

PUBLIC COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CRAFT EMERGENCY RELIEF FUND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 535 STONE CUTTERS WAY, SUITE 202 City or town, state or province, country, and ZIP or foreign postal code MONTPELIER VT 05602	<b>D</b> Employer identification number ** - *** 3980 <b>E</b> Telephone number 802-229-2306 <b>G</b> Gross receipts\$ 1,887,576
<b>F</b> Name and address of principal officer: CORNELIA CAREY 535 STONE CUTTERS WAY, SUITE 202 MONTPELIER VT 05602		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.CERFPLUS.ORG		<b>L</b> Year of formation: 1985 <b>M</b> State of legal domicile: NY
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: CERF+ SERVES ARTISTS WHO WORK IN CRAFT DISCIPLINES BY PROVIDING A SAFETY NET TO SUPPORT STRONG AND SUSTAINABLE CAREERS. CERF+'S CORE SERVICES ARE EDUCATION PROGRAMS, ADVOCACY, NETWORK BUILDING AND EMERGENCY RELIEF.		
	2 Check this box <input type="checkbox"/> 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)	<b>3</b>	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	11
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	85
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	b Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,404,833	1,445,941
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,873	95,944
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,280	12,776
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,477,986	1,554,661
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	595,343	215,412
	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)	519,984	508,056
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,179		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	284,550	341,129
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,399,877	1,064,597	
19 Revenue less expenses. Subtract line 18 from line 12	78,109	490,064	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,740,575	2,295,545
	22 Net assets or fund balances. Subtract line 21 from line 20	39,986	66,910
		1,700,589	2,228,635

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer CORNELIA CAREY	Date	
	Type or print name and title EXECUTIVE DIRECTOR		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name RANDALL L. SARGENT, CPA	Preparer's signature	Date
	Firm's name ▶ JMM & ASSOCIATES, PC	Firm's EIN ▶ ** - *** 0081	Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446	Phone no. 802-655-5665	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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.

4a (Code: ) (Expenses \$ 351,067 including grants of \$ 194,783 ) (Revenue \$ ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 308,997 including grants of \$ 20,629 ) (Revenue \$ ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 124,841 including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 784,905

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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 disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b>   11		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 12, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows 17-20. Includes questions about state filing requirements, public inspection of forms, and disclosure of governing documents.

JAMES HAFFERMAN
MONTPELIER

535 STONE CUTTERS WAY, SUITE 202
VT 05602

802-229-2306

**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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDDIE BERNARD	4.00									
DIRECTOR	0.00	X		X			0	0	0	
(2) REED MCMILLAN	4.00									
CHAIR	0.00	X		X			0	0	0	
(3) JOHN HAWORTH	4.00									
SECRETARY	0.00	X		X			0	0	0	
(4) CASEY GILL SUMMAR	4.00									
TREASURER	0.00	X		X			0	0	0	
(5) TAYNA AGUINIGA	4.00									
DIRECTOR	0.00	X					0	0	0	
(6) BARRY BERGEY	4.00									
DIRECTOR	0.00	X					0	0	0	
(7) DON FRIEDLICH	4.00									
DIRECTOR	0.00	X					0	0	0	
(8) CINDA HOLT	4.00									
VICE CHAIR	0.00	X					0	0	0	
(9) ANDE MARICICH	4.00									
DIRECTOR	0.00	X					0	0	0	
(10) SYLVIE ROSENTHAL	4.00									
DIRECTOR	0.00	X					0	0	0	
(11) PATRICIA YOUNG	4.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PAUL SACARIDIZ ..... DIRECTOR	4.00 ..... 0.00	X						0	0	0
(13) LOIS RUSSELL (UNTIL OCT. 2018) ..... DIRECTOR	4.00 ..... 0.00	X						0	0	0
(14) POLLY ALLEN (UNTIL OCT. 2018) ..... DIRECTOR	4.00 ..... 0.00	X						0	0	0
(15) CORNELIA CAREY ..... EXECUTIVE DIRECTOR	40.00 ..... 0.00			X				96,416	0	16,614
<b>1b Sub-total</b> .....								96,416		16,614
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								96,416		16,614

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,445,941				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		1,445,941			
Program Service Revenue	<b>2a</b>	<b>Busn. Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		28,651		28,651	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d Net rental income or (loss)</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	398,758			
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.	331,465				
	<b>c</b> Gain or (loss)	67,293				
	<b>d Net gain or (loss)</b>		67,293	67,293		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c Net income or (loss) from fundraising events</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c Net income or (loss) from gaming activities</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 14,226					
	<b>b</b> Less: cost of goods sold	<b>b</b> 1,450				
<b>c Net income or (loss) from sales of inventory</b>		12,776		12,776		
Miscellaneous Revenue	<b>11a</b>	<b>Busn. Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions.</b>		1,554,661	67,293	0	41,427	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	215,412	215,412		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	124,452	102,922	3,360	18,170
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	289,026	175,852	76,222	36,952
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,967	1,854	1,593	520
<b>9</b> Other employee benefits	54,216	31,215	15,650	7,351
<b>10</b> Payroll taxes	36,395	21,476	10,225	4,694
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,477		1,477	
<b>c</b> Accounting	10,400		10,400	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	12,867		12,867	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	125,120	116,523	1,602	6,995
<b>12</b> Advertising and promotion	5,542	1,089	340	4,113
<b>13</b> Office expenses	48,957	24,308	17,114	7,535
<b>14</b> Information technology	28,884	18,354	7,655	2,875
<b>15</b> Royalties				
<b>16</b> Occupancy	34,747	21,410	8,550	4,787
<b>17</b> Travel	55,812	47,053	3,597	5,162
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,623	2,027		596
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	6,225	3,798	1,555	872
<b>23</b> Insurance	2,626	1,603	655	368
<b>24</b> 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.)				
<b>a</b> BANK AND CREDIT CARD FEES	3,739	9	3,651	79
<b>b</b> EVENTS/ DONOR CULTIVATION	2,110			2,110
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,064,597	784,905	176,513	103,179
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

PUBLIC COPY

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest bearing	207,007	1	144,357	
	2	Savings and temporary cash investments	45,185	2	113,747	
	3	Pledges and grants receivable, net	160,563	3	106,500	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net	62,370	7	43,771	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	9,488	9	10,960	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	33,813		
	b	Less: accumulated depreciation	10b	13,899	10c	19,914
	11	Investments—publicly traded securities	1,240,725	11	1,856,296	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,740,575	16	2,295,545		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	39,986	17	66,910	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	39,986	26	66,910	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	1,133,373	27	1,236,455	
	28	Temporarily restricted net assets	567,216	28	992,180	
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	1,700,589	33	2,228,635		
34	<b>Total liabilities and net assets/fund balances</b>	1,740,575	34	2,295,545		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,554,661
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,064,597
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	490,064
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,700,589
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	37,982
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,228,635

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> 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?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>CRAFT EMERGENCY RELIEF FUND, INC.</b>	Employer identification number <b>* * - * * * 3980</b>
--	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 10 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	964,414	575,491	1,115,752	1,404,833	1,445,941	5,506,431
<b>2</b> 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			23,313			23,313
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	2,450	2,353	10,647	8,284	14,226	37,960
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	966,864	577,844	1,149,712	1,413,117	1,460,167	5,567,704
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	676,076	339,726	598,373	690,000	655,000	2,959,175
<b>b</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						
<b>c</b> Add lines 7a and 7b	676,076	339,726	598,373	690,000	655,000	2,959,175
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,608,529

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	966,864	577,844	1,149,712	1,413,117	1,460,167	5,567,704
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,173	24,969	18,722	20,813	28,651	113,328
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	20,173	24,969	18,722	20,813	28,651	113,328
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	987,037	602,813	1,168,434	1,433,930	1,488,818	5,681,032
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	45.92%
<b>16</b> Public support percentage for 2017 Schedule A, Part III, line 15	<b>16</b>	34.73%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	2%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	2%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

PUBLIC COPY

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

PUBLIC COPY

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dotted lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CRAFT EMERGENCY RELIEF FUND, INC.

\*\*-\*\*\*3980

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,313	2,799	12,514
e Other		18,500	11,100	7,400
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,914

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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

PUBLIC COPY

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,639,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	37,982	
b	Donated services and use of facilities	2b	57,845	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,450	
e	Add lines 2a through 2d	2e	97,277	
3	Subtract line 2e from line 1	3	1,541,794	
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	12,867	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	12,867	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,554,661	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,111,025
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	57,845	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,450	
e	Add lines 2a through 2d	2e	59,295	
3	Subtract line 2e from line 1	3	1,051,730	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,867	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	12,867	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,064,597	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION BELIEVES IT HAS ADEQUATE SUPPORT FOR ANY TAX POSITION TAKEN AND, AS SUCH, HAS NOT RECORDED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD \$ 1,450

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD \$ 1,450



PUBLIC COPY

Part XIII Supplemental Information (continued)

Area containing horizontal dotted lines for supplemental information.

PUBLIC COPY

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number

\*\*-\*\*\*3980

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

PUBLIC COPY

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EMERGENCY RELIEF	83	194,783			
2 EDUCATION AND TRAINING	41	20,629			
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL INFORMATION

THE ORGANIZATION HAS LONG-ESTABLISHED APPLICATION AND REVIEW PROCEDURES FOR INDIVIDUALS APPLYING FOR EMERGENCY GRANTS.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number

\*\*-\*\*\*3980

FORM 990 - ORGANIZATION'S MISSION

CRAFT EMERGENCY RELIEF FUND, INC. (CERF+ -- THE ARTISTS' SAFETY NET), IS A NATIONAL ARTIST SERVICE ORGANIZATION WHOSE MISSION IS TO SERVE ARTISTS WHO WORK IN CRAFT DISCIPLINES BY PROVIDING A SAFETY NET TO SUPPORT STRONG AND SUSTAINABLE CAREERS. CERF+'S CORE SERVICES ARE EDUCATION PROGRAMS, ADVOCACY, NETWORK BUILDING AND EMERGENCY RELIEF.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

IN FISCAL YEAR 2019, CERF+ FOCUSED ON FOUR MAIN GOALS: (1) ENHANCING AND EXPANDING OUR EMERGENCY PREPAREDNESS AND CAREER PROTECTION RESOURCES AND TECHNICAL ASSISTANCE; 2) RESPONDING NIMBLY AND QUICKLY TO NATURAL DISASTER RELATED REQUESTS FOR ASSISTANCE AND SCALING OUR EMERGENCY RESPONSE PROGRAM; (3) EXPANDING OUR OUTREACH TO INCREASE THE NUMBER OF ARTISTS SERVED THROUGH OUR EMERGENCY RELIEF AND RESPONSE PROGRAM AND ENGAGEMENT AND LEADERSHIP IN NATIONAL AND REGIONAL NETWORKS; AND (4) SUSTAINING OUR PUBLIC POLICY ADVOCACY AND RESEARCH ABOUT TRENDS WITHIN THE CRAFT FIELD. IN ADDITION TO OUR OWN PROGRAMS AND SERVICES, WE PLAYED A NATIONAL LEADERSHIP ROLE IN THE EMERGING MOVEMENT WITHIN THE ARTS SECTOR TO IMPROVE THE OVERALL SAFETY NET BEFORE, DURING AND AFTER DISASTERS FOR ARTISTS AND ARTS ORGANIZATIONS.

EMERGENCY RESPONSE -

CERF+ PROVIDES CRITICAL EMERGENCY FINANCIAL ASSISTANCE TO ARTISTS WORKING IN CRAFT DISCIPLINES WHO HAVE EXPERIENCED A RECENT, CAREER-THREATENING

## PUBLIC COPY

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

Employer identification number

CRAFT EMERGENCY RELIEF FUND, INC.

\*\*-\*\*\*3980

EMERGENCY. ONCE APPLICATIONS ARE COMPLETED, GRANT DETERMINATIONS ARE MADE WITHIN TWO WEEKS AND ON AVERAGE, WITHIN SEVEN DAYS. THIS YEAR, 54 ARTISTS RECEIVED DIRECT EMERGENCY RELIEF GRANTS. THESE ARTISTS WERE IMPACTED BY FLOODS, HOME AND STUDIO FIRES, HURRICANES, INJURIES AND ILLNESSES RECEIVING A TOTAL OF \$170,609 IN EMERGENCY AID (\$159,000 IN GRANTS) AND \$11,609 WORTH OF GIFTS-IN-KIND (DONATIONS OF EQUIPMENT, MATERIALS, BOOTH WAIVER FEES, ETC.), FOR A GRAND TOTAL OF \$170,609 IN AID. RESPONDING TO ARTISTS WHO SUFFERED LOSSES IN NATURAL DISASTERS DOMINATED OUR WORK THIS YEAR. 37% OF THE FY19 ASSISTANCE WAS IN RESPONSE TO THE MAJOR DISASTERS. OUR PERSONALIZED INDIVIDUAL COUNSELING AND REFERRALS HELPED 491 ARTISTS RESPOND TO THEIR EMERGENCY IN A TIME OF CRISIS. 37% OF THIS PERSONALIZED ASSISTANCE WAS IN RESPONSE TO NATURAL DISASTERS - PRIMARILY HURRICANES MICHAEL, FLORENCE, AND MARIA, AS WELL AS FLOODING AND THE CALIFORNIA WILDFIRES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

EDUCATION & TRAINING:

TRAINING WORKSHOPS -

MORE THAN 1000 ARTISTS, ARTS PROFESSIONALS, AND REPRESENTATIVES OF GOVERNMENT AND COMMUNITY AGENCIES ATTENDED CERF+'S NATIONAL, REGIONAL AND LOCAL WORKSHOPS AND PRESENTATIONS IN FY19.

READY + RESILIENT -

CERF+ OFFERS A "READY + RESILIENT" PROGRAM, A ONE-DAY PROFESSIONAL DEVELOPMENT PROGRAM FOR STUDIO ARTISTS TO LEARN HOW TO STRENGTHEN THEIR CAREERS, PREPARE FOR EMERGENCIES AND GET BACK ON THEIR FEET IN COMMUNITIES

PAGE 1 OF 8

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization <b>CRAFT EMERGENCY RELIEF FUND, INC.</b>	Employer identification number <b>**-***3980</b>
--	---

THAT HAVE EXPERIENCED DISASTERS. "READY + RESILIENT" PROVIDES RESOURCES, TOOLS AND INFORMATION ON A VARIETY OF TOPICS CRITICAL TO BUILDING AND MAINTAINING A SUSTAINABLE CAREER. IN FY19, CERF+ CONDUCTED TRAININGS IN HUNTSVILLE, ALABAMA AND HOUSTON, TEXAS. A PART OF CERF+'S CONTINUED COMMITMENT TO SERVING ARTISTS IN PUERTO RICO + US VIRGIN ISLAND, CERF+ CONDUCTED THREE WORKSHOPS IN PUERTO RICO AND TWO IN THE US VIRGIN ISLANDS TO SUPPORT ARTISTS INCORPORATING EMERGENCY PREPAREDNESS AND CAREER PROTECTION MEASURES INTO THEIR ONGOING RECOVERY EFFORTS FROM HURRICANES IRMA AND MARIA.

COVER YOUR A'S: ART, ASSETS + ARCHIVES -  
COVER YOUR A'S (CYA) IS A TRAIN-THE-TRAINER WORKSHOP, INAUGURATED IN 2012, THAT IS GEARED FOR ART SCHOOL FACULTY (BFA, MFA, AND CERTIFICATE PROGRAMS), CAREER SERVICES STAFF AND PROFESSIONAL DEVELOPMENT PROVIDERS. OPTIMUM WORKSHOP SIZE IS 15-25 PARTICIPANTS; WORKSHOP LENGTH IS FLEXIBLE (1-1.5 DAYS). OUR CURRICULUM MODULES FOCUS ON "DEFENSIVE STRATEGIES" TO BUILD AND SUSTAIN A CREATIVE PRACTICE, AND ARE DESIGNED TO COMPLEMENT STANDARD ARTIST BUSINESS SKILL TRAINING (MARKETING, BUSINESS PLANNING, BUDGETING). WORKSHOP INSTRUCTORS INCLUDE CERF+ STAFF, SUBJECT EXPERTS, AND CYA WORKSHOP "ALUMNI." THROUGH THE MULTIPLIER EFFECT OF OUR TEACHING PROGRAM THOUSANDS OF ART STUDENTS AND EMERGING ARTISTS ARE RECEIVING INSTRUCTION IN RISK MANAGEMENT.

OTHER EDUCATION & PREPAREDNESS RESOURCES:  
STUDIO SAFETY EDUCATION & PLANNING -  
CERF+ DEVELOPED A STUDIO SAFETY GUIDE AND ACCOMPANYING POSTER IN BOTH ENGLISH AND SPANISH, EDUCATING ARTISTS AND RAISING AWARENESS ABOUT THIS

## PUBLIC COPY

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

Employer identification number

CRAFT EMERGENCY RELIEF FUND, INC.

\*\*-\*\*\*3980

TOPIC AS AN IMPORTANT ADVOCACY ISSUE. AVAILABLE ONLINE AS A FREE DOWNLOAD OR FOR PURCHASE AS A PRINTED GUIDE, THE PORTABLE 12-PAGE STUDIO SAFETY GUIDE IS DESIGNED TO HELP ARTISTS EVALUATE THEIR CURRENT OR NEW SPACES AND TO HELP THEM MAINTAIN OR UPGRADE THEIR STUDIOS WITH STEP-BY-STEP CLEAR INSTRUCTIONS ABOUT HOW TO IDENTIFY AND REDUCE UNSAFE CONDITIONS AND POTENTIAL RISKS. THE GUIDE BREAKS DOWN COMPLICATED (AND OFTEN SCARY) ISSUES SUCH AS CHECKING OUT STRUCTURAL ISSUES OF A BUILDING, ITS HEATING AND VENTILATION SYSTEMS, ELECTRICAL WIRING, AND ALSO LOOKS AT THE ARTIST'S USE OF HAZARDOUS MATERIALS AND OTHER SAFETY MEASURES. CERF+ HAS DISSEMINATED THOUSANDS OF COPIES AND THERE HAVE BEEN MORE THAN 170 ONLINE DOWNLOADS.

## "GET READY" GRANTS -

CERF+ CONTINUED ITS THIRD YEAR OF "GET READY" GRANT PROGRAM TO SUPPORT PREPAREDNESS EFFORTS THAT WILL HELP ARTISTS WORKING IN CRAFT DISCIPLINES SAFEGUARD THEIR STUDIOS, PROTECT THEIR LIVELIHOODS AND PREPARE FOR EMERGENCIES. FORTY-THREE GRANTS WERE AWARDED TO 42 INDIVIDUAL ARTISTS (UP TO \$500) TOTALING \$21,129 TOWARDS THE PURCHASE OF GOODS OR SERVICES. PROJECTS INCLUDED PURCHASING AND INSTALLING DUST COLLECTION AND VENTILATION SYSTEMS, FIRE EXTINGUISHERS, HAZARDOUS MATERIAL CABINETS, NON-TOXIC ART MATERIALS, SECURITY SYSTEMS, HARD DRIVES, ESTATE, AND LEGACY PLANNING. AS PART OF THE GRANT, ARTISTS SHARE WHAT THEY HAVE LEARNED THROUGH VIDEOS, BLOGS, WORKSHOPS AND SOCIAL MEDIA TO INSPIRE OTHER ARTISTS TO "GET READY."

## ARTISTS LEGACY PLANNING -

ARTIST LEGACY PLANNING IS A FAST EMERGING FIELD GIVEN THE AGING OF THE 'BABY BOOM' GENERATION. TO COMPLEMENT A SPATE OF RECENT PUBLICATIONS AND RESOURCES ON ARTIST ESTATE PLANNING, CERF+ HAS PUBLISHED A WORKBOOK THAT

PAGE 3 OF 8

Schedule O (Form 990 or 990-EZ) (2018)

## PUBLIC COPY

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

Employer identification number

CRAFT EMERGENCY RELIEF FUND, INC.

\*\*-\*\*\*3980

FOCUSES ON THE TRANSFER/DISPOSITION OF AN ARTIST'S TOOLS, BOOKS AND OTHER NON-ARTISTIC ASSETS. BASED ON INTERVIEWS WITH MORE THAN 15 ARTISTS, "CRAFTING YOUR LEGACY, GUIDE TO PUTTING YOUR NON-ARTISTIC ASSETS TO WORK IN AN ESTATE PLAN" PROVIDES STRATEGIES FOR AND EXAMPLES TO ASSIST ARTISTS IN THINKING ABOUT THE BEST APPROACHES TO INVENTORY AND SAFEGUARD THEIR POSSESSIONS. THE WORKBOOK IS INTENDED FOR MID- AND LATE-CAREER ARTISTS, WHETHER THEY HAVE A MODEST WORKSPACE OR A SPRAWLING FACILITY, WHETHER THEIR STUDIO IS HOME-BASED OR OFF-SITE. SINCE ITS LAUNCH IN 2018, THERE HAVE BEEN MORE THAN 330 DOWNLOADS OF "CRAFTING YOUR LEGACY, GUIDE TO PUTTING YOUR NON-ARTISTIC ASSETS TO WORK IN AN ESTATE PLAN."

CERF+ ARTIST'S READINESS PROJECT -

CERF+ RECEIVED A THREE YEAR GRANT FROM THE ANDREW W. MELLON FOUNDATION TO RESEARCH AND DEVELOP A PILOT PROJECT TO CREATE AND SUPPORT A NETWORK OF REGIONALLY- BASED ARTIST SERVING ORGANIZATIONS LOCATED IN DISASTER AND EMERGENCY PRONE AREAS, TO PROMOTE AND PROVIDE EMERGENCY PREPAREDNESS EDUCATION AND RESOURCES TO ARTISTS. IN THE WAKE OF EMERGENCIES, THIS NATIONAL NETWORK WILL ALSO EXPEDITE CERF+'S EMERGENCY RECOVERY RESPONSE.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

OUTREACH AND MARKETING:

CERF+ MAINTAINS AN ACTIVE LIST OF INDIVIDUALS, ORGANIZATIONS, AND ARTS BUSINESSES THAT RECEIVE EMAIL ALERTS BEFORE, DURING, AND AFTER A DISASTER. IN FY19, MORE THAN 16,264 INDIVIDUALS AND ORGANIZATIONS RECEIVED 34 DISASTER RESPONSE MESSAGES FROM CERF+ WITH CRITICAL PREPAREDNESS AND RECOVERY INFORMATION, RESOURCES AND SUPPORT. OUR MONTHLY E-NEWS AVERAGED

PAGE 4 OF 8

Schedule O (Form 990 or 990-EZ) (2018)



## PUBLIC COPY

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

Employer identification number

CRAFT EMERGENCY RELIEF FUND, INC.

\*\*-\*\*\*3980

11,420 RECIPIENTS PER ISSUE, AND OUR OPEN RATE INCREASED 5.6% COMPARED TO FY18. OUR INCREASED ONLINE SOCIAL MEDIA ENGAGEMENT RESULTED IN 839 TWITTER FOLLOWERS; 1890 INSTAGRAM FOLLOWERS AND 6,010 FACEBOOK FOLLOWERS.

CERF+ WEBSITE -

WE CONTINUE TO UPDATE OUR WEBSITE WITH NEW CONTENT ON A WEEKLY AND MONTHLY BASIS. DUE TO THE ONSLAUGHT OF DISASTERS, WE MAINTAIN A "DISASTER PORTAL," WHICH PROVIDES ALERTS, INFORMATION, AND RESOURCES ON SPECIFIC DISASTERS WITH THE CLICK OF A LINK. OTHER ADDITIONS TO THE SITE INCLUDE NEW ARTIST INTERVIEWS AND STORIES AND NEW CONTENT RELATED TO OUR GET READY GRANT PROGRAM CREATED BY RECIPIENTS OF THOSE GRANTS. CERF+ ALSO UPDATED ITS EMERGENCY RELIEF INFORMATION PAGES ON ITS WEBSITE TO INCLUDE SPANISH TRANSLATIONS. OUR SITE HAS BEEN THE GO-TO DESTINATION FOR ARTISTS SEEKING EMERGENCY RESOURCES. IT IS LISTED ON MANY STATE, REGIONAL AND NATIONAL ARTS AGENCIES' AND ORGANIZATIONS' WEBSITES AND BLOGS WITH DISASTER-SPECIFIC INFORMATION.

ADVOCACY:

IN PARTNERSHIP WITH AMERICANS FOR THE ARTS (AFTA), CERF+ PARTICIPATED IN A THIRD ROUND OF OUR CONGRESSIONAL ADVOCACY CAMPAIGN TO CHANGE FEMA REGULATIONS ABOUT ARTISTS' AND OTHER SELF-EMPLOYED WORKERS' ELIGIBILITY FOR POST-DISASTER TOOL REPLACEMENT. CERF+ CONTINUED TO ADVOCATE FOR REGULATORY CHANGE AT FEMA THAT WOULD ENABLE SELF-EMPLOYED WORKERS (INCLUDING ARTISTS) TO ACCESS FEMA'S OTHER NEEDS ASSISTANCE (ONA) AFTER FEDERALLY DECLARED DISASTER AS W-2 EMPLOYEES ARE CURRENTLY ABLE TO DO.

PAGE 5 OF 8

Schedule O (Form 990 or 990-EZ) (2018)

## PUBLIC COPY

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

Employer identification number

CRAFT EMERGENCY RELIEF FUND, INC.

\*\*-\*\*\*3980

NATIONAL COALITION FOR ARTS' PREPAREDNESS AND EMERGENCY RESPONSE (NCAPER) - CERF+ CONTINUES TO PLAY AN ACTIVE ROLE AS A STEERING COMMITTEE MEMBER OF NCAPER. THE WORK OF NCAPER THIS PAST YEAR HAS LARGELY FOCUSED ON COORDINATED WEEKLY, BI-WEEKLY, AND MONTHLY CALLS WITH CULTURAL ORGANIZATIONS AND ARTISTS ON THE GROUND IN ALL OF THE AFFECTED STATES AND TERRITORIES. CERF+, IN COLLABORATION WITH SOUTH ARTS, RELEASED THE "CULTURAL PLACEKEEPING GUIDE: HOW TO CREATE A LOCAL EMERGENCY ACTION NETWORK GUIDE". ENVISIONED AS BOTH THE FIRST ADVANCE DISASTER MOBILIZATION PLANNING TOOLKIT FOR THE ARTS AND CULTURE SECTOR AND THE FIRST OF A NEW SET OF ONLINE RESOURCES DEVELOPED BY THE COALITION, IT IS ALSO THE CULMINATION OF CERF+'S 10-YEAR LEADERSHIP OF THE COALITION. THE ONLINE GUIDE IS AVAILABLE ON THE AFTA WEBSITE.

HERITAGE EMERGENCY NATIONAL TASK FORCE (HENTF) - CERF+'S INVOLVEMENT IN THE HERITAGE EMERGENCY NATIONAL TASK FORCE (HENTF), SPONSORED BY THE SMITHSONIAN INSTITUTION AND FEMA, HAS WIDENED RECOGNITION FOR OUR SPECIALIZED EXPERTISE IN ARTISTS DISASTER PREPAREDNESS AND RECOVERY.

VERMONT ARTS & CULTURE DISASTER AND RESILIENCE NETWORK- CERF+ HAS HELPED SHAPE A NEW NETWORK IN VERMONT CALLED THE VERMONT ARTS & CULTURE DISASTER AND RESILIENCE NETWORK (VACDARN). WITH FUNDING FROM THE PERFORMING ARTS READINESS (PAR) INITIATIVE, VACDARN'S GOAL IS FOR VERMONT CULTURAL INSTITUTIONS TO SHARE EXPERTISE AND RESOURCES, MOBILIZE MUTUAL ASSISTANCE DURING EMERGENCIES, AND COLLECTIVELY ENGAGE WITH FIRST RESPONDERS AND GOVERNMENT EMERGENCY MANAGEMENT AGENCIES.

PAGE 6 OF 8

Schedule O (Form 990 or 990-EZ) (2018)

PUBLIC COPY

Name of the organization CRAFT EMERGENCY RELIEF FUND, INC.	Employer identification number **-***3980
---	--

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
 THE CERF+ FINANCE/AUDIT COMMITTEE REVIEWS THE 990 PRIOR TO FILING. THIS  
 YEAR THE FINANCE COMMITTEE HAS EMPOWERED THE FINANCE/AUDIT COMMITTEE  
 CHAIR/TREASURER TO APPROVE THE FORM 990 PRIOR TO FILING. THE FINANCE/AUDIT  
 COMMITTEE THEN SHARES THE 990 WITH THE BOARD AT THE TIME IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
 EACH YEAR BOARD MEMBERS ARE REQUIRED TO COMPLETE A FORM DISCLOSING IF THEY  
 HAVE ANY CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 AS PART OF CERF+'S GOVERNANCE POLICY, RESPONSIBILITY FOR THE EXECUTIVE  
 DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD. RENUMERATION OF THE  
 EXECUTIVE DIRECTOR IS DECIDED ANNUALLY AFTER A REVIEW OF MONITORING  
 REPORTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 THE DEPUTY DIRECTOR 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 AVAILABLE ON WEBSITE, GUIDESTAR AND UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES  
 DESCRIPTION

TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
OTHER FEES FOR SERVICES		

PUBLIC COPY

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization CRAFT EMERGENCY RELIEF FUND, INC.	Employer identification number **-***3980
---	--

\$	9,971	\$	0	\$	0
----	-------	----	---	----	---

OTHER FEES FOR SERVICES

\$	95,595	\$	0	\$	0
----	--------	----	---	----	---

OTHER FEES FOR SERVICES

\$	10,957	\$	1,602	\$	6,995
----	--------	----	-------	----	-------

TOTAL

\$	116,523	\$	1,602	\$	6,995
----	---------	----	-------	----	-------

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COST OF GOODS SOLD	\$	1,450
--------------------	----	-------

COST OF GOODS SOLD	\$	-1,450
--------------------	----	--------

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning 10/01/18, ending 09/30/19		

Name: **CRAFT EMERGENCY RELIEF FUND, INC.** Taxpayer Identification Number: **\*\*-\*\*\*3980**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,404,833	1,445,941	41,108
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	20,813	28,651	7,838
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	47,060	67,293	20,233
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	5,280	12,776	7,496
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,477,986</b>	<b>1,554,661</b>	<b>76,675</b>
<b>Expenses</b>	13. Grants and similar amounts paid	595,343	215,412	-379,931
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	106,886	124,452	17,566
	16. Salaries, other compensation, and employee benefits	413,098	383,604	-29,494
	17. Professional fundraising fees			
	18. Other professional fees	100,017	149,864	49,847
	19. Occupancy, rent, utilities, and maintenance	34,721	34,747	26
	20. Depreciation and Depletion	6,303	6,225	-78
	21. Other expenses	143,509	150,293	6,784
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,399,877</b>	<b>1,064,597</b>	<b>-335,280</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>78,109</b>	<b>490,064</b>	<b>411,955</b>
<b>Other Information</b>	24. Total exempt revenue	1,477,986	1,554,661	76,675
	25. Total unrelated revenue			
	26. Total excludable revenue	73,153	108,720	35,567
	27. Total assets	1,740,575	2,295,545	554,970
	28. Total liabilities	39,986	66,910	26,924
	29. Retained earnings	1,700,589	2,228,635	528,046
	30. Number of voting members of governing body	13	12	
31. Number of independent voting members of governing body	13	12		
32. Number of employees	9	11		
33. Number of volunteers	81	85		

## PUBLIC COPY

Form <b>990</b>	<b>Tax Return History</b>	<b>2018</b>
-----------------	---------------------------	-------------

Name <b>CRAFT EMERGENCY RELIEF FUND, INC.</b>	Employer Identification Number <b>** - *** 3980</b>
--	--

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	964,414	575,491	1,115,752	1,404,833	1,445,941	
Membership dues						
Program service revenue			23,313			
Capital gain or loss	19,173	-2,495	16,429	47,060	67,293	
Investment income	20,173	24,969	18,722	20,813	28,651	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	277	2,305	5,052	5,280	12,776	
<b>Total revenue</b>	<b>1,004,037</b>	<b>600,270</b>	<b>1,179,268</b>	<b>1,477,986</b>	<b>1,554,661</b>	
Grants and similar amounts paid	130,650	127,300	225,137	595,343	215,412	
Benefits paid to or for members						
Compensation of officers, etc.	110,152	115,850	103,391	106,886	124,452	
Other compensation	409,151	446,082	393,015	413,098	383,604	
Professional fees	41,905	48,321	87,330	100,017	149,864	
Occupancy costs	25,895	25,221	28,132	34,721	34,747	
Depreciation and depletion	3,198	1,973	6,303	6,303	6,225	
Other expenses	143,622	157,764	131,581	143,509	150,293	
<b>Total expenses</b>	<b>864,573</b>	<b>922,511</b>	<b>974,889</b>	<b>1,399,877</b>	<b>1,064,597</b>	
<b>Excess or (Deficit)</b>	<b>139,464</b>	<b>-322,241</b>	<b>204,379</b>	<b>78,109</b>	<b>490,064</b>	
<b>Total exempt revenue</b>	<b>1,004,037</b>	<b>600,270</b>	<b>1,179,268</b>	<b>1,477,986</b>	<b>1,554,661</b>	
Total unrelated revenue						
Total excludable revenue	39,623	24,779	63,516	73,153	108,720	
Total Assets	1,668,475	1,415,208	1,681,728	1,740,575	2,295,545	
Total Liabilities	56,934	55,688	48,075	39,986	66,910	
Net Fund Balances	1,611,541	1,359,520	1,633,653	1,700,589	2,228,635	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDENDS	\$ 28,651					
			14			
TOTAL	<u>\$ 28,651</u>					

\*\*\_\*\*\*3980

**Federal Statements**

FYE: 9/30/2019

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER FEES FOR SERVICES	\$ 9,971	\$ 9,971	\$	\$
OTHER FEES FOR SERVICES	95,595	95,595		
OTHER FEES FOR SERVICES	19,554	10,957	1,602	6,995
<b>TOTAL</b>	<b>\$ 125,120</b>	<b>\$ 116,523</b>	<b>\$ 1,602</b>	<b>\$ 6,995</b>