#### For Public Inspection

Return of Organization Exempt From Income Tax OMB No. 1545-0047 2013 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Open to Public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2013 calendar year, or tax year beginning 10/01/13, and ending 09/30/14C Name of organization Check if applicable: Employer identification number CRAFT EMERGENCY RELIEF FUND, INC. Address change Doing Business As Name change 13-3273980 Number and street (or P.O. box if mail is not delivered to street address) Telephone number Initial return P.O. BOX 838 802-229-2306 Terminated City or town, state or province, country, and ZIP or foreign postal code Amended return MONTPELIER 2,252,671 F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates' Yes CORNELIA CAREY P.O. BOX 838 H(b) Are all subordinates included? MONTPELIER If "No," attach a list. (see instructions) 05601 ) (insert no.) Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or WWW.CRAFTEMERGENCY.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association Other Year of formation: 1985 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance CRAFT EMERGENCY RELIEF FUND, INC. IS A NATIONAL ARTIST SERVICE ORGANIZATION WHOSE MISSION IS TO SAFEGUARD AND SUSTAIN THE CAREERS OF CRAFT ARTISTS AND TO PROVIDE EMERGENCY RESOURCES THAT BENEFIT ALL ARTISTS. 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ∞ 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 8 5 6 Total number of volunteers (estimate if necessary) 285 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0 7b **Current Year** 379,002 8 Contributions and grants (Part VIII, line 1h) 694. 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 56,373 709 8,939 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -2,66712 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 760,068 442,044 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 149,177 132,248 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 422. 16aProfessional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 231,672 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 785,713 797,937 644,107 -25,64519 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 961,704 582,296 21 Total liabilities (Part X, line 26) 58,822 43,260

Under penalties of perfury, 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.

Here	CORNE:	LIA CAREY	EX	ECUTIVE DI	RECTOR	}
Paid	Print/Type preparer's name		Preparer's signature	Date	Check self-empl	if PTIN loyed P00136499
Preparer Use Only	Firm's name	JMM & ASSOCIA 336 WATER TOW	ATES, PC VER CIR STE 801	F	Firm's EIN	03-0280081
May the I	Firm's address >	COLCHESTER, V		ļ,		802-655-5665 X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

22 Net assets or fund balances. Subtract line 21 from line 20

Signature Block

Part II

Form 990 (2013)

539.036

902.882

orm 990 (2013) CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission: CRAFT EMERGENCY RELIEF FUND, INC. IS A NATIONAL ARTIST SERVICE WHOSE MISSION IS TO SAFEGUARD AND SUSTAIN THE CAREERS OF CRAFT TO PROVIDE EMERGENCY RESOURCES THAT BENEFIT ALL ARTISTS.	' ARTISTS AND
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.	<i>!</i> 3,
4a (Code: )(Expenses\$ 223,142 including grants of\$ 130,788) (Revenue \$ THROUGH CERF+'S EMERGENCY RELIEF AND RECOVERY PROGRAMS, THE OR DISTRIBUTED ASSISTANCE IN THE FORM OF 46 GRANTS, 2 NO INTEREST 23 BROKERED DONATIONS OF EQUIPMENT, MATERIALS, AND SERVICES TO 55 ARTISTS. ASSISTANCE TOTALED \$157,043. CERF+ ALSO MANAGED 3 INTEREST EMERGENCY RECOVERY LOANS AND PROVIDED EMERGENCY RESPONDENCE OUNSELING AND REFERRALS TO 207 ARTISTS. DURING THIS TIME, CER GRANT WENT FROM \$3,000 TO \$4,000.	LOANS, AND A TOTAL OF A ACTIVE, NO NSE F+'S MAXIMUM
4b (Code: )(Expenses\$ 363,257 including grants of\$ 1,460 )(Revenue \$ IN FISCAL YEAR 2014, CERF+'S PREPAREDNESS AND RESILIENCY BUILD LARGELY FOCUSED ON THREE AREAS: INCREASING INFORMATION ABOUT BUSINESS INSURANCE; EDUCATING THE NEXT GENERATION OF MAKERS AB PROTECTION; AND SPEARHEADING A NATIONAL MOVEMENT IN THE ARTS SIMPROVE THE OVERALL SAFETY-NET FOR ARTISTS BEFORE, DURING AND DISASTERS. THROUGH THESE EFFORTS, WE SERVED 951 INDIVIDUALS WISTRENGTHENING COUNSELING (INCLUDING EDUCATION ABOUT BUSINESS I ALONG WITH WORKSHOPS/EDUCATIONAL PRESENTATIONS ON SAFEGUARDING CAREERS.	AND ACCESS TO OUT CAREER ECTOR TO AFTER TH BUSINESS NSURANCE)
CERF+'S CAREER PROTECTION CURRICULUM TRAINING EXPANDED WITH NI	NE (9)
4c (Code: )(Expenses\$ 33,140 including grants of\$ ) (Revenue \$ IN FISCAL YEAR 2014, CERF+ CONTINUED ITS ROLE AS CO-CHAIR OF T COALITION FOR ARTS' PREPAREDNESS AND EMERGENCY RESPONSE ALONG ARTS, A REGIONAL ARTS ORGANIZATION BASED IN ATLANTA, GA. DURIN THE COALITION STEERING COMMITTEE WORKED WITH TWO CONSULTANTS T SEVEN-YEAR STRATEGIC AND OPERATIONAL PLAN FOR ITS EVOLUTION FR INFORMAL TASK FORCE TO A SUSTAINABLE/STABLE NATIONAL NETWORK O RESPONDERS. WE HAVE BEGUN TO IMPLEMENT THE PLAN AS WELL AS IN PLANNING FOR A NEW ARTS RESPONDER NETWORK IN ILLINOIS. CERF+ A OF THE CHIEF PLANNERS FOR A FALL 2014 DAY-LONG SUMMIT OF GRANT ARTS TO DISCUSS HOW TO ADDRESS THE HUMAN NEEDS OF ARTISTS IN DISASTERS.	WITH SOUTH G THIS TIME, O PRODUCE A OM AN F ARTS ITIATED LSO WAS ONE MAKERS IN THE
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of\$ ) (Revenue \$  4e Total program service expenses ▶ 619.539	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
	candidates for public office? If "Ves " complete Schedule C. Part I	3		X
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		ı	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		ĺ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		ŀ	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>_X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١ ا		
	complete Schedule D, Part VI	11a	<u> </u>	
D	Did the organization report an amount for investments—other securities in Part X, tine 12 that is 5% or more	ا ا		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116	$\dashv$	
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\frac{\Lambda}{X}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	$_{x}$	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	İ		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		- 1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		•
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
<b>00</b> -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
D_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD	000	

Form 990 (2013) CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980

Pa	art IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	A DESCRIPTION OF THE PERSON OF		
-	organization's current and former officers, directors, trustees, key employees, and highest compensated	7 CO 150	0	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-001		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	Table 1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	11 11	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		200	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	100		
	If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		h s	
	disqualified persons? If so, complete Schedule L, Part II	26	- 10	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		-	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		5197	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1000	or heat	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		in E	
	Schedule L, Part IV	28b	. THE	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			10
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		- 10	
	or IV, and Part V, line 1	34	67	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	AT LOW		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		111114	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	
			000	(2013)

Form **990** (2013)

Forn	1990 (2013) CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980		F	age 5
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>. L. l</u>
4	Frank,		Yes	No
1a	Tu 1 10	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	12/3	1	
٥-	reportable gaming (gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		[C#3]	1
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 8	-		£
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del></del>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ł
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	İ	ľ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		۱
_	account)?	4a	<del> </del>	X
b	If "Yes," enter the name of the foreign country:			
<b>5</b> 0	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.		.,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Sa sal'	V
L	and services provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		—
C				v
	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d 7	7c	Records:	<u>X</u>
		7e		tacara
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>9</u> 7h		<del></del>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		) اروما را ا	
	organization, have excess business holdings at any time during the year?	8	فنستدد	فالأراب المستلكة
9	Sponsoring organizations maintaining donor advised funds.	r i		
_	Did the assemble the most and touch distributions under castles 40000	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b O	Section 501(c)(7) organizations. Enter:	75	77778	, <del></del>
a	Initiation fees and capital contributions included on Part VIII, line 12	18 years	i Heriotal	أميروا
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		12.64	
11	Section 501(c)(12) organizations. Enter:	1 1		
a	Annual Control of the	1 1459 / f	1 /4/3	Sect.
b	Gross income from members or snarenoiders  Gross income from other sources (Do not net amounts due or paid to other sources			體才
•			1	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
ь  3	Section 501(c)(29) qualified nonprofit health insurance issuers.	i 2;		المخدر
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			1 1
b	Enter the amount of reserves the organization is required to maintain by the states in which	ľ Ì		
-	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1 :		Li
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." crovide an explanation in Schedule O	14b		

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Form	990 (2013) CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980			age 6
	If VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo	or a "I	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	instru	ic <u>tio</u> ns.
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
	1.115		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			200
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		hidenia)	100
	committee, explain in Schedule O.  Seter the number of votice members included in line 1s, above who are independent.		1	
þ	Effet the fulliper of voting members included in line 12, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		<u>x</u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť	_	
7a		7a		X
ь	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ue C	ode.)	
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Page 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ĺ
	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	1		1900
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. 4		1
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
þ	Other officers or key employees of the organization	15b	<u> X</u>	<u> </u>
	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	The art of Samuel and the same		hi e- 28	lugger)
	with a taxable entity during the year?	16a		X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	L	الفنموطأ	لطقضينا
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA, NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
M	organization: ► JAYNE SHERIDAN 28 ELM STREET, #2 DNTPELIER VT 05602 802	_22	a_?	306
	VI UJUZ 602	<u> </u>	<i>.</i> 7 − ∠	<u> </u>

#### Form 990 (2013) CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per woek (list any	off	k, unk loer a	Pos check ess pe	rson	tion Reportable more than one compensatio son is both an from rector/trustee) the		Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other componsation
	hours for related organizations below datted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21095-MISC)	from the organization and related organizations
(1) POLLY ALLEN TREASURER	4.00	x		x				0	0	0
(2) CURTIS BENZLE	4.00	x						0	0	0
(3) EDDIE BERNARD DIRECTOR	4.00	X						0	0	0
(4) MICHELLE BUFANC		x						0	0	0
(5) JULIE DALGLEISH		x		x				0	0	0
(6) CAROL ECKERT SECRETARY	4.00	x		х				0	0	0
(7) JUDY GORDON	6.00	x		X				0	0	0
(8) JAN KATZ DIRECTOR	4.00	x						0	0	0
(9) REED MCMILLAN DIRECTOR	4.00	X					_	0	0	0
(10) CHRIS ROBB	4.00	X						0	0	0
(11)SYLVIE ROSENTHA		X						0	0	0
DAA	0.00	1	_	<u> </u>	<u> </u>	1				Form <b>990</b> (2013)

Form 990 (2013) CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980

DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part VII Section A. Officer	s, Directors, Tı	ust	808,	Key	Em	ploy	/008	, and Highest Compens	ated Employees (continu	ieq)
Part   Part	, ,	Average hours per week (list any	off	x, unte icer a	Pos chock ess pe nd a d	ition more rson	is bot	n an too)	Reportable compensation from tho	Reportable compensation from related organizations	Estimated amount of other compensation
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		<b>(</b> ,	and related
Total number of independent contractors (including but not limited to those listed above) who	(12)LOIS RUSSELL										
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIRECTOR	0.00	X	<u> </u>	<u> </u>	_	├	_	0	0	0
Total number of independent contractors (including but not limited to those listed above) who    Total number of independent contractors (including but not limited to those listed above) who    Total number of independent contractors (including but not limited to those listed above) who			x						0	0	0
Complete this table for your five highest software of independent contractors (including but not limited to those listed above) who	(14)TONI SIKES	0.00	<u> </u>	T							
Total number of independent contractors (including but not limited to those listed above) who	DIDDOMAD		,,						,	۸ ا	_
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	X	一	-	$\vdash$	$\vdash$	-	<u> </u>	<u> </u>	<u>_</u>
15   PAMELA KINGFISHER   4.00   0   0   0   0   0   0   0   0   0	(IJ)DRENT SKIDNOKE	4.00								,	
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIRECTOR		X	<u> </u>			<u> </u>		0	0	0
DIRECTOR		4.00	v							0	_
15, 422   15,		0.00	^	┢	┢	$\vdash$	<del>                                     </del>	$\vdash$	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(19)  1b Sub-total 73,824 0 15,422  1c Total from continuation sheets to Part VII, Section A 73,824 15,422  2 Total from continuation sheets to Part VII, Section A 73,824 15,422  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization by 15 and 16 and 16 and 16 are received more than \$100,000 in reportable compensation list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 16 and organization is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 16 and into 1a is the sum of reportable compensation from any unrelated organization or individual 16 for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (C) Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (C) Complete Structure of Independent Contractors (including but not limited to those listed above) who							İ		1		_
Total number of independent contractors (including but not limited to those listed above) who   Total contractors   Total number of independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization is table to the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   Total contractors   Tota		0.00	X	_	1	L	<u> </u>	┞	0	0	0
EXECUTIVE DIRECTOR 0,00 X 73,824 0 15,422    15	(18) CORNELIA CAREY	40 00									
1b Sub-total	EXECUTIVE DIRECTOR				Х				73,824	0	15,422
c Total from continuation sheets to Part VII, Section A	(19)	·									
c Total from continuation sheets to Part VII, Section A											
Total from continuation sheets to Part VII, Section A	1b Sub-total	<u> </u>					<b>!</b>	┢	73,824		15,422
Total number of Individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶○    Yes   No	c Total from continuation she	eets to Part VII	, Se	ctio	nΑ,			•			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization, Report compensation for the calendar year ending with or within the organization.  (A) (B) (B) (C) (C) (C) (C) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	2 Total number of individuals (i	ncluding but no			to th	ose	iste	d at		  than \$100,000 in	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who										ensated	فللمسالسة أأأ
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on list organization and related organization	ne 1a, is the sur	n of	герс	ortab	le c	omp	ensa	ation and other compensa		4 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.    A	5 Did any person listed on line									on or individual	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			Yes	s, cc	mpl	ete	SChe	gul	e J tor such person		5   X
Name and business address  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your f	ive highest com									<del></del>
2 Total number of independent contractors (including but not limited to those listed above) who			com	ipen	satio	n fo	r the	cal			
	Name and	business address						-	Descrip	tion of services	Compensation
						,			<u> </u>	<del></del>	<del> </del>
				,							
							_	$\vdash$			
· · · · · · · · · · · · · · · · · · ·										0	

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	Federated campaigns	1a					
	Membership dues	1b					
	Fundraising events	1c	5,993				
	Related organizations	1d					
	Government grants (contributions)	1e					
f	All other contributions, gifts, grants, and similar amounts not included above		1 272 000				
			1,373,009				
g	Noncash contributions included in lines 1	a-1f: \$		1 270 002			
n	Total. Add lines 1a-1f			1,379,002			
22			Busn. Code				HILLS CONTRACTOR
2a b							
C							-
d							
0							
f	All other program service rev						
	Total. Add lines 2a–2f						
	Investment income (including						
	and other similar amounts)			16,693			16,693
4	Income from investment of ta	x-exempt be	ond proceeds				
5	Royalties						
	(i) Real		(ii) Personal				
6a	Gross rents						
b	Less: rental exps.				The second second		Service of the servic
С	Rental inc. or (loss						
_d	Net rental income or (loss)						
/a	Gross amount from (i) Securities sales of assets		(ii) Other				
	other than inventory 851,	587					
b	Less: cost or other						
	basis & sales exps 802,						
		016					
	Net gain or (loss)		<b>&gt;</b>	49,016	49,016		
8a	Gross income from fundraising ev						
	*	993					
	of contributions reported on line 1						
	See Part IV, line 18				A A PROPERTY OF		
	Less: direct expenses			STATES OF THE PARTY.			BUT INVESTMENT TO
	Net income or (loss) from fun		ents				
9a	Gross income from gaming activiti			es es acomposito de la composito			
	See Part IV, line 19						
	Less: direct expenses				Indiana de la constitución de la		ENGLISH SERVICE
	Net income or (loss) from gar		es ▶			Sales of Earlies	
iva	Gross sales of inventory, less returns and allowances		5,389				
h	Less: cost of goods sold		8,056				
	Net income or (loss) from sal	X 17		-2,667	SUMMER PROPERTY OF STREET STREET		-2,667
-	Miscellaneous Revenue	OS OF HIVEIR	Busn. Code	27001			
11a							
b							
c			20 J			تام ليا سياتاره	
d	All other revenue						
	Total. Add lines 11a-11d						
	Total revenue. See instruction			1,442,044	49,016	(	14,026

Sec	ion 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All on nse or note to any line in	other organizations must this Part IX	complete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	132,248	132,248		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	98,011	69,097	13,428	15,486
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	261,944	196,766	40,378	24,800
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,627	4,995	1,024	608
9	Other employee benefits	40,849	30,641	6,285	3,923
10	Payroll taxes	26,586	19,674	3,988	2,924
11	Fees for services (non-employees):				
a	Management		The state of the s		
b		375		375	- aut 5 0f - d
С	Accounting	12,799	9,548	1,978	1,273
d	Lobbying				
	Professional fundraising services. See Part IV, line 7				
	Investment management fees	5,956		5,956	
	Other. (If line 11g amount exceeds 10% of line 25, column			The second second	
-	(A) amount, list line 11g expenses on Schedule O.)	58,457	48,228	1,314	8,915
12	- ANASAS	3,672	3,672		
13	Office expenses	45,371	32,284	4,067	9,020
14	Information technology	19,277	16,826	169	2,282
15	Royalties				
16	Occupancy	26,094	19,312	3,843	2,939
17	Travel	37,706	30,807	706	6,193
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19		2,064	1,803	-103	364
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,212	2,212		
23	Insurance	3,046		3,046	Marie paul
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT EXPENSE	9,000			9,000
b	BANK AND CREDIT CARD FEES	3,033		1,246	1,787
c	DUES AND SUBSCRIPTIONS	1,864	680	554	630
d	EVENTS/ DONOR CULTIVATION	746	746	551	030
e	All other expenses	710	740		
25	Total functional expenses. Add lines 1 through 24e	797,937	619,539	88,254	90,144
26		1511551	010,000	00,204	20,144
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				
DAA		-			Form 990 (2012)

				(A)		(B)
1	Cash—non-interest bearing			Beginning of year		End of year
2	Savings and temporary each investments			46,310		84,986
3	ge end temperary each introdution		177 047	2	FF0 000	
4	A		177,047	3	552,030	
5	******************			4	1,46	
"	trustees, key employees, and highest compensate		ctors,			
	Complete Part II of Schedule L		25300			
6	*************	-6dd		5		
ľ	4958(f)(1)), persons described in section 4958(c)(3	elined under section				
	sponsoring organizations of section 501(c)(9) volume			a		
,	organizations (see instructions). Complete Part II o	f Schodula I	s beneficiary			
7	Notes and leans receivable, not	Schedule L		70 050	6	45 105
8	1			70,852	7	45,125
9				5,508	8	10 055
1370	Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or			23,060	9	10,055
		40-	10 505			
١.	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	19,585	0 450	MAN A	10 165
111	Investments publish traded according	[ 106]	9,418	2,450		10,167
12	Investments—publicly traded securities		636,477	11	878,466	
13				12		
	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		0.61 7.04	15	1 500 000	
16	Total assets. Add lines 1 through 15 (must equal li		961,704	16	1,582,296	
17	Accounts payable and accrued expenses		58,822	17	43,260	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Par				21	
22	Loans and other payables to current and former off					
	trustees, key employees, highest compensated em	50 050 F0			REI M	
22	disqualified persons. Complete Part II of Schedule				22	
23	Secured mortgages and notes payable to unrelated				23	
24	Unsecured notes and loans payable to unrelated the				24	
25	Other liabilities (including federal income tax, payal					
	parties, and other liabilities not included on lines 17	-24). Complete	Part X			
	of Schedule D			50 000	25	40.060
26				58,822	26	43,260
	Organizations that follow SFAS 117 (ASC 958),		and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and	34.		5.66.5.10	Sept.	
27	Unrestricted net assets			566,542	27	833,844
28	Temporarily restricted net assets		336,340	28	705,192	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC	958), check h	ere and			
	complete lines 30 through 34.	100				
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equip	ment fund			31	
	Retained earnings, endowment, accumulated incom-	ne, or other fund	ds		32	
33	Total net assets or fund balances			902,882	33	1,539,036
34	Total liabilities and net assets/fund balances			961,704	34	1,582,296

orn	1990 (2013) CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980			Pag	ge <b>12</b>
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2			937
3	Revenue less expenses. Subtract line 2 from line 1	3			107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			882
5	Net unrealized gains (losses) on investments	5	_	-7, S	953
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		W.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10.00			
	33, column (B))	10	1,53	39,0	<u> </u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		5100		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			May.	
	reviewed on a separate basis, consolidated basis, or both:		1 233		
	Separate basis Consolidated basis Both consolidated and separate basis				the st
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1555		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990	(2013)
			1000000		

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

			CRAFT	EMERG	ENCY	RELIEF	FUND,	INC.			13	-327	398	0		
Р	art I	Reas	son for Pub						lete th	is par	t.) See	e instru	ction	IS.		
The	orga	nization is n	ot a private fou	ndation beca	use it is: (	For lines 1 thro	ough 11, ch	eck only on	e box.)	•						
1			onvention of ch							A)(i).						
2			scribed in sec							,,,						
3	П		r a cooperative	1000	2.			on 170(b)(	D(A)(iii)	L						
4			esearch organi								\(A\(iii	). Enter	the ho	snital's	nam	0
	Territorial Control	city, and sta	ite:							(2)(	/(, ./(	, Lines		opital o	THOUSE I	0,
5		An organiza	ation operated for (b)(1)(A)(iv).	for the benefi	t of a colle	ge or universit	ty owned or	operated b	y a gove	ernment	al unit	describe	d in	,,,,,,,		
6			tate, or local go	[ 10 HE -	100 March 100 Ma	ental unit descr	ribed in sec	ion 170(b)	(1)(A)(v	<b>(</b> ).						
7			ition that norma								n the a	eneral n	ublic			
	+		section 170(I					- 3		111000	9	onoral p				
8	П		y trust describe				olete Part II	í								
9	X		tion that norma						ibutions	memb	ershin	foos and	d aros	e		
			n activities rela											3		
			n gross investn													
			the organization					5970		i taxj ii	om bus	311103505				
10	П		tion organized							DV(4)						
11	Н		tion organized							200		sut the				
• •	ш		one or more p										ction			
			heck the box to										Ction			
				7			_				-		ionalli		atad	
112		a Type	e I <b>b</b> this box, I cert	Type II	C _	Type III–Fu			d			lon-funct			ated	
е	ш															
			oundation man	agers and ou	iei man o	ne or more pur	oliciy suppo	ted organiz	allons	rescribe	u III se	Cuon sus	3(a)(1)	18		
		or section 50	The state of the s			- f th- IDC		Const Time	- II T	III .						
f		- Commence of the Commence of	zation received		terminatio	n from the IRS	that it is a	ype i, i yp	e II, or I	ype III s	support	ing				
			, check this bo													, Ш
g		Complete Com	st 17, 2006, ha	s the organiz	ation acce	epted any gift o	or contribution	n from any	of the							
		following pe														
			n who directly												Yes	No
			w, the governi				າ?							11g(i)		_
		(ii) A family	member of a	person descr	ibed in (i)	above?								11g(ii)		
		(iii) A 35% (	controlled entity	y of a person	described	l in (i) or (ii) ab	ove?							11g(iii)		
h		Provide the	following infor	mation about	the suppo	orted organizat	tion(s).									
(i)		of supported	(ii) E	IN		ype of organization		he organization		you notify		Is the	(vii)	Amount of		tary
	orga	anization			0.9000000	cribed on lines 1–9 ve or IRC section		<ul><li>i) listed in your ing document?</li></ul>		nization in of your		tion in col. ized in the		suppo	ort	
				1 - 1 -		e instructions))	goren	ing document.	sup	port?	U.	.S.?				
							Yes	No	Yes	No	Yes	No				
A)												18				
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e fili														-		
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Schedule A (Form 990 or 990-EZ) 2013 CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	477					1 _ ',
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	andre and				(4) (9)	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	THE THE ST		A second			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						Yanabara ana an
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					Tyrica I	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				Var på		The second
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		of Factors				
11	Total support. Add lines 7 through 10				All all and a second		
12	Gross receipts from related activities, etc.	. (see instruction	s)			12	
13	First five years. If the Form 990 is for the	e organization's f	first, second, third	fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop he						<b>&gt;</b>
Sec	ction C. Computation of Public S						
14	Public support percentage for 2013 (line 6	6, column (f) divi	ded by line 11, co	lumn (f))		14	%
15	Public support percentage from 2012 Sch	nedule A, Part II,	line 14			15	%
16a	33 1/3% support test—2013. If the organ	nization did not c	theck the box on li	ne 13, and line 1	4 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qua						▶ ∟
b	33 1/3% support test—2012. If the organ						
	check this box and stop here. The organ	ization qualifies	as a publicly supp	orted organizatio	n		▶ □
17a	10%-facts-and-circumstances test—20	13. If the organiz	zation did not che	ck a box on line 1	3, 16a, or 16b, ar	d line 14 is	
	10% or more, and if the organization mee	ts the "facts-and	-circumstances" to	est, check this bo	x and stop here.	Explain in	
	Part IV how the organization meets the "fa	acts-and-circums	stances" test. The	organization qua	lifies as a publicly	supported	_
	organization						▶ ∟
b	10%-facts-and-circumstances test—20	12. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization	n meets the "fact	s-and-circumstand	ces" test, check th	nis box and stop	here.	
	Explain in Part IV how the organization m	eets the "facts-a	nd-circumstances	test. The organi	zation qualifies as	a publicly	
	supported organization						<b>&gt;</b> _
18	Private foundation. If the organization di	id not check a bo	ox on line 13, 16a,	16b, 17a, or 17b	, check this box a	nd see	
	instructions						▶ _
				Arrow Arayaya (ayay tahara) arawin iliku			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	475,410	734,495	621,872	(d) 2012 694,756	1,379,002	3,905,535
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		9				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	82,743	14,601	12,989	16,077	5,389	131,799
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	558,153	749,096	634,861	710,833	1,384,391	4,037,334
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	122,000	240,000	220,000	205,000	960,000	1,747,000
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	122,000	240,000	220,000	205,000	960,000	1,747,000
8	Public support (Subtract line 7c from line 6.)						2,290,334
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	558,153	749,096	634,861	710,833	1,384,391	4,037,334
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,213	22,046	21,058	18,230	16,693	95,240
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	17,213	22,046	21,058	18,230	16,693	95,240
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	575,366	771,142	655,919	729,063	1,401,084	4,132,574
14	First five years. If the Form 990 is for the organization, check this box and stop here	des grands propositioners		ourth, or fifth tax y			<b>&gt;</b> [
Sec	tion C. Computation of Public Su				************		
15	Public support percentage for 2013 (line 8,			mn (f))		15	55.42%
16	Public support percentage from 2012 Sche						87.24%
Sec	tion D. Computation of Investme				***************************************		
17	Investment income percentage for 2013 (li	ne 10c, column (f	) divided by line 1	3, column (f))		17	2 %
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	3 %
19a							Algo P
	17 is not more than 33 1/3%, check this bo						▶ 🛚
b	33 1/3% support tests—2012. If the organ						d
	line 18 is not more than 33 1/3%, check thi	Service State of Stat			the second of th	The state of the s	
20	Private foundation. If the organization did	not check a box	on line 14, 19a, c	r 19b, check this		uctions	P

Schedule A (F	orm 990 or 990-EZ	) 2013 CRAFT	EMERGENCY	RELIEF	FUND,	INC. 1	<u>3-3273980</u>	Page 4
Part IV	Supplemental Part III, line 12	Information.  Also complete	Provide the exp e this part for ar	lanations red	quired by F informatio	Part II, line 1 n. (See inst	0; Part II, line ructions).	Page 4 17a or 17b; and
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

C	RAFT	EMERGENCY RELIEF FUND, INC.		13-3273980
	art I	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to	unds or Other Similar Funds	or Accounts.
		CHEMICAL SECTION AND AND AND AND AND AND AND AND AND AN	(a) Donor advised funds	(b) Funds and other accounts
1		umber at end of year		
2	Aggreg	ate contributions to (during year)	The second of the second	
3	Aggreg	ate grants from (during year)		Charles of the control of
4	Aggreg	ate value at end of year		
5	Did the	organization inform all donors and donor advisors in writing t	hat the assets held in donor advised	
	funds a	re the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the	organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for	charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose	
		ng impermissible private benefit?		Yes No
Pa	irt II	Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.	
1	Purpos	e(s) of conservation easements held by the organization (che	ck all that apply).	
	Pre	servation of land for public use (e.g., recreation or education)	Preservation of an historically in	nportant land area
	Pro	tection of natural habitat	Preservation of a certified histor	ic structure
	Pre	servation of open space		
2	Comple	te lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a co	onservation
	easeme	ent on the last day of the tax year.		Held at the End of the Tax Yea
а	Total nu	umber of conservation easements		2a
b	Total ad	creage restricted by conservation easements		2b
c	Numbe	r of conservation easements on a certified historic structure in	ncluded in (a)	2c
		r of conservation easements included in (c) acquired after 8/1		
		structure listed in the National Register		2d
3	Number	of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	
	tax year			3
4		r of states where property subject to conservation easement i	s located >	
5		e organization have a written policy regarding the periodic me	The state of the s	
- 5		ns, and enforcement of the conservation easements it holds?		Yes No
6		d volunteer hours devoted to monitoring, inspecting, and enfo		
•	<b>&gt;</b>	a volume of more and the more and an arms of the arms	or only control of the control of th	
7	Amount	of expenses incurred in monitoring, inspecting, and enforcing	n conservation easements during the ve	par
8			g conservation easements during the ye	Sur .
Я		ach conservation easement reported on line 2(d) above satisf	ty the requirements of section 170/h)///	(R)
٠				Yes No
0	그를 현대를 잃었다면 보고 있다.	XIII, describe how the organization reports conservation ease	mante in its revenue and expense state	🗀 :
,		sheet, and include, if applicable, the text of the footnote to the	그 사람이 가게 되었다. 그는 이 나는 이 그 사람들은 사람들이 되었다면 하는데 하는데 하는데 그리고 있다.	
		ation's accounting for conservation easements.	io organization o inicircial otatomonio un	iat document in a
Pa	rt III	Organizations Maintaining Collections of Ar	t. Historical Treasures, or Oth	er Similar Assets.
		Complete if the organization answered "Yes" to		
1a	If the or	ganization elected, as permitted under SFAS 116 (ASC 958).		and balance sheet
		f art, historical treasures, or other similar assets held for publ		
		ervice, provide, in Part XIII, the text of the footnote to its finar		
b		ganization elected, as permitted under SFAS 116 (ASC 958),		
-		f art, historical treasures, or other similar assets held for publ		
		ervice, provide the following amounts relating to these items:		
		enues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Ass	ets included in Form 990, Part X		▶ S
2	If the or	ganization received or held works of art, historical treasures,	or other similar assets for financial gain	
-		g amounts required to be reported under SFAS 116 (ASC 95)	그렇게 하면 하는 것이 되었다. 그 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은	, protido dio
		es included in Form 990, Part VIII, line 1		<b>▶</b> s
h	Assets	ncluded in Form 990, Part X		> \$
	. 100010			

Schedule D (Form 990) 2013 CRAFT El	MERGENCY RE	ELIEF E	FUND,	INC.	13-327	73980	Page 2
Part III Organizations Maintain							sets (continued)
3 Using the organization's acquisition, acc collection items (check all that apply):	ession, and other rec	ords, check a	any of the t	following th	iat are a sign	ificant use of its	
a Public exhibition	d 🗌	Loan or exc	hange pro	grams			
b Scholarly research	e 🗌	Other		_			
c Preservation for future generations					• • • • • • • • • • • • • • • • • • • •	**********	
4 Provide a description of the organization	s collections and exp	lain how the	y further th	e organiza	ition's exemp	t purpose in Part	
XIII.	•		-	_			
5 During the year, did the organization soli	cit or receive donatio	ns of art, his	torical treas	sures, or o	ther similar		
assets to be sold to raise funds rather the		s part of the	organizati	on's collec	tion?	· · · · · · · · · · · · · · · · · · ·	. 🗌 Yes 🗌 No
Part IV Escrow and Custodial							
Complete if the organizate 990, Part X, line 21.	tion answered "Y	es" to For	m 990, F	Part IV, li	ne 9, or re	ported an amo	ount on Form
1a Is the organization an agent, trustee, cus	todian or other intern	nediary for co	ontributions	or other a	ssets not		
included on Form 990, Part X?							Yes No
b If "Yes," explain the arrangement in Part	XIII and complete the	following ta	ble:				. [_]
• •	•						Amount
c Beginning balance						1c	
d Additions during the year	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •		• • • • • • • • • • •	·····		
e Distributions during the year				•••••		1e	
f Ending balance							
2a Did the organization include an amount of	n Form 990. Part X.	line 21?	• • • • • • • • • • • • • • • • • • • •	••••			Yes No
b If "Yes," explain the arrangement in Part	XIII. Check here if the	e explanation	n has been	provided i	n Part XIII	•••••	
Part V Endowment Funds.				<u></u>	,,		
Complete if the organizat	ion answered "Y	es" to Fori	m 990. P	art IV. lir	ne 10.		
	(a) Current year	(b) Prio		(c) Two yea		d) Three years back	(e) Four years back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and							1
losses		,					
d Grants or scholarships							
e Other expenditures for facilities and							
programs			l				
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the	current year end hala	nce (line 1a.	column (a	)) held as:		•	
a Board designated or quasi-endowment		( / 2)	,	,,			
b Permanent endowment ▶ %							
c Temporarily restricted endowment ▶	%						
The percentages in lines 2a, 2b, and 2c s							
3a Are there endowment funds not in the po		ization that	are heid an	d administ	ered for the		
organization by:	occording and original				0.00 101 (110		Yes No
(i) unrelated organizations							3a(i)
b If "Yes" to 3a(ii), are the related organizat	ions listed as require	d on Schedu				• • • • • • • • • • • • • • • • • • • •	3b
4 Describe in Part XIII the intended uses of	the organization's er	dowment fu	nds	• • • • • • • • • • • • • • • • • • • •	•••••	••••••	05
Part VI Land, Buildings, and Ed		Idominion Id	1100.				
Complete if the organizat		es" to Forr	n 990. P	art IV. lir	e 11a. Se	e Form 990. F	Part X. line 10.
Description of property	(a) Cost or other t		(b) Cost or oth		(c) Accum		(d) Book value
• • • •	(investment)	1 '	(other)		deprec		(-f
1a Land							
b Buildings					5 (55 S) 286	<u> </u>	
c Leasehold improvements	·	<del>-  </del>				<del> </del>	
d Equipment			1 1	2,235		3,293	8,942
e Other		<del></del>	<u></u>	7,350		6,125	1 225
Total. Add lines 1a through 1e. (Column (d) mu		Part X colum				0,143	10 167

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.

1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (0	Column (b) must equal Form 990, Part X, col. (B) line 25	.) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Sche	edule D (Form 990) 2013 CRAFT EMERGENCY RELIEF FUND, IN	C. 13-327398	0	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statement		Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,544,839
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	<del>-7,953</del>		
b	Donated services and use of facilities	102,692	F	
C	Recoveries of prior year grants	2.5.6	- 1	
d	Other (Describe in Part XIII.) 2d	8,056		100 505
8	Add lines 2a through 2d		<u>2e</u>	102,795
3	Subtract line 2e from line 1		3	1,442,044
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII ) 4b			
b	Cate (Section 11 are start)		4c	
C E	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,442,044
	Int XII Reconciliation of Expenses per Audited Financial Statemen		-	1,442,044
	Complete if the organization answered "Yes" to Form 990, Part		81 I/C	stuiii.
_	White the state of		1 [	908,685
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	300,003
_	Donated services and use of facilities	102,692		
b		102,002		
c				
d	Other losses 2c Other (Describe in Part XIII.) 2d	8,056	44.5	
	Add lines 2a through 2d		2e	110,748
3	Subtract line 2e from line 1		3	797,937
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	797,937
Pa	rt XIII Supplemental Information			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	es 1b and 2b; Part V, line	4; Par	t X, line
	irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
. P.	ART X - FIN 48 FOOTNOTE			
m	TO ADAMITAMIAN DELITITIDA IM UNA NODALIME CUD	DODE TOD ANY	m * *	DOGTETON
т.	HE ORGANIZATION BELIEVES IT HAS ADEQUATE SUP	PORT FOR ANY	TAX	POSITION
т:	AKEN AND, AS SUCH, HAS NOT RECORDED ANY LIAB	TI.TTY FOR IINC	'ਦੜਾ	צמיד מדמי
+ :	andi and, ad doon, ind not abcomple ant bine.	THE IT. I ON ONC	****	MIN INA
P	OSITIONS.			
			• • • • • • •	
D.	NOW VI I THE 2D - DEVENUE AMOUNTS INCLUDED TO	N PTNINNICTATE		พานตอ
F.	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED I	N LINANCIADS	<u>.</u>	IREK
C	OST OF GOODS SOLD		Ś	8,056
· · · · · ·	***************************************	***************************************		
_				
	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED	IN FINANCIALS	<del></del>	OTHER
C	OST OF GOODS SOLD		S	8 056
٠٠	501 O1 GOODS SOLD	•••••	×	
• • • • •		***************************************	• • • • • •	
			<b></b> .	
			• • • • • •	
• • • • •		••••••		

DAA

Part XIII	Supplemental Information (continued)	Page 5
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	· · · · · · · · · · · · · · · · · · ·	 
	,	

#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations,**

Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

DAA

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2013)

Name of the organization  CRAFT EMERGENCY RE	NITEE EUN	ר דאור	-				Employer Identification number  13-3273980
Part I General Information on Grants ar			<del>y •</del>				13-32/3980
Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for no Part II Grants and Other Assistance to Opart IV, line 21, for any recipient that	e the amount of the tance?nonitoring the use	e grants or of grant fu and Org	inds in the United Sta	tes. • United States.	Complete if the	e organizati	on answered "Yes" to Form 990
(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on non-cash assistan	f (h) Purpose of grant
(1)		·					
(2)							
(3)							
(4)				-			
(5)							
(6)							
(7)							
					:		
(8)							
(9)							
2 Enter total number of section 501(c)(3) and government	nt organizations li	sted in the	line 1 table				<b></b>
3 Enter total number of other organizations listed in the l For Paperwork Reduction Act Notice, see the Instruction	*******	······································				••••••	Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	e <b>to Individuals in the</b> ditional space is neede	e United States. Co ed.	mplete if the organ	zation answered "Yes" to For	rm 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)	Description of non-cash assistance
1 EMERGENCY RELIEF	45	130,788			
2 PREPAREDNESS	1	1,460			
3					
4					
ıcı		# fi,			
9				1	
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2,	rovide the information	required in Part I, li	ne 2, Part III, column (b),	nn (b), and any other additional information	nal information.
PART IV - ADDITIONAL INFORMATION THE ORGANIZATION HAS LONG-ESTABLISH		ED APPLICATION AND		REVIEW PROCEDURES FOR	
INDIVIDUALS APPLYING FOR EMERGENCY		GRANTS.			
					Schedule I (Form 990) (2013)

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

2013

Department of the Treasury Internal Revenue Service

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. Inspection

Open to Public

Name of the organization

Employer identification number

CRAFT EMERGENCY RELIEF FUND, INC.	13-3273980
FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHME	ENT
PARTICIPANTS FROM SEVEN (7) NATIONALLY-RECOGNIZED	O INDEPENDENT ART SCHOOLS
AND COLLEGE ART DEPARTMENTS. THIS "TRAIN THE TRAI	INER" PROGRAM INTRODUCES
FACULTY AND CAREER SERVICES STAFF TO TECHNIQUES O	OF INTEGRATING THE TOPIC (
RISK MANAGEMENT INTO THEIR PROFESSIONAL PRACTICE	COURSES AND WORKSHOPS.
SINCE THE LAUNCH OF THIS TRAINING PROGRAM IN 2012	2, ELEVEN (11) SCHOOLS HAV
SENT REPRESENTATIVES. IN THE 2013-14 ACADEMIC YEA	AR, WE ESTIMATE THAT MORE
THAN 300 STUDENTS (IN BFA, MFA AND CERTIFICATE PR	ROGRAMS) RECEIVED
INSTRUCTION IN STRATEGIES TO SAFEGUARD A CREATIVE	E CAREER. GRADUATES OF
THE 2012 AND 2013 PILOT WORKSHOPS NOT ONLY HAVE E	EXCHANGED TEACHING
MATERIALS THEY HAVE PRODUCED, BUT THEY ARE ALSO F	PROMOTING THE IMPORTANCE O
THIS CURRICULUM TO THEIR COLLEAGUES BOTH WITHIN A	AND BEYOND THEIR
INSTITUTIONS.	
MORE THAN 900 PEOPLE ATTENDED THE NINETEEN (19) W	WORKSHOPS AND CONFERENCE
PRESENTATIONS CERF+ STAFF PROVIDED. IN ADDITION,	OUR STAFF SERVED AS
CAREER-STRENGTHENING RESOURCES FOR ARTISTS BY HAV	VING OUR INFORMATION BOOTH
AT SEVERAL CONFERENCES AND ART SHOWS, SUCH AS THE	E NATIONAL COUNCIL ON
EDUCATION FOR THE CERAMIC ARTS (NCECA) AND CONVER	RGENCE, A CONFERENCE OF TH
HANDWEAVERS GUILD OF AMERICA	
IN FISCAL YEAR 2014, CERF+ CONTINUED TO PROVIDE A	A LEADERSHIP ROLE IN
BUILDING NEW ALLIANCES BETWEEN THE ARTS SECTOR AN	ID THE GENERAL EMERGENCY
MANAGEMENT FIELD. OUR NATIONAL ADVOCACY EFFORTS T	CO CHANGE THE
INTERPRETATION OF ARTISTS' (AND OTHER SELF-EMPLOY	YED WORKERS) ELIGIBILITY

Name of the organization Employer Identification number CRAFT EMERGENCY RELIEF FUND, INC. 13-3273980 FOR POST-DISASTER TOOL AND EQUIPMENT REPLACEMENT BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) CONTINUED TO BE ONE OF TWO POLICY POSITION PRIORITIES ADOPTED BY THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (NVOAD). CERF+'S DIRECTOR OF PROGRAMS WAS A FEATURED PRESENTER AT NVOAD'S ANNUAL CONFERENCE DESCRIBING EFFORTS WITHIN THE ARTS COMMUNITY TO BECOME MORE DISASTER RESILIENT AND HIGHLIGHTING HOW THE ARTS SECTOR CAN CONTRIBUTE TO RECOVERY IN COMMUNITIES AFTER DISASTERS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 MANAGEMENT AND THE BOARD REVIEW THE 990 PRIOR TO FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH BOARD MEMBER SUBMITS A CONFLICT OF INTEREST POLICY DISCLOSURE FORM ANNUALLY. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY AFTER A REVIEW OF MONITORING REPORTS. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE DIRECTOR OF ADMINISTRATION RESEARCHES FACTORS RELEVANT TO STAFF COMPENSATION AND THE EXECUTIVE DIRECTOR DETERMINES THE SALARIES. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

Schedule O (Form 990 or 990-I	Schedule O (Form 990 or 990-EZ) (2013) Page 2									
Name of the organization CRAF	T EMERGENCY RELIEF FUND, INC.	Employer Identification number 13-3273980								
COST OF GOODS	SOLD	\$ 8,056								
COST OF GOODS	SOLD	\$ -8,056								

CERF CRAFT EMERGENCY RELIEF FUND, INC.
13-3273980 Federal Statements

FYE: 9/30/2014

**Tax-Exempt Interest on Investments** 

Description

Unrelated Exclusion Postal Acquired after InState Business Code Code Code 6/30/75 Muni (\$ or %)

2/10/2015 4:43 PM

INTEREST AND DIVIDENDS

16,693

<u>Amount</u>

TOTAL 16,693 14

CERF CRAFT EMERGENCY RELIEF FUND, INC.

13-3273980

# **Federal Statements**

2/10/2015 4:43 PM

FYE: 9/30/2014

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E	Total Expenses		Program Service		Management & General		Fund Raising	
SUPPORT EXPENSES PREPAREDNESS COALITION	\$	10,229 33,603 14,625	\$	33,603 14,625	\$	1,314	\$	8,915	
TOTAL	\$	58 <b>,4</b> 57	\$	48,228	\$	1,314	\$	8,915	

CERF CRAFT EMERGENCY RELIEF FUND, INC. 2/10/2015 4:43 PM **Federal Statements** 13-3273980 FYE: 9/30/2014 Schedule A, Part III, Line 3(e) Description **Amount** CERF MERCHANDISE \$ 5,389 RAFFLE TOTAL 5,389 Schedule A, Part III, Line 7a - Support from Disqualified Persons **Donor Name** 2009 2010 2011 2012 2013 122,000 240,000 220,000 205,000 960,000 122,000 240,000 \$ TOTAL 220,000 \$ 205,000 960,000 Schedule A, Part III, Line 10a(e) Description Amount INTEREST AND DIVIDENDS 16,693 16,693 TOTAL