

Return of Organization Exempt From Income Tax

2000

Department of the Treasury Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), or section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning OCT 01, 2000, and ending SEP 30, 2001

- B Check if applicable: Change of addr, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street city town state and ZIP code: CRAFT EMERGENCY RELIEF FUND, PO BOX 838, Montpelier VT 05601-

D Employer identification number: 13-3273980; E Telephone number: 802-229-2306; F Check if application pending

G Organization type (check only one): 501(c)(3) (insert no) 527 or 4947(a)(1); Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Note H and I are not applicable to sec 527 orgs; H(a) Is this a group return for affiliates? Yes No; H(b) If Yes enter number of affiliates; H(c) Are all affiliates included? Yes No; H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No; I Enter 4 digit group exemption no (GEN); L Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ)

J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

Table with 21 rows and 4 columns: Line number, Description, Amount, and Total. Includes sub-rows for 1a-c, 2, 3, 4, 5, 6a-b, 7, 8a-c, 9a-b, 10a-b, 11, 12, 13-17, 18, 19, 20, 21.

FILMED AUG 05 2002

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions)

Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>8500</u> noncash \$ _____)	22 8500.	8500.		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers directors etc	25			
26	Other salaries and wages	26 85157.	42487.	15620.	27050.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 8383	3611.	2866.	1906.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 3846.	1575	570.	1701.
34	Telephone	34 6612	3615.	87.	2910.
35	Postage and shipping	35 11795.	6596.	-800.	5999.
36	Occupancy	36 5437.	2774.	41.	2622.
37	Equipment rental and maintenance	37			
38	Printing and publications	38 15203.	8267.	143	6793.
39	Travel	39 9579	4893.	254.	4432
40	Conferences conventions and meetings	40 3413.	3149.	-25.	289.
41	Interest	41			
42	Depreciation depletion, etc (attach schedule)	42 1578.		1578	
43	Other expenses (itemize) a SEE STMT	43a 60198	41190	7437	11571
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 219701.	126657.	27771	65273

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If Yes enter (i) aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____ (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? To assist craft people
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served publications issued etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)
 Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others)

a	To provide financial support to professional craftspeople suffering from emergencies such as fires, theft, illness accidents, and natural disasters. (Grants and allocations \$ <u>8500.</u>)	126657
b	 (Grants and allocations \$ _____)	
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44 column (B) Program services)	126657.

Part IV Balance Sheets (See Specific Instructions)

Note		Where required attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
				Beginning of year		End of year	
ASSETS	45	Cash -- non-interest-bearing		77,960.	45	137,575.	
	46	Savings and temporary cash investments			46		
	47a	Accounts receivable	47a 88.				
	b	Less allowance for doubtful accounts	47b		47c	88.	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b		48c		
	49	Grants receivable		5,900.	49	10,320.	
	50	Receivables from officers, directors, trustees and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule)					
	b	Less allowance for doubtful accounts	51a 192,010.				
	52	Inventories for sale or use		98,420	51b 58,550.	51c	133,460.
	53	Prepaid expenses and deferred charges		4,806.	52	1,378.	
	54	Investments -- securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		3,632.	53		
	55a	Investments -- land buildings, and equipment basis		341,173.	54	315,617.	
	b	Less accumulated depreciation (attach schedule)	55a				
	56	Investments -- other (attach schedule)			55b	55c	
57a	Land buildings and equipment basis		15,066.	56			
b	Less accumulated depreciation (attach schedule)	57a					
58	Other assets (describe _____)		5,443	57b 11,201	57c	3,865	
59	Total assets (add lines 45 through 58) (must equal line 74)		537,334	58	59	602,303.	
LIABILITIES	60	Accounts payable and accrued expenses		6,526.	60	5,390.	
	61	Grants payable			61		
	62	Deferred revenue		6,800.	62	5,700.	
	63	Loans from officers directors, trustees and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe _____)			65		
66	Total liabilities (add lines 60 through 65)		13,326	66	11,090.		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		350,631	67	457,118.	
	68	Temporarily restricted		98,206.	68	134,095	
	69	Permanently restricted		75,171	69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land building and equipment fund			71		
	72	Retained earnings, endowment, accumulated income or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)		524,008.	73	591,213	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		537,334.	74	602,303.	

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions)		N/A	Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes" attach detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a		X
b	If "Yes" has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation dissolution termination or substantial contraction during the year? If "Yes" attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies trustees officers etc to any other exempt or nonexempt organization?	80a		X
b	If "Yes" enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures direct or indirect as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes, you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
				47,493.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues assessments and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts included on line 12 for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958			
d	Enter Amount of tax on line 89c, above reimbursed by the organization			
90a	List the states with which a copy of this return is filed <input type="checkbox"/>			
b	Number of employees employed in the pay period that includes March 12 2000 (See inst)	90b		5
91	The books are in care of <input type="checkbox"/> CORNELIA CAREY Telephone no <input type="checkbox"/> 802-229-2306 Located at <input type="checkbox"/> PO BOX 838 MONTPELIER, VT ZIP code <input type="checkbox"/> 05601-			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/>			

Part VII Analysis of Income-Producing Activities (See Specific Instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments			14	2,689.	
96 Dividends & interest from securities			14	14,967	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	16,416.	
101 Net income or (loss) from special events			2	91,303.	
102 Gross profit/(loss) from sales of inventory					940.
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B) (D) and (E))				125,375.	940
105 Total (add line 104, columns (B) (D) and (E))					126,315.

Note Line 105 plus line 1d Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
102	Merchandise sales less cost of goods was used to support the general and admin. operating expenses of the organization.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

Name address and EIN of corporation partnership or disregarded entity	(A) Percentage of ownership int	(B) Nature of activities	(C) Total income	(D) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

- (a) Did the organization during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and that of the preparer on all information of which preparer has any knowledge (Important)

X _____ Date _____ Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CRAFT EMERGENCY RELIEF FUND

Employer identification number

13-3273980

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions List each one If there are none enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions List each one (whether individuals or firms) If there are none enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities		Yes	No
1	During the year has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year has the organization either directly or indirectly engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a	Do you have a section 403(b) annuity plan for your employees?		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See the instructions.)		

Part IV Reason for Non-Private Foundation Status (See the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	180,394.	119,349.	114,329.	107,619.	521,691.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose.	64,233.	53,764.	86,145.	1,861.	206,003.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	35,350.	23,224.	17,338.	4,559.	80,471.
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	279,977.	196,337.	217,812.	114,039.	808,165.
24 Line 23 minus line 17	215,744.	142,573.	131,667.	112,178.	602,162.
25 Enter 1% of line 23	2,800.	1,963.	2,178.	1,140.	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e) line 24</p> <p>b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a</p> <p>26b</p> <p>26c</p> <p>26d</p> <p>26e</p> <p>26f %</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p>b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p>c Add: Amounts from column (e) for lines 15 521,691 16 _____ 17 206,003. 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 27f 808,165.</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 90.04 %</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 9.96 %</p>				<p>27c 727,694.</p> <p>27d</p> <p>27e 727,694.</p> <p>27g 90.04 %</p> <p>27h 9.96 %</p>
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.)					

Part V Private School Questionnaire (See the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions, programs and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe if "No " please explain (If you need more space attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body faculty and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above please explain (If you need more space attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75- 50, 1975- 2 C B 587, covering racial nondiscrimination? If "No " attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table --			
If the amount on line 40 is --	The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Sale of Securities

US . 990: Page 1, Line 8; 990-EZ. Page 1, Line 5; 990PF: Page 11, Line 8

2000

Description	Date Acquired	Date Sold	Sales Price	Cost/Basis	Selling Expense	Accumulated Depreciation
Various	06/30/1999	06/30/2001	285,733. 285,733.	269,317. 269,317.		

Gross Profit on Sales of Inventory

US 990: Page 1, Line 10; 990-EZ: Page 1, Line 7; 990-PF: Page 1, Line 10c

2000

Description	Gross Sales Less Returns	Cost of Goods Sold	Gross Profit
Merchandise sales	4,367. 4,367.	3,427. 3,427.	940. 940.

Form 990 - Page 2, Line 22
Grants and Allocations

US

2000

Class of Activity	Donee's Name and Address	Relationship	Amount
Grants	Richard Posner	None	1,000
Grants	Gerald Shorer	None	1,000.
Grants	Richard Thomas	None	1,000.
Grants	Gerard Ryan	None	500.
Grants	Visual Aids	None	5,000.
			8,500

Form 990 - Page 2, Line 43
Other Functional Expenses

US

2000

Description of the Asset	Total	Program Services	Management and General	Fundraising
Utilities	446.	319.	67.	60.
Office expense	2,308.	1,760.	468.	80.
Bank credit card fees	2,989.		2,856.	133.
Dues and subscription	518.	415.	18.	85.
Insurance	2,598.	1,726.	722.	150.
Promotion	2,166.	186.		1,980
Professional fees	27,623.	18,545.	1,119.	7,959.
Miscellaneous	1,639.	514.	1.	1,124.
Investment fees	2,186.		2,186.	
Bad debts expense	17,725.	17,725.		
	<u>60,198.</u>	<u>41,190.</u>	<u>7,437.</u>	<u>11,571.</u>

Form 990 - Page 3, line 54
Investments - Securities

US**2000**

Description	Cost	Market Value
Cash Equivalents	42,069.	42,069.
Equities	106,385.	83,528.
Fixed Income	122,973.	122,573.
Mutual funds		
DESIGNATED FOR LONG TERM		
Cash equivalents	28,156.	28,156.
Equities	29,607	30,786.
Mutual Funds	10,697.	8,505.
DECREASE IN MARKET VALUE OF INVESTMENTS		
	(24,270.)	
	315,617.	315,617.

Land, Buildings and Equipment

US **2000**

990: Page 3, Line 57; 990-PF: Page 2, Line 14

Description	Cost / Basis	Accumulated Depreciation	Book Value
EQUIPMENT	13,989.	10,124.	3,865.
FURNITURE	1,077.	1,077.	
	15,066.	11,201.	3,865.

THE CRAFT EMERGENCY RELIEF FUND, INC
 Federal Depreciation Report
 Tax year 10/01/01 - 09/30/02

06/07/02
 2027

Asset #	Purchase Date	Description	Life	Depr Meth	MAC Con	Misc	Cost	Basis	Prior	Current	Total	Remaining Basis
2	05/01/93	DESKS & CHAIRS	7 0	M-Reg	HY	P	161	161	161	0	161	0
3	05/01/93	3 FILE CABINETS & CHAIRS	7 0	M-Reg	HY	P	501	501	501	0	501	0
9	05/01/93	BOOK SHELVES	7 0	M-Reg	HY	P	92	92	92	0	92	0
10	05/01/95	CHAIR & COMPUTER BENCH	7 0	M-Reg	HY	P	98	98	86	12	98	0
11	05/01/95	OFFICE FURNITURE	7 0	M-Reg	HY	P	225	225	197	28	225	0
Subtotal for Asset acct# 180							1,077	1,077	1,037	40	1,077	0
1	05/01/93	53 MH HARD DRIVE	5 0	M-Reg	HY	LP	405	405	405	0	405	0
4	05/01/93	TELEPHONE & CORD	5 0	M-Reg	HY	P	47	47	47	0	47	0
6	05/01/93	SURGE PROTECTOR	5 0	M-Reg	HY	P	27	27	27	0	27	0
8	05/01/93	OFFICE & COMPUTER EQUIPMENT	5 0	M-Reg	HY	P	775	775	775	0	775	0
14	01/01/96	HARDWARE UPGRADE 160 MB	5 0	M-Reg	HY	LP	139	139	128	4	132	7
15	06/17/96	COMPUTER PARTS	5 0	M-Reg	HY	LP	155	155	138	7	145	10
16	06/17/96	GATEWAY 2000 COMPUTER	5 0	M-Reg	HY	LP	2,267	2,267	2,020	99	2,119	148
17	06/17/96	GATEWAY SOFTWARE	5 0	S/L		P	310	310	269	41	310	0
18	05/17/97	SOFTWARE	5 0	S/L		P	195	195	133	39	172	23
19	09/15/98	VERCOM	5 0	M-Reg	MQ		903	903	594	99	693	210
20	09/15/98	VERCOM	5 0	M-Reg	MQ		902	902	594	99	693	209
21	09/30/98	HP LASER JET 4000 W/ CABLE	5 0	M-Reg	MQ		1,187	1,187	781	130	911	276
22	09/30/98	DELL DIMENSION XPS COMPUTER	5 0	M-Reg	MQ		2,154	2,154	1,418	236	1,654	500
23	10/01/98	FUTURETECK PENT II LAPTOP COMPUTER	5 0	M-Reg	HY	L	2,195	2,195	1,141	253	1,394	801
24	07/28/00	TANGENT COMPUTER	5 0	M-Reg	MQ		2,328	2,328	116	531	647	1,681
Subtotal for Asset acct# 181							13,989	13,989	8,586	1,538	10,124	3,865
Total for all assets							15,066	15,066	9,623	1,578	11,201	3,865

Total number of assets = 20

Craft Emergency Relief Fund 2000-2001 Board of Directors

Executive Committee

Chair

Paula Owen
*Director Southwest School of
 Art & Craft*
 300 Augusta St
 San Antonio TX 78205-1296

Secretary

Mary Klein
Enamelist
 6640 Bay St
 St Pete Beach FL 33706
 2126

Vice Chair

Lloyd E. Herman
*Crafts Advocate Independent
 Curator*
 8500 32nd Ave NW Apt 10
 Seattle WA 98117-3901

Treasurer

Stacey Jarit
*Director Artider
 Productions Inc*
 PO Box 28
 Woodstock NY 12498 0028

Past Chair

Paul Housberg*
Glass Artist
 59 Tingley Street
 Providence, RI 02903

Board Members

Miriam Barnett*
Artist Arts Administrator
 1204 Raymond St
 Bellingham WA 98226 2416

Polly Brooks
Co-owner Appalachian Spring
 102 W Jefferson St
 Falls Church VA 22046-3417

Robert W. Curry
Partner Edwards & Angell
 101 Federal Street
 Boston MA 02110

Lisa Englander
Artist Curator
 2512 North Main Street
 Racine WI 53402

Bill Frisler
President
DS I Convention Services
 4 West Mill St
 Medfield MA 02052

Julie Girardin
Metal Artist
 927 Buckhorn Rd
 Sykesville MD 21784-9042

Charles Kegley
Mixed Media Artist
 PO Box 1777
 Friendswood TX 77549

Robert L. Lynch
President & CEO
Americans for the Arts
 2038 18th St NW
 Washington DC
 20009-1849

Steven Maslach
Glass Artist
 7000 Blue Sky Ln NE
 Cambridge Island WA
 98110-2623

Gail McCarthys
Owner Highwater Clay Inc
 PO Box 18284
 Asheville NC
 28814-0284

Mia McDowd
Crafts Advocate
Independent Curator
 1930 10th Ave W
 Seattle WA 98119

Alice Merritt
*Director Tennessee Association
 of Craft Artists*
 PO Box 120066
 Nashville TN 37212

Josh Simpson
Glass Artist
 30 Frank Williams Rd
 Shelburne Falls MA 01370

Susan Skinner
Jeweler
 3424 Calle del Monte NE
 Albuquerque NM 87106

Lana Wilson
Clay Artist
 465 Hidden Pines Lane
 Del Mar CA 92014

* Term Expires 10/00

Name CRAFT EMERGENCY RELIEF FUND

ID number 13-3273980

Part I - Statement of Revenue, Expenses, and Changes in Net Assets Line 9

Special Events	(A)	(B)	(C)	Other	Total
Gross Receipts	28,565.	25,230.	8,210.	29,298.	91,303.
Less Contributions					
Gross Revenue	28,565.	25,230.	8,210.	29,298.	91,303.
Less Direct Expenses					
Net Income or (loss)	28,565.	25,230.	8,210.	29,298.	91,303.

Description of Events

(A) Silent auction

(B) A month 4 CERF

(C) Raffle in Baltimore

Other Collection raffle

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization CRAFT EMERGENCY RELIEF FUND	Employer identification number 13-3273980
	Number street, and room or suite no If a P O box, see instructions PO BOX 838	
	City town or post office, state and ZIP code For a foreign address see instructions Montpelier VT 05601-	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box If it is for part of the group check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month for 990-T corporation) extension of time until 05/15/2002 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 20____ or

▶ tax year beginning OCT 01 2000 and ending SEP 30, 2001

2 If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL 990-PF, 990-T 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ Lee A. White Title ▶ CPA Date ▶ 2-12-02

are filing for an Additional (not automatic) 3- Month Extension, complete only Part II and check this box
 Only complete Part II if you have already been granted an automatic 3- month extension on a previously filed Form 8868
 you are filing for an Automatic 3- Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3- Month Extension of Time- Must File Original and One Copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization CRAFT EMERGENCY RELIEF FUND	Employer identification number 13-3273980
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 838	For IRS use only
	City town or post office state and ZIP code For a foreign address see instructions Montpelier VT 05601-	

Check type of return to be filed (file a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3- month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the name and EINs of all members the extension is for

4 I request an additional 3- month extension of time until 08/15/2002

5 For calendar year _____ or other tax year beginning OCT 01 2000 and ending SEP 30 2001

6 If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension The audit is not quite complete due to problems with allocation of functional expenses and issues pertaining to SFAS 117.

8a If this application is for Form 990-BL 990-PF, 990-T, 4720 or 6069 enter the tentative tax less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF 990-T, 4720 or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature Lee A. White Title CPA Date 5-13-02

Notice to Applicant- To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10- day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10- day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

EXTENSION APPROVED
 MAY 22 2002
 LINDA WEISKOPF, FIELD DIRECTOR,
 SUBMISSION PROCESSING, OGDEN

By _____ Date _____
 Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3- month extension returned to an address different than the one entered above

Type or print	Name LEE A. WHITE & ASSOCIATES
	Number, street (include suite, room, or apt no) Or a P O box number 86 SUMMER STREET
	City or town, province or state, and country (including postal or ZIP code) BARRE VERMONT 05641