>   |     |          |

**42a** The organization's books are in care of **BRAD BONKOWSKI** Telephone no. **(775) 888-6168**  
 Located at **PO BOX 20721** **RENO** **NV** ZIP + 4 **89515**

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** **X**  
 If 'Yes,' enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** **X**  
 If 'Yes,' enter the name of the foreign country **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here **43** ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year

|   | Yes | No       |
|---|-----|----------|
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.                |     | <b>X</b> |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44b</b> |     | <b>X</b> |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>  |     | <b>X</b> |
| <b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <b>44d</b>       |     |          |

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

|     | Yes | No |
|-----|-----|----|
| 45  |     | X  |
| 45a |     | X  |
| 46  |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?

|     | Yes | No |
|-----|-----|----|
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |

f Total number of other employees paid over \$100,000

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

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

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

- 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |  |                          |               |  |      |
|------------------------|--|--------------------------|---------------|--|------|
| Sign Here              | Signature of officer   | Date 5/12/11             |               |  |      |
|                        | Type or print name and title. <b>KIMBERLY STAPP-NICHOLO, TREASURER</b> |                          |               |  |      |
| Paid Preparer Use Only | Print/Type preparer's name   | Preparer's signature     | Date 05/11/11 | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
|                        | Firm's name  | Barbara L. Wardwell, CPA |               |  |      |
|                        | Firm's address   | 335 West First Street    |               |  |      |
|                        |  | Reno NV 89503            | Firm's EIN    | Phone no (775) 324-3455                                    |      |

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

BAA

Form 990-EZ (2010)

**Department of the Treasury**  
**Internal Revenue Service**

**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.**

2010

**Open to Public Inspection**

Employer identification number

**20-1282751**

**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.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 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.

| (i) Name and address 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 column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |

**Total**

- 3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

| REVENUE         |   | (a) Event #1<br><u>GOLF TOURNAMENT</u><br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br><u>NONE</u><br>(total number) | (d) Total events<br>(add column (a) through column (c)) |
|-----------------|---|--|------------------------------|---|---|
|                 |   |  |                              |   |   |
|                 | 1 Gross receipts  | 34,140.  |                              |   | 34,140.   |
|                 | 2 Less: Charitable contributions                                |  |                              |   |   |
|                 | 3 Gross income (line 1 minus line 2)                            | 34,140.  |                              |   | 34,140.   |
| DIRECT EXPENSES | 4 Cash prizes . . .   | 1,000.   |                              |   | 1,000.  |
|                 | 5 Noncash prizes  | 4,535.   |                              |   | 4,535.  |
|                 | 6 Rent/facility costs   | 7,164.   |                              |   | 7,164.  |
|                 | 7 Food and beverages  | 7,424.   |                              |   | 7,424.  |
|                 | 8 Entertainment   |  |                              |   |   |
|                 | 9 Other direct expenses . . . . .                               | 9,254.   |                              |   | 9,254.  |
|                 | 10 Direct expense summary. Add lines 4- through 9 in column (d) |  |                              |   | 29,377.   |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10  |  |                              |   | 4,763.  |

**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.

| REVENUE         |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                 | (c) Other gaming  | (d) Total gaming<br>(add column (a) through column (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| DIRECT EXPENSES | 1 Gross revenue   |   |   |   |   |
|                 | 2 Cash prizes   |   |   |   |   |
|                 | 3 Non-cash prizes   |   |   |   |   |
|                 | 4 Rent/facility costs   |   |   |   |   |
|                 | 5 Other direct expenses   |   |   |   |   |
|                 | 6 Volunteer labor   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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 |   |   |   |   |

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? ☐ Yes ☐ No

b If 'No,' explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain \_\_\_\_\_

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 

Address ►

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ 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 of the third party.

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? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public Inspection**

Name of the organization

Employer identification number

**CREW of Northern Nevada**

**20-1282751**

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TEEA4901 10/26/10

Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

Banking reimbursements 17.

Total 17.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

DELEGATION/CONVENTION EXPENSES 6,048.

PROGRAM MEETING EXPENSES 13,694.

MEMBERSHIP EXPENSES 7,398.

BOARD MEETING EXPENSES 431.

Total 27,571.

Form 990-EZ, Page 2, Part IV

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

| Name and address  | Title and average hours per week devoted to position | Compensation (if not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|---|--|---------------------------------------|---|--------------------------------------|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>ANDIE WILSON<br>223 S. DIVISION STREET<br>CARSON CITY NV 89703<br>Foreign city _____<br>Foreign country _____           | Title<br>DIRECTOR<br>Hours/Week<br>1.00              | 0.                                    | 0.  | 0.                                   |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>LYNDA J MAHORTER<br>5340 KIETZKE LANE, SUITE 200<br>RENO NV 89511<br>Foreign city _____<br>Foreign country _____        | Title<br>DIRECTOR<br>Hours/Week<br>1.00              | 0.                                    | 0.  | 0.                                   |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>DESIREE FLANARY<br>2601 SAGEBUSH DRIVE, STE 101<br>FLOWER MOUND TX 75028<br>Foreign city _____<br>Foreign country _____ | Title<br>DIRECTOR<br>Hours/Week<br>1.00              | 0.                                    | 0.  | 0.                                   |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>BRITTANY DIEHL<br>5555 KIETZKE LANE, STE 150<br>RENO NV 89511<br>Foreign city _____<br>Foreign country _____            | Title<br>DIRECTOR<br>Hours/Week<br>1.00              | 0.                                    | 0.  | 0.                                   |

Form 990-EZ, Page 2, Part IV

Continued

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

| Name and address   | Title and average hours per week devoted to position | Compensation (if not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|--|--|---------------------------------------|---|--------------------------------------|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>ADRIEN BURNEY<br>6572 S MCCARRAN BLVD<br>RENO NV 89509<br>Foreign city _____<br>Foreign country _____              | Title<br>DIRECTOR<br>Hours/Week<br>1.00              | 0.                                    | 0.  | 0.                                   |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>KIMBERLY A PHIPPS-NICHOL<br>2650 HUNTER LAKE DRIVE<br>RENO NV 89509<br>Foreign city _____<br>Foreign country _____ | Title<br>DIRECTOR<br>Hours/Week<br>1.00              | 0.                                    | 0.  | 0.                                   |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>ROXANNE STEVENSON<br>10765 DOUBLE R BLVD, STE 100<br>RENO NV 89521<br>Foreign city _____<br>Foreign country _____  | Title<br>DIRECTOR<br>Hours/Week<br>1.00              | 0.                                    | 0.  | 0.                                   |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>JANET CHUBB<br>100 WEST LIBERTY, 12TH FLR<br>RENO NV 89501<br>Foreign city _____<br>Foreign country _____          | Title<br>BOARD COUNSEL<br>Hours/Week<br>0.00         | 0.                                    | 0.  | 0.                                   |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>LYNN REMICK<br>PO BOX 20721<br>RENO NV 89515<br>Foreign city _____<br>Foreign country _____                        | Title<br>CHPTR ADMIN<br>Hours/Week<br>15.00          | 11,000.                               | 0.  | 0.                                   |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**Purpose of Payment Scholarship

| Class of Activity  | Grantee's Name and Address  | Grantee's Relationship | Amount Given  |
|--------------------|---|------------------------|---------------|
| <u>Scholarship</u> | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/><br><u>University of Nevada Foundation</u><br><u>UNR-College of Business-Mail Stop 0024</u><br><u>Reno NV 89557</u> | <u>None</u>            | <u>2,000.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

**Supporting Statement of:****Form 990-EZ/Line 14**

| Description               | Amount               |
|---------------------------|----------------------|
| Dues and subscriptions    | 600.                 |
| Credit card merchant fees | 486.                 |
| Gifts/flowers             | 75.                  |
| Insurance                 | 405.                 |
| Secretary of State filing | 25.                  |
| PO Box rental             | 60.                  |
| Total                     | <u><u>1,651.</u></u> |