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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Form **990-EZ**

Department 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. 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.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

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

C Name of organization
CREW AUSTIN, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3209 BLUE RIDGE DRIVE

City or town, state or country, and ZIP + 4
CEDAR PARK, TX 78613

D Employer identification number
01-0730138

E Telephone number
512-236-2079

F Group Exemption Number **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

I Website: **▶ WWW.CREWAUSTIN.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

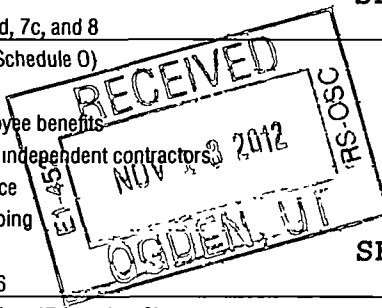
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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 **▶ \$ 92,296.**

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

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, and similar amounts received									50,735.													
	2	Program service revenue including government fees and contracts									16,145.													
	3	Membership dues and assessments									17,008.													
	4	Investment income		SEE SCHEDULE O							8.													
	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	Gaming and fundraising events																						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a																				
	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)		6b																				
c	Less: direct expenses from gaming and fundraising events		6c																					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d																		
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 in Schedule O)					8			SEE SCHEDULE O		8,400.													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9					92,296.													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																						
	11	Benefits paid to or for members																						
	12	Salaries, other compensation, and employee benefits																						
	13	Professional fees and other payments to independent contractors																					33,805.	
	14	Occupancy, rent, utilities, and maintenance																						
	15	Printing, publications, postage, and shipping																					441.	
	16	Other expenses (describe in Schedule O)																					53,121.	
17	Total expenses. Add lines 10 through 16					17			SEE SCHEDULE O		87,367.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																					4,929.	
	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)																						38,378.
	20	Other changes in net assets or fund balances (explain in Schedule O)																						0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21																	43,307.



SCANNED DEC 05 2012

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	48,918.	22	76,457.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	70.	24	17,920.
25 Total assets	48,988.	25	94,377.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	10,610.	26	51,070.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,378.	27	43,307.

Part III Statement of Program Service Accomplishments (see the instructions 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? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 **MEETINGS AND NETWORKING TO KEEP MEMBERS CURRENT AS TO TRENDS AND ACTIVITIES IN THE COMMERCIAL REAL ESTATE INDUSTRY. APPROXIMATELY 120 MEMBERS.**

(Grants \$) If this amount includes foreign grants, check here 28a

29

(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 (describe in Schedule O)

(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)

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LISA ALLEN, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	PROGRAMS DIRECTOR 5.00	0.	0.	0.
M'LOU PATTON BELL, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	PAST PRESIDENT 5.00	0.	0.	0.
LENORA DUBOSE, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	SPECIAL EVENTS DIRECTOR 5.00	0.	0.	0.
KATHY ESTES, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	MEMBERSHIP DIRECTOR 5.00	0.	0.	0.
CACKI JEWART, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	RECOGNITION DIRECTOR 5.00	0.	0.	0.
ROSALIE KESZLER, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	PRESIDENT 5.00	0.	0.	0.
KATHY KYRISH, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	SECRETARY/SPONSORSHIPS 5.00	0.	0.	0.
STACY MOCK, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	CREW CAREERS DIRECTOR 5.00	0.	0.	0.
JENNIFER PAISLEY, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	DIRECTOR 5.00	0.	0.	0.
YVONNE PARRA, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	UCREW DIRECTOR 5.00	0.	0.	0.
KRISTIN PETERSON, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	PRESIDENT ELECT 5.00	0.	0.	0.
SARAH SCOTT, 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX 78613	PUBLIC RELATIONS DIRECTOR 5.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed. NONE
42a The organization's books are in care of THE ORGANIZATION Telephone no. 512-236-2079
Located at 3209 BLUE RIDGE DRIVE, CEDAR PARK, TX ZIP + 4 78613

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 42b, 42c, and 43 regarding foreign accounts and charitable trusts.

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

(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: Kathy Estes Date: 8/29/12
 Type or print name and title: Kathy Estes

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KAREN JONES	<u>Karen Jones CPA</u>	<u>8-1-12</u>		P00643840
	Firm's name ▶ MEADOR & JONES, LLP	Firm's EIN ▶ 74-2984516		Phone no. 512-472-0795	
	Firm's address ▶ 2414 EXPOSITION BLVD, SUITE BC-230 AUSTIN, TX 78703				

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2011

Open to Public
Inspection

Name of the organization

CREW AUSTIN, INC.

Employer identification number

01-0730138

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	8.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
SPONSOR ADVERTISEMENTS	8,400.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING/PROMOTION	1,073.
OFFICE	1,475.
INFORMATION TECHNOLOGY	2,406.
TRAVEL	7,215.
PROGRAM SERVICES	37,900.
INSURANCE	515.
CREDIT CARD FEES	2,537.
TOTAL TO FORM 990-EZ, LINE 16	53,121.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	70.	17,920.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	10,610.	51,070.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2011
Open to Public
Inspection

Name of the organization

CREW AUSTIN, INC.

Employer identification number

01-0730138

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE SUPPORT FOR
WOMEN IN REAL ESTATE.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CREW AUSTIN, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 01-0730138
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3209 BLUE RIDGE DRIVE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR PARK, TX 78613	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **3209 BLUE RIDGE DRIVE - CEDAR PARK, TX 78613**
Telephone No. ▶ **512-236-2079** FAX No. ▶ _____
- 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 this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2011** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 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	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Extension (8868) sent 5/15/12 via certified mail
Article # 7119 8654 9563 0001 2304 By MPM
IRS, Ogden, UT 84201-0045

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions CREW AUSTIN, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 01-0730138
	Number, street, and room or suite no. If a P.O. box, see instructions. 3209 BLUE RIDGE DRIVE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR PARK, TX 78613	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **3209 BLUE RIDGE DRIVE - CEDAR PARK, TX 78613**
Telephone No. **512-236-2079** FAX No.
- 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 this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**
- 5 For calendar year **2011**, or other tax year beginning _____, and ending _____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION IS IN THE PROCESS OF OBTAINING THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Hanna Lee* Title *CPA* Date *8/13/12*

Form 8868 (Rev. 1-2012)

MAILED
MM 8/15/12
To: D of T
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Cedon, UT 84201-0045
7190 1091 6100 0000 0469