Form	990-T	E	xempt Organization Bus	ines	s Income Ta	x Return		2000 2000		
	tment of the Treasury		(and proxy tax und			N 20 20	10 Op	en to Public Inspection for 1(c)(3) Organizations Only		
A [Check box if address changed	f Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions)								
B E	xempt under section	43-1022226								
]501(c)(3)	E Unrelate	d business activity codes							
	408(e) 220(e)	on page	ructions for Block E 9.)							
	408A 530(a)									
]529(a)		City or town, state, and ZIP code UNIVERSITY CITY, MO 6	3130	<u> </u>		5418	00		
C Bo		F Groun	exemption number (See instructions for Block F.)							
at	end of year , 026 , 554 .		c organization type X 501(c) corporation		501(c) trust	401(a) trust		Other trust		
		n's prim	ary unrelated business activity. CATALOG	ADV	ERTISING RE	VENUE		T .		
			poration a subsidiary in an affiliated group or a parer				Yes	X No		
			tifying number of the parent corporation.	n oubon	nary controlled group					
			EILEEN KISTNER MCLOUGHL	TN	Telenhor	ne number > 3	14-7	25-1177		
			de or Business Income		(A) Income	(B) Expenses		(C) Net		
1a	Gross receipts or sal									
h	Less returns and allo		c Balance	1c						
2			A, line 7)	2						
3	Gross profit Subtrac	t line 2 fr	rom line 1c	3			Jenii I			
42			h Schedule D)	4a			H-1 M			
4 a			Part II, line 17) (attach Form 4797)	4a 4b						
U				40 4c			(109 II .			
-			ips and S corporations (attach statement)	5						
5				6						
6	Rent income (Sched		(Osboddo E)	-			-			
7			me (Schedule E)	7						
8			and rents from controlled organizations (Sch. F)	8						
9			on 501(c)(7), (9), or (17) organization	.						
	(Schedule G)			9						
10			ome (Schedule I)	10	0.050					
11	Advertising income (Schedule	e J)	11	2,250.					
12			ns; attach schedule.)	12	0.050	40.0	1.6	10 566		
13	Total. Combine line			13	2,250.	13,0	16.	-10,766.		
Pa	(Except for	contrib	ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected	d with t	he unrelated business	STOCKED				
14	Compensation of of	fficers, di	rectors, and trustees (Schedule K)				14			
15							15			
16	Repairs and mainte	nance					16			
17							17	El .		
18	Interest (attach sch	edule)					18			
19	Taxes and licenses						19			
20	Charitable contribut	tions (Se	e instructions for limitation rules.)				20			
21	Depreciation (attack	h Form 4	562)		21					
22	Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a		22b			
23	Depletion					******	23			
24	Contributions to de	ferred co	mpensation plans				24			
25			***************************************				25			
26			chedule I)				26			
27	Excess readership	costs (Sc	chedule J)				27			
28			hedule)				28			
29			nes 14 through 28				29	0.		
30			ncome before net operating loss deduction. Subtraction				30	-10,766.		
31			n (limited to the amount on line 30)				31			
32			ncome before specific deduction. Subtract line 31 fi				32	-10,766.		
33			y \$1,000, but see instructions for exceptions.)				33	1,000.		
34			able income. Subtract line 33 from line 32. If line				24	-10 766		

06107001

923711 01-08-10

Preparer's

Use Only

Firm's name (or

employed), address, and

KIEFER BONFANTI

LOUIS,

701 EMERSON ROAD, STE 201

& CO.

MO 63141-6741

(314) 812-1100 Form 990-T (2009)

43-1061959

Phone no.

4562 **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

2009

Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

CRA	AFT ALLIANCE		F	ORM 990 PA	AGE 10		43-1022226					
Par	t Election To Expense Certain Prop	erty Under Section 1				V before vo						
1 N	laximum amount. See the instruction						250,000.					
	otal cost of section 179 property pla		2007000									
	hreshold cost of section 179 proper						800,000.					
							000,000.					
	21 2512 51 1655, 51167 5											
6	(a) Description of			(business use only)	(c) Elected							
7 1	isted property. Enter the amount fro	m line 20		7								
	otal elected cost of section 179 property.	***************************************	in column (a) lines C									
	entative deduction. Enter the smalle											
	arryover of disallowed deduction fro											
	usiness income limitation. Enter the											
	ection 179 expense deduction. Add					12						
- Am	carryover of disallowed deduction to the Do not use Part II or Part III below it			13								
Par				naluda liatad ayana								
						-1-1						
	pecial depreciation allowance for qu			2/540	7							
	ne tax year											
	roperty subject to section 168(f)(1)						00 004					
16 O	t III MACRS Depreciation (Do r					16	93,724.					
Fai	t III MACRS Depreciation (Do r	not include listed pr		ons.)								
47 1	AACDO de dirette en ferre en la classe		Section A	0000		1 [0 000					
	MACRS deductions for assets placed					17	2,222.					
18 If	you are electing to group any assets placed in s					J						
	Section B - Asset	(b) Month and	e During 2009 Tax Y (c) Basis for depreciation		erai Deprecia	ation Syste	m					
	(a) Classification of property	year placed in service	(business/investment u only - see instructions	se (d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction					
19a	3-year property											
b	5-year property											
_ c	7-year property											
d	10-year property											
е	15-year property											
f	20-year property	Text Line Silv										
g	25-year property			25 yrs.		S/L						
		1		27.5 yrs.	MM	S/L						
h	Residential rental property	1		27.5 yrs.	MM	S/L						
		1		39 yrs.	MM	S/L						
i	Nonresidential real property	1		337.3.	MM	S/L						
	Section C - Assets	Placed in Service	During 2009 Tax Ye	ar Using the Altern	The state of the s		tem					
20a	Class life					S/L						
b				12 yrs.		S/L						
c 40-year /					MM	S/L						
	t IV Summary (See instructions.)		40 yrs.		5,2						
	isted property. Enter amount from li	00				21						
	otal. Add amounts from line 12, line		es 19 and 20 in colun			21						
	nter here and on the appropriate line			(3.77)	e:	00	05 016					
	or assets shown above and placed i				•	22	95,946.					
	ortion of the basis attributable to se											
916251 11-04-0	Official of the basis attributable to se						Form 4562 (2009)					
11-04-0	no LIA FOI FADELWOLK MEDUCTIO	JII ACLINUTICE, SEC	separate instruction				roun 4552 (2009)					

	Section A, all	of Section B,	and Sec	tion C if	applicat	ble.		cting lease		1980		_		1-7
		on and Other					7		7		147.70			
24a Do you have evidence to s	1		ent use cla	aimed?	Ye	es L	No	24b If "Y	es," is the	e evider	nce writt	en?	Yes	No
(a) Type of property (list vehicles first)	Date placed in service	(c) Business/ investment use percentag	ott	(d) Cost or her basis	(hus	(e) is for depre siness/inve use only	stment	(f) Recovery period	Meth Conve	hod/	Depre	h) ciation iction		
25 Special depreciation all	owance for q	ualified listed	property	placed	in servic	e durinç	the ta	ax year an	d					
used more than 50% in										25			P = 2	Ш.
Property used more that	n 50% in a q	ualified busine	ess use:											
	1 1		6											
	1-1-		6											
	1 :		6											
Property used 50% or l	ess in a quali T	7.00	12						15000					_
	i i		6		_				S/L·					
	1 1		6						S/L·			-		
- 11	# N P 05		6						S/L·					
28 Add amounts in column												T		
29 Add amounts in column	i (i), line 26. E		on line i Section E					A				29		
Complete this section for very five provided vehicles to y		by a sole prop	rietor, pa	artner, o	r other "	more th	an 5%	owner,"				ng this s	section fo	or
those vehicles.			(;	a)	(i	b)		(c)	(d	i)	(6	e)	(f)
Total business/investment		100-7 (SOR) - 100-0 (100)	Veh	nicle	Veh	nicle	V	/ehicle	Vehi	icle	Veh	icle	Veh	icle
year (do not include com														
31 Total commuting miles														
32 Total other personal (no	170	T/2												
driven					-									
33 Total miles driven durin	•													
Add lines 30 through 32						ı		1						
34 Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?					-	-			-					
35 Was the vehicle used p	350 St.					-								
than 5% owner or relat						-		-						
36 Is another vehicle availa														
use?				OVORO M	Ibo Dro	uida Val	ioloo	for Hoo b	ı Their E	mulav				
Answer these questions to owners or related persons.		- Questions f you meet an e								3 259		re not m	ore than	5%
37 Do you maintain a writte employees?										by you	r		Yes	No
38 Do you maintain a writte employees? See the ins	en policy stat	tement that pr	ohibits p	ersonal	use of v	ehicles,	excep	ot commut	ting, by ye					
39 Do you treat all use of v														1
40 Do you provide more th														
the use of the vehicles,		75	0 5					The state of the s						
41 Do you meet the require														
Note: If your answer to														
Part VI Amortization														
(a) Description of	of costs	Date	(b) amortization begins		(c) Amortizat amount	ole t		(d) Code section		(e) Amortiza period or per	tion	A	(f) mortization or this year	
	nat begins du	ring your 2009	9 tax yea	ar:										
	iat bogino ac			1			1							
42 Amortization of costs the	iat bogillo ac		: :											
	Tat 20g/110 de													
				ir							43			

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you Do not control Do not contr	ation required to file Form 990-T and requesting an autor	tension, of an automa you need a nth extension ception of per format s. D. Only su	complete only Part II (on page 2 of this tic 3-month extension on a previously for a 3-month automatic extension of time to sion of time. You can electronically file Form 8870, Information Return for Trait (see instructions). For more details on the bmit original (no copies needed).	s form). iled For to file (6 Form 88 nsfers A the elec	m 8868. months for a corpo 688 to request an ex Associated With Cert tronic filing of this fo	tension tain				
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request a							
Type or print	Name of exempt organization CRAFT ALLIANCE Number street and room or suite no. If a P.O. box s	Empl	number							
due date for filing your return. See instructions	6640 DELMAR BLVD.									
Applicat	ion	Return	Application		Return					
Is For Form 99	1	Code	Is For	orm 990-T (corporation)						
Form 99		01	Form 1041-A			07				
Form 99		03	Form 4720			09				
Form 99		03	Form 5227			10				
-	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
The source	O-T (trust other than above)	06	Form 8870			12				
Telep If the If this box 1 I re	equest an automatic 3-month (6 months for a corporation	s in the Ur Group Exe and atta required of organiza	ST. LOUIS, MO 63130 FAX No. ► inted States, check this box emption Number (GEN) If the check a list with the names and EINs of all	nis is fo I memb	r the whole group, clers the extension is					
	he tax year entered in line 1 is for less than 12 months, on the control of the c			al retur	n					
	nrefundable credits. See instructions.	За	\$	0.						
280	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja	Ą					
	timated tax payments made. Include any prior year over			3b	\$	0.				
-	lance due. Subtract line 3b from line 3a. Include your pa			0.0						
	using EFTPS (Electronic Federal Tax Payment System).	Annual Control		Зс	\$	0.				
Section 1	. If you are going to make an electronic fund withdrawal				Market and the second					
En MARAST C	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re					

923841