Form 990

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning OCT 01, 2002, and ending SEP 30, 2003

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, street, 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 Acctg. method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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 (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ▶

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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.

I Enter 4-digit GEN ▶

M Check ▶ ☐ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 433,416.

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

	Line	Description		(A) Securities		(B) Other		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received						
		a Direct public support			1a	156,563.		
		b Indirect public support			1b	14,195.		
		c Government contributions (grants)			1c			
		d Total (add lines 1a through 1c) (cash $ 170,758. noncash $)					1d	170,758.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					2	
	3	Membership dues and assessments					3	
	4	Interest on savings and temporary cash investments					4	2,504.
	5	Dividends and interest from securities					5	15,438.
	6	a Gross rents			6a			
		b Less rental expenses			6b			
		c Net rental income or (loss) (subtract line 6b from line 6a)					6c	
	7	Other investment income (describe ▶)					7	
	8	a Gross amount from sales of assets other than inventory		159,618.	8a	5,286.		
		b Less cost or other basis & sales expenses		171,950.	8b	6,167.		
		c Gain or (loss) (attach schedule)		(12,332.)	8c	(881.)		
		d Net gain or (loss) (combine line 8c, columns (A) and (B))					8d	(13,213.)
	9	Special events and activities (attach schedule)						
		a Gross revenue (not including $ of contributions reported on line 1a)			9a	77,666.		
		b Less direct expenses other than fundraising expenses			9b			
		c Net income or (loss) from special events (subtract line 9b from line 9a)					9c	77,666.
	10	a Gross sales of inventory, less returns and allowances			10a	2,146.		
		b Less cost of goods sold			10b	1,928.		
		c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					10c	218.
	11	Other revenue (from Part VII, line 103)					11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					12	253,371.
Expenses	13	Program services (from line 44, column (B))					13	169,539.
	14	Management and general (from line 44, column (C))					14	15,422.
	15	Fundraising (from line 44, column (D))					15	97,819.
	16	Payments to affiliates (attach schedule)					16	
	17	Total expenses (add lines 16 and 44, column (A))					17	282,780.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)					18	(29,409.)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))					19	596,975.
	20	Other changes in net assets or fund balances (attach explanation)					20	22,839.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)					21	590,405.

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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 $ 17000 noncash $)	22	17000.	17000.		
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	50567.	29835.	2528.	18204.
26 Other salaries and wages	26	91745.	54129.	4588.	33028.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	21625.	13558.	1359.	6708.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	2513.	1226.	393.	894.
34 Telephone	34	6673.	4427.	509.	1737.
35 Postage and shipping	35	14273.	5886.	127.	8260.
36 Occupancy	36	6081.	3953.	486.	1642.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	17180.	11525.	408.	5247.
39 Travel	39	11762.	6718.	79.	4965.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1966.		1966.	
43 Other expenses not covered above (itemize) a SEE STMT	43a	41395.	21282.	2979.	17134.
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	282780.	169539.	15422.	97819.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the 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 $)	169539.
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) ▶	169539.

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) Beginning of year		(B) End of year
Assets 45 Cash - non-interest-bearing			130,616.	45	39,780.
46 Savings and temporary cash investments				46	62,564.
47 a Accounts receivable	47a	787.			
b Less allowance for doubtful accounts	47b		757.	47c	787.
48 a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable			10,300.	49	20,000.
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51 a Other notes and loans receivable (attach schedule)	51a	202,730.			
b Less allowance for doubtful accounts	51b	50,439.	141,327.	51c	152,291.
52 Inventories for sale or use			2,515.	52	662.
53 Prepaid expenses and deferred charges			9,230.	53	1,619.
54 Investments - securities (attach schedule) ▶ ☐ Cost ☒ FMV			305,840.	54	328,452.
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule)				56	
57 a Land, buildings, and equipment basis	57a	12,876.			
b Less accumulated depreciation (attach schedule)	57b	7,857.	6,071.	57c	5,019.
58 Other assets (describe ▶)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			606,656.	59	611,174.
Liabilities 60 Accounts payable and accrued expenses			2,931.	60	13,769.
61 Grants payable				61	
62 Deferred revenue			6,750.	62	7,000.
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64 a 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)			9,681.	66	20,769.
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			457,077.	67	455,909.
68 Temporarily restricted			139,898.	68	134,496.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ 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; column (B) **must** equal line 21)			596,975.	73	590,405.
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			606,656.	74	611,174.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions)

a	Total revenue, gains, and other support per audited financial statements ▶	a	344795.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ 22839.		
(2)	Donated services & use of facilities $ 68585.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	91424.
c	Line a minus line b ▶	c	253371.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	253371.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	351365.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services & use of facilities $ 68585.		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	68585.
c	Line a minus line b ▶	c	282780.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 line c plus line d) ▶	e	282780.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter - 0- .)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
Cornelia Carey Montpelier VT	Ex. Dir. 40	50,567.		
See attached schedule	Board memb	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see Specific Instructions.

Part VI Other Information (See Specific Instructions.)

		Line	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a 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
78	a 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
80	a 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 ▶ N/A N/A and check whether it is ☐ exempt or ☐ nonexempt			
81	a Enter direct or indirect political expenditures See line 81 instructions — 81a			
	b Did the organization file **Form 1120-POL** for this year?	81b		X
82	a 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 in Part III) — 82b 68,585.			
83	a 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	
84	a 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?	85b		
	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			
	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 on line 85f?	85g		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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
89	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ ____, section 4912 ▶ ____; section 4955 ▶ ____			
	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 ▶			

90 a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.) 90b

91 The books are in care of ▶ CORNELIA CAREY Telephone no ▶ 802-229-2306

Located at ▶ PO BOX 838 MONTPELIER, VT ZIP + 4 ▶ 05601

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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

Note: 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	2,504.	
96 Dividends & interest from securities			14	15,438.	
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	(12,332.)	(881.)
101 Net income or (loss) from special events			14	77,666.	
102 Gross profit/(loss) from sales of inventory					218.
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				83,276.	(663.)

105 Total (add line 104, columns (B), (D), and (E) ▶ 82,613.

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)

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

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

(a) Did the organization, during 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)

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 [redacted] other than officer) is based on all information of which preparer has any knowledge

8/5/04
Date

EXECUTIVE DIRECTOR

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2002

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 employee benefit plans & deferred compensation	(e) Expense account and other allowance
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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Cat No 11285F **Schedule A (Form 990 or 990-EZ) 2002**

Part III Statements About Activities (See the instructions.)

			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 the total expenses paid or incurred in connection with the lobbying activities ▶$ ______ **(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)**	1		X
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2 a		X
	b Lending of money or other extension of credit?	2 b		X
	c Furnishing of goods, services, or facilities?	2 c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2 d		X
	e Transfer of any part of its income or assets?	2 e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See **Note** below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note: 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

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)

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)	203,314.	215,344.	180,394.	119,349.	718,401.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc purpose	72,033.	108,659.	64,233.	53,764.	298,689.
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	(22,598.)	17,656.	35,350.	23,224.	53,632.
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	252,749.	341,659.	279,977.	196,337.	1,070,722.
24 Line 23 minus line 17	180,716.	233,000.	215,744.	142,573.	772,033.
25 Enter 1% of line 23	2,527.	3,417.	2,800.	1,963.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 ___ 19 ___ 22 ___ 26b ___ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2001) ___ (2000) ___ (1999) ___ (1998) ___

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) **Do not file this list with your return.** 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 the year

(2001) ___ (2000) ___ (1999) ___ (1998) ___

c Add Amounts from column (e) for lines 15 718,401. 16 ___ 17 298,689. 20 ___ 21 ___ ▶ 27c 1,017,090.

d Add Line 27a total ___ and line 27b total ___ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e 1,017,090.

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 1,070,722.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 94.99 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 5.01 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

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?	29		
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?	30		
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?	31		
	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.)			
34 a	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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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 ▶ a [ ] if the organization belongs to an affiliated group Check ▶ b [ ] if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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.	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, & sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2002

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CRAFT EMERGENCY RELIEF FUND	Form 990	13-3273980

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$24,000
2	Total cost of section 179 property placed in service (see the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see the instructions	5	24,000.

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see the instructions)	14	
15	Property subject to section 168(f)(1) election (see the instructions)	15	
16	Other depreciation (including ACRS) (see the instructions)	16	

Part III MACRS Depreciation (Do not include listed property) (See the instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	1,607.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,795.				359.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs.	MM	S/L	
i Nonresidential real			39 yrs.	MM	S/L	
property				MM	S/L	

Section C -- Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See the instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instr	22	1,966.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

/27/04
27

CRAFT EMERGENCY RELIEF FUND
Federal Depreciation Report
Tax year 10/01/02 - 09/30/03

Asset #	Purchase Date	Description	Life	Depr Meth	MAC Con	Misc	Cost	Basis	Depreciation Prior	Depreciation Current	Depreciation Total	Remaining Basis
1	05/01/93	FILE CABINETS & CHAIRS	7.0	M-Reg	HY		501	501	501	0	501	0
Subtotal for Asset acct# 180							501	501	501	0	501	0
9	09/15/98	VERCOM PHONE SYSTEM	7.0	M-Reg	HY		1,805	1,805	1,518	161	1,679	126
10	09/30/98	HP 4000 LASER PRINTER	5.0	M-Reg	HY		1,187	1,187	911	68	979	208
7	10/01/98	FUTURE TECH LAPTOP	5.0	M-Reg	HY	L	2,195	2,195	1,394	253	1,647	548
2	08/01/00	TANGENT COMPUTER	5.0	M-Reg	HY	L	2,328	2,328	647	268	915	1,413
3	12/01/00	DELL W/ WINDOWS 98	5.0	M-Reg	HY	L	967	967	500	186	686	281
4	04/22/02	GATEWAY 300L COMPUTER	5.0	M-Reg	HY	L	1,134	1,134	227	363	590	544
5	04/25/02	DELL OPTIPLEX GX240	5.0	M-Reg	HY	L	964	964	193	308	501	463
6	10/01/02	OLYMPUS DIGITAL CAMERA	5.0	M-Reg	HY		606	606	0	121	121	485
8	11/11/02	TANGENT COMPUTER	5.0	M-Reg	HY	L	1,189	1,189	0	238	238	951
Subtotal for Asset acct# 181							12,375	12,375	5,390	1,966	7,356	5,019
Total for all assets							12,876	12,876	5,891	1,966	7,857	5,019
										<359>		
										1607		

Total number of assets = 10

Current year Section 179 and 30% Bonus Depr

Asset #	Purchase Date	Description	Federal Cost	Federal Section 179	Federal 30% Bonus

No Section 179 or 30% Bonus Deprtaken this year.

scription of codes in Misc column:

F=Farm prop L=Listed prop A=Luxury auto E=Sect 179 O=Override R=Indian reser prop C=ITC basis reduction S=Sold T=Traded D=Disposed I=Installment P=Prior short yr
K=Like Kind Exchange B=30% Depr Bonus

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you 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).

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ 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 05/15/2004 , 20 ____ 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, 2002 and ending SEP 30, 2003

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

3 a 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 ▶ 2-13-04

For Paperwork Reduction Act Notice, see Instructions. Form **8868** (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If 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 names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 08/15/2004 , 20

5 For calendar year ______ or other tax year beginning OCT 01, 2002 and ending SEP 30, 2003

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 Cannot complete the 990 return until the audit is complete. Audit is not quite done yet.

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 ▶ 5/14/04

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

PROCESSING, OGD

Director By: Date

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 VT 05641

Sale of Securities

US 990 990: Page 6, Line 100; 990-EZ: Page 1, Line 5; 990PF: Page 11, Line 8 **2002**

Description	Date Acquired	Date Sold	Sales Price	Cost/ Basis	Selling Expense	Accumulated Depreciation
Investments	VA/RI/OUS	06/30/2003	127,656.	136,985.		
Endowment	VA/RI/OUS	06/30/2003	31,962.	34,965.		
			159,618.	171,950.		

Detail Sheet 2002

Name: CRAFT EMERGENCY RELIEF FUND

ID: 13-3273980

Description: PAGE 1 LINE 8a (B)Other - Sale of assets

Type	Amount
Sales Price	
Cost of equipment	(6,167.)
Accumulated depreciation	5,286.
Total	(881.)

Detail Sheet 2002

Name: CRAFT EMERGENCY RELIEF FUND ID: 13-3273980

Description: PAGE 1, LINE 20 - OTHER CHANGES IN N/A

Type	Amount
Contributions in kind revenue	68,585.
In-kind expenses	(68,585.)
Unrealized gain on investments	22,839.
Total	22,839.

Grants and Allocations

US 990 — **990: Page 2, Line 22; 990-EZ: Page 1, Line 10** — **2002**

Class of Activity	Donee's Name and Address	Relationship	Amount
GRANTS	LARRY GRUDA	NONE	500.
GRANTS	DAVID LINCOLN	NONE	1,000.
GRANTS	CLAYTON PAUL CORMIER, JR.	NONE	1,000.
GRANTS	ARTHUR LEE ANDERSON	NONE	500.
GRANTS	JACQUELINE DONAHUE-CLARK	NONE	1,000.
GRANTS	LAURA DAVIDSON	NONE	1,000.
GRANTS	PAM HILL	NONE	1,000.
GRANTS	PETER Z. KENYERES	NONE	1,000.
GRANTS	BONNIE BISHOFF	NONE	1,000.
GRANTS	VISUAL AIDS	NONE	4,000.
GRANTS	WATERSHED CTR F/CERAMIC ARTS	NONE	3,000.
GRANTS	THE ALPHA WORKSHOPS	NONE	2,000.
			17,000.

US 990 Other Functional Expenses: Page 2, Line 43 2002

Description of the Asset	Total	Program Services	Management and General	Fundraising
Staff & board trainin	1,159.	1,117.	4.	38.
Utilities	578.	376.	46.	156.
Office	746.	(575.)	325.	996.
Bank credit crd fees	2,342.		937.	1,405.
Dues & subscriptions	342.	232.	58.	52.
Insurance	1,538.	1,410.	29.	99.
Promotion	8,309.	1,213.	76.	7,020.
Professional fees	22,089.	14,512.	1,215.	6,362.
Miscellaneous	1,586.	1,238.	73.	275.
Investment fees	2,706.	1,759.	216.	731.
	41,395.	21,282.	2,979.	17,134.

13-3273980

US 990	Investments - Securities: Page 3, Line 54	2002

Description		Book Value
UNDESIGNATED		
Cash equivalents		22,518.
Equities		99,528.
Fixed income		128,783.
TOTAL UNDESIGNATED	250,829	
DESIGINATED FOR LONG TERM		
Cash equivalents		3,928.
Equities		62,634.
Fixed income		11,061.
TOTAL DISIGINATED FOR LONG TERM	77,623	
		328,452.

Land, Buildings and Equipment

US 990 | 990: Page 3, Line 57; 990-PF: Page 2, Line 14 | 2002

Description	Cost / Basis	Accumulated Depreciation	Book Value
EQUIPMENT	12,375.	7,356.	5,019.
FURNITURE	501.	501.	
	12,876.	7,857.	5,019.

Gross Profit on Sales of Inventory

US 990 990: Page 6, Line 102; 990-EZ: Page 1, Line 7; 990-PF: Page 11, Line 10 **2002**

Description	Gross Sales Less Returns	Cost of Goods Sold	Gross Profit
Merchandise sales	2,146.	1,928.	218.
	2,146.	1,928.	218.

Craft Emergency Relief Fund 2003 Board of Directors

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Susan Skinner
Jeweler
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Albuquerque, NM 87106
Or PO Box 35267
Albuquerque, NM 87176

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	24,406.	36,890.	5,415.	10,955.	77,666.
Less Contributions					
Gross Revenue	24,406.	36,890.	5,415.	10,955.	77,666.
Less Direct Expenses					
Net Income or (loss)	24,406.	36,890.	5,415.	10,955.	77,666.

Description of Events

(A) Silent Auction

(B) A Month 4 CERF

(C) Raffle in Baltimore

Other Collection Raffle