



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
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization ARIZONA COMMERCIAL REAL ESTATE WOMEN	D Employer identification number 86-0516666
Number and street (or P O box, if mail is not delivered to street address) 2375 EAST CAMELBACK ROAD ROOM/SUITE 300	E Telephone number (602) 468-8551
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85016	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► WWWARIZONACREWORGJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 195,414

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	31,280
	2 Program service revenue including government fees and contracts	2	35,380
Expenses	3 Membership dues and assessments	3	42,713
	4 Investment income	4	4
Net Assets	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	86,037
	c Less direct expenses from gaming and fundraising events	6c	40,533
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	45,504
	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	154,881
	10 Grants and similar amounts paid (list in Schedule O)	10	42,081
	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	3,168
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	93
	16 Other expenses (describe in Schedule O)	16	84,336
	17 Total expenses. Add lines 10 through 16 ►	17	129,678
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,203
	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	47,800
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	19,310
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	92,313

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	89,311	22	110,857
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	27,668	24	20,546
25 Total assets	116,979	25	131,403
26 Total liabilities (describe in Schedule O)	69,179	26	39,090
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,800	27	92,313

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?

TO CHAMPION THE ADVANCEMENT AND SUCCESS OF WOMEN IN THE COMMERCIAL REAL ESTATE INDUSTRY LOCALLY AND NATIONALLY THROUGH LEADERSHIP, PROFESSIONAL RELATIONSHIPS, EDUCATION AND EXCELLENCE

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, optional for others)

28 HELD TWO MAJOR FUNDRAISERS INCLUDING A GOLF TOURNAMENT WHERE AT LEAST HALF OF ALL PROCEEDS WERE DONATED TO A CAUSE WHICH BENEFITS WOMEN AND A BLACK AND WHITE AFFAIR THAT BENEFITS ASU'S MASTERS IN REAL ESTATE DEVELOPMENT ARIZONA CREW ALSO AWARDED TWO SCHOLARSHIPS
(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 title	(b) 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
VICKI WILLIAMS PRESIDENT	20 00	0		
CHRISTINE OLSON PRESIDENT EL	10 00	0		
CHRISTINE VELDHUIZEN TREASURER	10 00	0		
KAREN HALPERT PROGRAMS CHA	10 00	0		
SHIRLEY HAWLEY SPONSORSHIP	10 00	0		
JACKIE ORCUTT MEMBERSHIP C	10 00	0		
ALISA TIMM SPECIAL EVEN	10 00	0		
KRISTAL DILL PR/OUTREACH	10 00	0		
VAL MARCIANO GOVERNANCE C	5 00	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 Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
37b		No
38a		
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41		
42a		
42b		
42c		No
43	43	
44a		
44b		
44c		
44d		
45a		No
45b		No

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

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)?

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

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

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

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?

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?

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), 501(c)(4), and 501(c)(29) 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 40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d

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

41 List the states with which a copy of this return is filed AZ

42a The organization's books are in care of CREW NETWORK Telephone no (785) 832-1808
Located at 1201 WAKARUSA DRIVE STE D LAWRENCE, KS ZIP + 4 66049

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 **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

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

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

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

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 within the meaning of section 512(b)(13)? 45a

45b 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

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?

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 title of each employee	(b) 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

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 business address of each independent contractor	(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 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 CHRISTIE VELDHUIZEN TREASURER Type or print name and title	2015-05-08 Date
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name MICHELE C HAMMANN CPA	Preparer's signature	Date 2015-05-08	Check <input type="checkbox"/> if self-employed	PTIN P00624381
	Firm's name <input type="checkbox"/> SS&C SOLUTIONS INC	Firm's EIN <input type="checkbox"/> 48-0969601			
	Firm's address <input type="checkbox"/> 3320 CLINTON PARKWAY COURT SUITE 2 LAWRENCE, KS 66047	Phone no (785) 838-4484			

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

2014

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
ARIZONA COMMERCIAL REAL ESTATE
WOMEN

Employer identification number

86-0516666

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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 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 col (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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>GOLF TOURNAMENT</u> (event type)	<u>B&W AFFAIR</u> (event type)	<u>1</u> (total number)	
1	Gross receipts . . .	60,608	20,079	5,350	86,037
2	Less Contributions . . .				
3	Gross income (line 1 minus line 2) . . .	60,608	20,079	5,350	86,037
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .	34,297	4,256	1,980	40,533
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .				
10	Direct expense summary Add lines 4 through 9 in column (d)				(40,533) ►
11	Net income summary Subtract line 10 from line 3, column (d)				45,504 ►

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))
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 . . . % <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 Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

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 contract 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. 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 provide any additional information (see instructions).

Return Reference

Explanation

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
ARIZONA COMMERCIAL REAL ESTATE
WOMENEmployer identification number
86-0516666**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CREW NETWORK 17,475 1201 WAKARUSA DR, C3 LAWRENCE KS 66049
FORM 990-EZ, PART I, LINE 10	CREW NETWORK FOUNDATION 1201 WAKARUSA DRIVE, SUITE D LAWRENCE, KS 66049 5,606 0 0 FRESH ST ART WOMEN'S FOUNDATION 1130 EAST McDOWELL ROAD PHOENIX, AZ 85006 13,000 0 0 ASU FOUNDATION MRED PROGRAM 300 E UNIVERSITY DRIVE TEMPE, AZ 85281 6,000 0 0
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 255 CONFERENCES & CONVENTIONS 10,441 INSURANCE 435 ADMINISTRATIVE EXPENSE 23,935 BANK FEES 3,432 MEMBERSHIP EXPENSE 5,575 PROGRAM EXPENSE 37,071 SPONSORSHIP EXPENSE 1,550 SUPPLIES 821 WEB & COMPUTER EXPENSE 821 TOTAL 84,336
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 19,310
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 16,740 13,502 PREPAID EXPENSES AND DEFERRED CHARGES 10,928 7,044 TOTAL 27,668 20,546
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 5,000 6,220 DEFERRED REVENUE 64,179 32,870
FORM 990-EZ, PART III	TO CHAMPION THE ADVANCEMENT AND SUCCESS OF WOMEN IN THE COMMERCIAL REAL ESTATE INDUSTRY LO CALLY AND NATIONALLY THROUGH LEADERSHIP, PROFESSIONAL RELATIONSHIPS, EDUCATION AND EXCELLENCE
FORM 990-EZ, PART III, LINE 28	HELD TWO MAJOR FUNDRAISERS INCLUDING A GOLF TOURNAMENT WHERE AT LEAST HALF OF ALL PROCEEDS WERE DONATED TO A CAUSE WHICH BENEFITS WOMEN AND A BLACK AND WHITE AFFAIR THAT BENEFITS A SUS MASTERS IN REAL ESTATE DEVELOPMENT ARIZONA CREW ALSO AWARDED TWO SCHOLARSHIPS