



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



Short Form
Return of Organization Exempt From Income TaxUnder 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

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

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

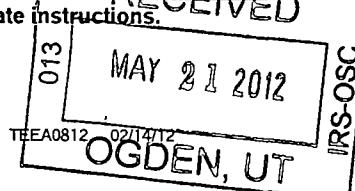
G Accounting Method Cash Accrual Other (specify) ► _____I Website: ► www.crewnn.orgJ Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts 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 ► \$ **79,685.**

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

| | | | |
|--|--|----------------|----------------|
| R E V E N U E | 1 Contributions, gifts, grants, and similar amounts received | 1 | 7,420. |
| | 2 Program service revenue including government fees and contracts | 2 | 9,349. |
| | 3 Membership dues and assessments | 3 | 15,825. |
| | 4 Investment income | 4 | 30. |
| | 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 | 47,061. |
| c Less direct expenses from gaming and fundraising events | 6c | 34,088. | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 12,973. | |
| 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 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 45,597. | |
| E X P E N S E S S | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 1,634. |
| | 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 | 8,441. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 1,420. |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) | 16 | 18,702. |
| 17 Total expenses. Add lines 10 through 16 | 17 | 30,197. | |
| A S S E T S | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 15,400. |
| | 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 | 14,513. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year (Combine lines 18 through 20) | 21 | 29,913. |
| | See Form 990-EZ, Part I, Line 16 Other Expenses | | |

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



Form 990-EZ (2011)

P

22

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 | 14,513. | 29,913. |
| 23 Land and buildings | 0. | 0. |
| 24 Other assets (describe in Schedule O) | 0. | 0. |
| 25 Total assets | 14,513. | 29,913. |
| 26 Total liabilities (describe in Schedule O) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 14,513. | 29,913. |

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 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 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 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 | | |
| 30 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 31 Other program services (describe in Schedule O) | (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) Reportable compensation (Form 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 |
|--|--|---|---|--|
| ELIZABETH TESKE 5500 EQUITY AVENUE RENO NV 89502 | President 2.00 | 0. | 0. | 0. |
| MELISSA MOLYNEAUX 10765 DOUBLE R BLVD., STE 100 Reno NV 89521 | Past Pres 1.00 | 0. | 0. | 0. |
| BRITTANY DIEHL 5455 KIETZKE LANE RENO NV 89511 | PRES. ELECT 2.00 | 0. | 0. | 0. |
| KIMBERLY A PHIPPS-NICHOL 2650 HUNTER LAKE DRIVE RENO NV 89509 | TREASURER 2.00 | 0. | 0. | 0. |
| WENDY PITTS PO Box 11130 Reno NV 89520 | SECRETARY 2.00 | 0. | 0. | 0. |
| ADRIEN BURNET 6572 S MCCARRAN BLVS Reno NV 89509 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DESIREE FLANARY 1017 S BOULDER ROAD, STE G LOUISVILLE CO 80027 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ERIN KRUEGER 5555 KIETZKE LANE, STE 200 RENO NV 89511 | DIRECTOR 1.00 | 0. | 0. | 0. |
| MARION HOSE 201 W LIBERTY ST, LOWER LEVEL RENO NV 89501 | DIRECTOR 1.00 | 0. | 0. | 0. |
| See List of Officers, Directors, Trustees, & Key Employees Stmt | | | | |

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 Schedule O to respond to any question in this Part V

33 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 **33** **Yes** **No**

34 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) **34**

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **35a** **Yes** **No**

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O **35b**

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III **35c** **Yes** **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**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **0** **37b**

b Did the organization file Form 1120-POL for this year? **38a** **Yes** **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 tax year covered by this return? **38b**

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **39a**

39 Section 501(c)(7) organizations Enter **39b**

a Initiation fees and capital contributions included on line 9 **40a**

b Gross receipts, included on line 9, for public use of club facilities **40b**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: **40c**

section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____ **40d**

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 **40e** **Yes** **No**

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 ► _____ **41**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____ **42a**

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 **42b** **Yes** **No**

41 List the states with which a copy of this return is filed ► _____ **42c**

42a The organization's books are in care of ► **KIMBERLY PHIPPS-NICHOL** **42d** Telephone no ► (775) 560-2612

Located at ► **2650 HUNTER LAKE DRIVE** **42e** RENO **42f** NV ZIP + 4 ► 89509 **42g**

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)? **42h**

If 'Yes,' enter the name of the foreign country ► _____ **42i**

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42j**

If 'Yes,' enter the name of the foreign country ► _____ **42k**

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 ► **43** **43l** **Yes** **No**

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44a** **Yes** **No**

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 **44b**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? **45a**

b 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 instructions) **45b**

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 |
|-------|-----|----|
| 12345 | Y | N |

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

| | Yes | No |
|--|-----|----|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 47 | |
| 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.' | | |

e 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 |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

e 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 <i>Barbara L. President</i> | Date | | | |
| | ► Type or print name and title <i>Brittany Dicht, President</i> | <i>5/15/12</i> | | | |
| Paid Preparer Use Only | Print/Type preparer's name Barbara L. Wardwell, CPA | Preparer's signature <i>Barbara L. Wardwell, CPA</i> | Date 05/14/12 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00103188 |
| | Firm's name ► Barbara L. Wardwell, CPA | Firm's EIN ► 52-2144779 | | | |
| | Firm's address ► 335 West First Street | | | | |
| | Reno | NV | 89503 | Phone no. | (775) 324-3455 |

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

Form 990-EZ (2011)

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | X |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | X |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | X |

Part III-B: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

| | | |
|--|----|---------|
| 1 Dues, assessments and similar amounts from members | 1 | 15,825. |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | 0. |
| b Carryover from last year | 2b | 0. |
| c Total | 2c | 0. |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | 0. |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line 1. Also, complete this part for any additional information

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.



Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CREW of Northern Nevada

20-1282751

Part II **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 email solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d Other (please specify) _____

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 services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (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 |
|---|--|---------------|--|-----------------------------------|---|---|
| 1 | | Yes | No | | | |
| | | | | | | |
| 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 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 <u>GOLF TOURNAMENT</u> (event type) | (b) Event #2 <u>SUMMIT DINNER</u> (event type) | (c) Other events <u>NONE</u> (total number) | (d) Total events (add column (a) through column (c)) |
|-----------------|--|--|--|---|---|
| | | | | | |
| REVENUE | 1 Gross receipts | 40,025. | 6,276. | | 46,301. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 40,025. | 6,276. | | 46,301. |
| DIRECT EXPENSES | 4 Cash prizes | 1,000. | | | 1,000. |
| | 5 Noncash prizes | 3,770. | | | 3,770. |
| | 6 Rent/facility costs | 6,890. | | | 6,890. |
| | 7 Food and beverages | 6,898. | | | 6,898. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 14,052. | | | 14,052. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 32,610. |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 13,691. |

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 column (a) through column (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 | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <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 | | | | |

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 _____

10a 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? Yes 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? Yes No

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

| | |
|-----|---|
| 13a | % |
| 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).

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 of Northern Nevada

Employer identification number

20-1282751

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)

| | |
|---------------------------------------|--------|
| <u>DELEGATION/CONVENTION EXPENSES</u> | 4,164. |
| <u>PROGRAM MEETING EXPENSES</u> | 6,492. |
| <u>MEMBERSHIP EXPENSES-NATIONAL</u> | 7,972. |
| <u>BOARD MEETING EXPENSES</u> | 74. |

| | |
|-------|----------------|
| Total | <u>18,702.</u> |
|-------|----------------|

Form 990-EZ, Page 2, Part IV

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

| | average hours per week devoted to position | compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | benefits, contributions to employee benefit plans, and deferred compensation | amount of other compensation |
|--|--|--|--|------------------------------|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANDY TOURIN 1450 RIDGEVIEW DRIVE RENO NV 89519 | Title <u>DIRECTOR</u> | | | |
| Foreign City | Hours/Week 1.00 | 0. | 0. | 0. |
| Foreign Country | | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LYNDA J MAHORTER 5340 KIETZKE LANE, SUITE 200 RENO NV 89511 | Title <u>DIRECTOR</u> | | | |
| Foreign City | Hours/Week 1.00 | 0. | 0. | 0. |
| Foreign Country | | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BEN NELSON 5441 KIETZKE LANE, STE 100 RENO NV 89511 | Title <u>DIRECTOR</u> | | | |
| Foreign City | Hours/Week 1.00 | 0. | 0. | 0. |
| Foreign Country | | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> AIMAN NOUSULTANOVA 6980 SIERRA CENTER PKWY, STE 160 RENO NV 89511 | Title <u>DIRECTOR</u> | | | |
| Foreign City | Hours/Week 1.00 | 0. | 0. | 0. |
| Foreign Country | | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JANNA PAGE 6995 SIERRA CENTER PKWY, STE 100 RENO NV 89511 | Title <u>DIRECTOR</u> | | | |
| Foreign City | Hours/Week 1.00 | 0. | 0. | 0. |
| Foreign Country | | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROXANNE STEVENSON 10765 DOUBLE R BLVD, STE 100 RENO NV 89521 | Title <u>DIRECTOR</u> | | | |
| Foreign City | Hours/Week 1.00 | 0. | 0. | 0. |
| Foreign Country | | | | |

Form 990-EZ, Page 2, Part IV

Continued

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

| | average hours per week devoted to position | compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | benefits, contributions to employee benefit plans, and deferred compensation | amount of other compensation |
|---|--|---|--|------------------------------|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JANET CHUBB 100 WEST LIBERTY, 12TH FLR RENO NV 89501 | Title BOARD COUNSEL | | | |
| Foreign City | Hours/Week 0.00 | 0. | 0. | 0. |
| Foreign Country | | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LYNN REMICK PO BOX 20721 RENO NV 89515 | Title ADMINISTRATOR | | | |
| Foreign City | Hours/Week 15.00 | 0. | 0. | 0. |
| Foreign Country | | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JESSICA GIAFAGLIONE 5455 KIETZKE LANE RENO NV 89511 | Title ADMINISTRATOR | | | |
| Foreign City | Hours/Week 5.00 | 0. | 0. | 0. |
| Foreign Country | | | | |

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 | <u>CONTRIBUTION</u> | | |
|--------------------|--|------------------------|--------------|
| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
| <u>DONATION</u> | Business <input checked="" type="checkbox"/> Person LAKE TAHOE SCHOOL 995 TAHOE BLVD INCLINE VILLAGE NV 89431 | NONE | 500. |

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 |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

| Purpose of Payment | | <u>CONTRIBUTION</u> | |
|--------------------|---|------------------------|--------------|
| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
| DONATION | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> SUSAN G KOMEN FOUNDATION 1350 FREEPORT BLVD SPARKS NV 89431 | NONE | |
| | | | 1,134. |
| | | | |

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:**Sch. G, page 2/Event 1 Other Direct Exp.**

| Description | Amount |
|--|----------------|
| GOLF SUPPLIES/FLAGS/ETC | 5,291. |
| HOLE-IN-ONE INSURANCE | 450. |
| PHOTOGRAPHY | 200. |
| CREDIT CARD PROCESSING FEES | 573. |
| SHARED OF PROCEEDS TO CO-SPONSOR-NAIOP | 7,538. |
| Total | <u>14,052.</u> |