IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning $\ JUL\ 1$, 2018, and ending $\ JUN\ 30$

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879FO for the latest information

Name of exempt organization	Employer identification number
CRAFT CONTEMPORARY	**-***2244
Name and title of officer	
SUZANNE ISKEN	
EXECUTIVE DIRECTOR	
Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the solution on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.	then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,014,893.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic retintermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to t (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in procest the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an edebit) entry to the financial institution account indicated in the tax preparation software for payment of the organizaterum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial inprocessing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal. Officer's PIN: check one box only	the IRS and to receive from the IRS ssing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at institutions involved in the directory resolve issues related to the
	to enter my PIN 90036
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autienter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 of indicated within this return that a copy of the return is being filed with a state agency(ies) regulating characteristic program, I will enter my PIN on the return's disclosure consent screen.	•
Officer's signature ▶ Date ▶	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 95658401440 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) e-file Providers for Business Returns.	-
ERO's signature ► HENSIEK & CARON, CPA'S Date ►	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, and ending JUN 30, 2019

Open to Public

B	Check if	C Name of organization		D Employer identifi	cation number
	∏Addre	CRAFT CONTEMPORARY			
H	chang □Name			. * *	**2244
H	chang □Initial	5	Da a na /a ita		
H	return _Final	Number and street (or P.O. box if mail is not delivered to street address) 5814 WILSHIRE BLVD	Room/suite	E Telephone numbe	r 937 4 230
	—lreturn termir				1,199,426.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90036		G Gross receipts \$	
H	lreturn ∏Applio	-		H(a) Is this a group re	
	tion pendi	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	—
_	Tay ay	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1 ' '	
		te: > CAFAM.ORG	JI 32 <i>1</i>		list. (see instructions)
		organization: X Corporation Trust Association Other	I Voor	of formation: 1974	1 State of legal domicile: CA
	art I	Summary	L I Gai	oriorination. 1771	Julia de la legal domicile. C11
		Briefly describe the organization's mission or most significant activities: CRAF1	г солт	EMPORARY RE	VEALS THE
Governance	l '	POTENTIAL OF CRAFT TO EDUCATE, CAPTIVATE,	PROV	OKE AND EM	POWER. WITH
nar		Check this box if the organization discontinued its operations or dispos			
Ve				3	18
	1	Number of independent voting members of the governing body (Part VI, line 1b)			18
ە د		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			18
iţie		Total number of volunteers (estimate if necessary)			45
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, line 38			0.
	Ť	The difference business taxable insome north office of 1, into 66		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		642,837.	668,088.
Revenue	1	Program service revenue (Part VIII, line 2g)		136,196.	69,210.
) S	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		346.	2,811.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		332,339.	274,784.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,111,718.	1,014,893.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		556,404.	558,447.
ıse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 77,05	57.		
й		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		545,028.	414,129.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,101,432.	972,576.
	1	Revenue less expenses. Subtract line 18 from line 12		10,286.	42,317.
or		1		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,410,146.	1,425,663.
Ass	21	Total liabilities (Part X, line 26)		82,114.	55,439.
Pet	22	Net assets or fund balances. Subtract line 21 from line 20		1,328,032.	1,370,224.
Pá	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	·e	SUZANNE ISKEN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Pai		SUSAN CARON SUSAN CARON		self-employ	
	parer	Firm's name HENSIEK & CARON, CPA'S		Firm's EIN ▶	**-***1603
Use	Only	Firm's address 650 SIERRA MADRE VILLA #303			
		PASADENA, CA 91107		Phone no. (6	
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Check if Cabadula Coordains a response or rate to a reviling in this Dart III	
_	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: THE CRAFT CONTEMPORARY CHALLENGES ESTABLISHED IDEAS ABOUT CRAFT	AND
	FOLK ART AND ENGAGES PEOPLE THOUGH DIVERSE EXHIBITIONS AND PROG	
	TODA INT IND ENGINEED THOUGH PROBLEM EMILDITIONS IND THOU	idiib.
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	162 [140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		res no
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of	penses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 810,590 • including grants of \$) (Revenue \$	170,965.)
4a	(Code:)(Expenses \$ 810,590 including grants of \$) (Revenue \$) CRAFT CONTEMPORARY (CC) PRESENTED SIX ARTISTICALLY DIVERSE EXHI	
	THAT TAKE TRADITIONAL MATERIALS AND PROCESSES IN NEW DIRECTIONS	
	OFFERS APPROXIMATELY 90 PUBLIC PROGRAMS. COMMUNITY COLLABORATION	
	ENABLE CC TO EXPAND ARTS PARTICIPATION AND TO EXHIBIT LOCAL ART	
	THE CC SHOP SUPPORTS LOCAL MAKERS.	1515.
	THE CC SHOP SUPPORTS LOCAL MAKERS.	
		_
4b	(Code:) (Expenses \$)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/(a.t.aggana a.t	
4d		`
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 810,590.	- 000
		Form 990 (2018)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		X
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		22
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		1
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٦,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x

Form **990** (2018)

Form 990 (2018) CRAFT CONTEMPORARY Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			₩.
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			∺
٠.	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Pa	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		Гоим	aan	(2010

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Form 990 (2018) CRAFT CONTEMPORARY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	6 -		х
b	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi- were not tax deductible?		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	l e e e e e e e e e e e e e e e e e e e	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
		10a 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	T I U			
-		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,			
		13b			
		13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	t income?	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
	If "Yes," complete Form 4720, Schedule O.		F	990	(0040

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18┌			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		anv other				
_	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			··· ├	_		
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?		-	.	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			⊢	5		X
6	Did the organization have members or stockholders?			⊢	6		X
_	Did the organization have members of stockholders, or other persons who had the power to elect or a			··· ⊢'	-		
7a				-	,		х
	more members of the governing body?			⊢'	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			١.	,		х
_	persons other than the governing body?			⊢'	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					Х	
a	The governing body?				3a	X	
b	Each committee with authority to act on behalf of the governing body?			-՟	3b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						x
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			'	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue	e Code.)			.,	
40	Dilli di la				$\overline{}$	Yes	No X
	Did the organization have local chapters, branches, or affiliates?]'	0a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such of				<u>.</u>		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			_	0b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy beto	re filing the form	? 1	1a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				_	37	
12a				⊢	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			<u>1</u> 2	2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					37	
	in Schedule O how this was done			··· ⊢	2c	X	37
13	Did the organization have a written whistleblower policy?			⊢	13		X
14	Did the organization have a written document retention and destruction policy?			[_1	14		Х
15	Did the process for determining compensation of the following persons include a review and approve		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			<u>1</u>	5a	<u> </u>	
b	Other officers or key employees of the organization			1	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a				
	taxable entity during the year?			<u>1</u>	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınizatio	n's				
	exempt status with respect to such arrangements?			10	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990	-T (Section 501(d)(3)s c	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n in Sch	nedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	f interest policy,	and fi	nand	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks ar	id records 🕨				
	SUZANNE ISKEN - 323 937 4230						
	5814 WILSHIRE BLVD., LOS ANGELES, CA 90036						

832006 12-31-18

Form **990** (2018)

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week				10010	1	100)	from	from related	other
	(list any hours for	or director				Ļ		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***00)	organization
	organizations	trust	nal tru		oyee	ompe		,		and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
- 	line)	pul	lns	ij	Ke	Hig	윤			
(1) WALLY MARKS III	2.00	٠,,						_		0
IMMEDIATE PAST PRESIDENT	1 00	Х						0.	0.	0.
(2) JANICE POBER	1.00	٠,,						_		0
DIRECTOR	1 00	Х						0.	0.	0.
(3) LORRAINE BONANNI	1.00	. ,						_	_	0
DIRECTOR	1 00	Х				_		0.	0.	0.
(4) JILL BAUMAN	1.00	X						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(5) JOE CORIATY	1.00	X						0.	0.	0.
(6) MICHAEL JOHNSON	1.00	^				-		0.	0.	0.
	1.00	X						0.	0.	0.
(7) NANCY ADAMS	1.00	Δ						· ·	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(8) TIM MULLIN	1.00							•	0.	<u> </u>
DIRECTOR	100	x						0.	0.	0.
(9) GLEN TITAN	1.00	 								
DIRECTOR		x						0.	0.	0.
(10) PETER WENDEL	1.00							-		-
DIRECTOR		Х						0.	0.	0.
(11) NATASHA SEDAGHAT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) GEORGE MINARDOS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JANE CHANG	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ROBBY GORDON	1.00									
DIRECTOR		Х						0.	0.	0.
(15) HAROLD HAMERSMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(16) RICHARD ERICKSON	5.00									
BOARD CHAIR				Х				0.	0.	0.
(17) STAN SAVAGE	2.00			_				_	_	_
TREASURER				Х				0.	0.	0.

TREASURER 832007 12-31-18

Form **990** (2018)

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			stimate	
	hours per week					is bot or/trus		compensation from	compensation from related		1	nount o other	of
	(list any	ctor						the	organization			pensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MI		l	om the	
	related organizations	stee o	trustee			bensa		(W-2/1099-MISC)				anizati	
	below	ual tru	ional t		ployee	t com	١.				l	d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer.			ļ	loige	unzan	JI 13
(18) FRED KUPERBERG	2.00	1			×	1	 						
SECRETARY		1		Х				0.		0.			0.
		₩					<u> </u>						
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		+											
		1								ļ			
1b Sub-total							▶	0.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>						0.		0.			0.
2 Total number of individuals (including but	t not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	ole			4
compensation from the organization												Yes	No
3 Did the organization list any former office	ar diractor or tr	oto.	م ارد		mole		٥.	highest companyed of	malayaa aa			res	NO
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	, ,		,	,		,	,	•	. ,	ļ	3		Х
4 For any individual listed on line 1a, is the											H		
and related organizations greater than \$1			-						g		4		Х
5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," co	omplete Schedu	le J f	or s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest										npens	sation f	rom	
the organization. Report compensation for (A)	or the calendar y	ear e	enai	ng v	vitn	or w	/itnii	n the organization's tax	year.		(0		
Name and busine	ss address	NO	INC	Ξ				Description of s	services	С	compe	'' nsatio	n
							_						
							\dashv						
2 Total number of independent contractors	s (including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the orga	nization >					0							
											Form	aan (2018

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		(==:=)	I. CONTEMP	PORARY			^^-^^2	244 Page 9
Pai	t VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1tions) 1e 1ts, and 1ve 1f 1s 1a-1f: \$	49,229. 618,859.	668,088.	10101100	jovanas	312-314
Program Service Revenue	2 a b c d	ADMISSION AND WOTHER INCOME	VORKSHOP	Business Code 900099 900099	64,316. 4,894.	64,316. 4,894.		
_	f	All other program service reve			69,210.			
	3	Total. Add lines 2a-2f Investment income (including other similar amounts)	dividends, inter	rest, and	2,811.			2,811.
	4 5	Income from investment of ta Royalties	•					
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
Ф	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin		•				
Other Revenue	h	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	e 1c). See	204,837.				
δ		Net income or (loss) from fund			173,029.			173,029.
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See a	1				
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a	254,480. 152,725.				
Į		Net income or (loss) from sale			101,755.	101,755.		
		Miscellaneous Revenu	ıe	Business Code				
	11 a							
	b							
	q C	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		_	1,014,893.	170,965.	0.	175,840.

Form 990 (2018) CRAFT CONTEMPORARY Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ţ .	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	110,000.	82,500.	22,000.	5,500
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	376,195.	331,941.		44,254
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		•		
9	Other employee benefits	32,786.	27,867.	1,640.	3,279 3,947
10	Payroll taxes	39,466.	33,546.	1,973.	3,947
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	44,100.	25,125.	17,300.	1,675
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	9,730.	5,772. 15,246.	192.	3,766
12	Advertising and promotion	15,246.			
13	Office expenses	34,394.	15,215.	15,565.	3,614
14	Information technology				
15	Royalties				
16	Occupancy	52,347.	39,261.	10,470.	2,616
17	Travel	6,258.	3,645.	1,298.	1,315
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,462.	34,847.	9,292.	2,323
23	Insurance	16,177.	12,564.	3,243.	370
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EXHIBITION EXPENSES	146,777.	146,777.		
b	PUBLIC PROGRAMS	29,717.	29,717.		
С	BANK AND MERCHANT FEES	6,657.	5,326.		1,331
d	POSTAGE AND SHIPPING	4,717.	1,165.	1,796.	1,756
е	All other expenses	1,547.	76.	160.	1,311
25	Total functional expenses. Add lines 1 through 24e	972,576.	810,590.	84,929.	77,057
26	Joint costs. Complete this line only if the organization		-		·
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-31-18	L			Form 990 (2018

Form **990** (2018)

Form 990 (2018)
Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or note	to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			229,544.	1	198,361.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			67,438.	3	95,000
4	Accounts receivable, net		2,903.	4	15,994	
5	Loans and other receivables from current and form					
	trustees, key employees, and highest compensate					
	Part II of Schedule L		5			
6	Loans and other receivables from other disqualifie					
	section 4958(f)(1)), persons described in section 4					
	employers and sponsoring organizations of section					
ي	employees' beneficiary organizations (see instr). C		6			
Assets 6	Notes and loans receivable, net				7	
₹ 8	Inventories for sale or use			77,342.	8	79,840
9	5			9,877.	9	14,471
10a	Land, buildings, and equipment: cost or other	Ī				
	basis. Complete Part VI of Schedule D	10a	2,429,717.			
b		10b	2,429,717.	772,917.	10c	768,839
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line 11			250,125.	12	253,158
13	Investments - program-related. See Part IV, line 11				13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal			1,410,146.	16	1,425,663
17	Accounts payable and accrued expenses	82,114.	17	55,439		
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa				21	
ဖ္မ 22	Loans and other payables to current and former of	fficer	s, directors, trustees,			
≜	key employees, highest compensated employees,	and	disqualified persons.			
Liabilities 2	Complete Part II of Schedule L				22	
- 23	Secured mortgages and notes payable to unrelate				23	
24	Unsecured notes and loans payable to unrelated t	third p	oarties		24	
25	Other liabilities (including federal income tax, paya					
	parties, and other liabilities not included on lines 1	7-24)	. Complete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			82,114.	26	55,439
	Organizations that follow SFAS 117 (ASC 958),		k here ▶ X and			
Se	complete lines 27 through 29, and lines 33 and			1 160 016		1 020 000
E 27	Unrestricted net assets			1,162,816.	27	1,239,800
평 28	Temporarily restricted net assets	165,216.	28	130,424		
면 29					29	
로	Organizations that do not follow SFAS 117 (ASC	C 958	s), check here			
ğ	and complete lines 30 through 34.					
8 30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances 27 28 82 29 30 31 32 20 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building, or equi				31	
52 32	Retained earnings, endowment, accumulated inco			1 220 020	32	1 270 004
33	Total net assets or fund balances			1,328,032.	33	1,370,224
34	Total liabilities and net assets/fund balances			1,410,146.	34	1,425,663

Form **990** (2018)

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 1 2 3	,01 97	4,8 2,5 2,3 8,0	76. 17.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 1	,37	0,2	24.
Pai	rt XII Financial Statements and Reporting		-	-	
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 				
<u>а</u>	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990 ((2018)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			-			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	1	•	12	
	First five years. If the Form 990 is for					on 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2018 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies a	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2017. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization		•		,		ns
						edule A (Form 990	

Schedule A (Form 990 or 990-LZ) 20 to

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	elow, please comp	,					
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Gifts, grants, contributions, and	·	·	·	-	·		
	membership fees received. (Do not							
	include any "unusual grants.")	541,063.	839,111.	817,508.	863,935.	872,925.	3,934,542.	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	199,584.	249,621.	486,599.	403,713.	318,796.	1,658,313.	
	Gross receipts from activities that		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · ·	
	are not an unrelated trade or business under section 513	189,293.					189,293.	
	Tax revenues levied for the organ-	, , ,					, , ,	
	ization's benefit and either paid to or expended on its behalf							
	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	929,940.	1,088,732.	1,304,107.	1,267,648.	1,191,721.	5,782,148.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						5,782,148.	
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6	929,940.	1,088,732.	1,304,107.	1,267,648.	1,191,721.	5,782,148.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				346.	2,811.	3,157.	
	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				346.	2,811.	3,157.	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	929,940.	1,088,732.	1,304,107.	1,267,994.	1,194,532.	5,785,305.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here						_	
	tion C. Computation of Publ						00.05	
	Public support percentage for 2018 (I		•	column (f))		15	99.95 %	
	Public support percentage from 2017					16	99.99 %	
	tion D. Computation of Inves		<u>-</u>	10 1 (0)		47	05 %	
	Investment income percentage from 2017 Schedule A, Part III, line 17							
	more than 33 1/3%, check this box ar						/ is not	
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
01		
9b		
9с		
10a		
10b		

Pa	rt IV S	Supporting Organizations _(continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а		n who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		ne governing body of a supported organization?	11a		
b		member of a person described in (a) above?	11b		
	-	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		Type I Supporting Organizations			
		Type i eapperaing enganizations		Yes	No
1	Did the	directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		the organization's activities. If the organization had more than one supported organization,			
		how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		tions and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
		tion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		now providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ed, or controlled the supporting organization.	2		
Sec	tion C.	Type II Supporting Organizations			
		·		Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
	or truste	es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mana	gement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec	tion D.	All Type III Supporting Organizations			
		·		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organiza	tion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii)	a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiza	tion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were an	y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiza	tion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the orga	nization maintained a close and continuous working relationship with the supported organization(s).	2		
3		on of the relationship described in (2), did the organization's supported organizations have a			
	significa	nt voice in the organization's investment policies and in directing the use of the organization's			
	income	or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supporte	ed organizations played in this regard.	3		
Sec	tion E.	Type III Functionally Integrated Supporting Organizations			
1	Check th	ne box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	Tr	e organization satisfied the Activities Test. Complete line 2 below.			
b	Tr	e organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Tr	e organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities	s Test. Answer (a) and (b) below.		Yes	No
а	Did subs	stantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those si	upported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	organization was responsive to those supported organizations, and how the organization determined			
	that thes	se activities constituted substantially all of its activities.	2a		
b	Did the a	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		ganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		for the organization's position that its supported organization(s) would have engaged in these			
		but for the organization's involvement.	2b		
3		f Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? Provide details in Part VI.	За		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		oported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting ord	ganization (see
	instructions).	. 0		•

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

0 - 1	adula D (Farras 000) 0010	CDAET CON	ITEMPORARY			**.	-***2244 Page 2
	edule D (Form 990) 2018 I rt III Organizations M a			Historical	Treasures o		
3	Using the organization's acqui						
3	(check all that apply):	isition, accession,	and other records,	Check any or i	The following that	are a significant use	or its collection items
а			d	Loan or e	exchange prograr	ms	
b			e	Other	moriarigo prograi	110	
c		enerations	· ·				
4	Provide a description of the or		ctions and explain	how they furthe	er the organizatio	n's exempt purpose i	n Part XIII
5	During the year, did the organ						
	to be sold to raise funds rathe			•	·		Yes No
Pai	rt IV Escrow and Cust						
	reported an amount on	_	-	3		,	, ,
1a	Is the organization an agent, to	rustee, custodian	or other intermedia	ry for contribut	ions or other ass	ets not included	
	on Form 990, Part X?			•			Yes No
b	If "Yes," explain the arrangem						•••
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year						
f							
2a	Did the organization include a						Yes No
b	If "Yes," explain the arrangem						
Pai	rt V Endowment Fund	ls. Complete if th	e organization ansv	wered "Yes" or	Form 990, Part I	V, line 10.	
		(8	a) Current year	(b) Prior year	(c) Two years	back (d) Three years	back (e) Four years back
	Beginning of year balance						
b	Contributions						
	Net investment earnings, gain	· —					
d	Grants or scholarships						
е	Other expenditures for facilitie	s					
	and programs						
	Administrative expenses						
g	*						
2	Provide the estimated percent	•	•		n (a)) held as:		
	Board designated or quasi-end	dowment		%			
	Permanent endowment		%				
С	Temporarily restricted endowr	· -	%				
_	The percentages on lines 2a, 2					16 11	
за	Are there endowment funds n	ot in the possessi	on of the organizat	on that are hel	d and administer	ed for the organizatio	
	by:						Yes No
	(i) unrelated organizations						
1.	(ii) related organizations						
_	If "Yes" on line 3a(ii), are the re				н		3b
Pai	Describe in Part XIII the intendent VI Land, Buildings, a			ment tunas.			
ı al	Complete if the organiz			Dart IV line 11.	See Form 000	Part V line 10	
	Description of prope		(a) Cost or oth		ost or other	(c) Accumulated	(d) Book value
	Description of brope	ıty	basis (investme	1	sis (other)	depreciation	(d) Book value
1a	Land			· ·	150,078.		150,078.

Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value				
	basis (investment)	basis (other)	depreciation					
1a Land		150,078.		150,078.				
b Buildings		1,960,978.	1,389,235.	571,743.				
c Leasehold improvements								
d Equipment		318,661.	271,643.	47,018.				
e Other								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CRAFT CONTE	MPORARY		**-***2244 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			·
(2) Closely-held equity interests			
(3) Other			
(A) CERTIFICATES OF DEPOSITS	253,158.	END-OF-YEAR MARK	CET VALUE
V 7	233,130.		CDI VILLOLI
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	050 450		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	253,158.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. dee Form 550, Fart X, line 15.	(b) Book value
	Boompaon		(S) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
\ /			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Schedule D (Form 990) 2018

(8)

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number **-***2244 CRAFT CONTEMPORARY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	rt I		•			-
		of fundraising event contributions and gr			· -	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CRAFTAFFAIR			col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	204,837.			204,837.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	204,837.			204,837.
	4	Cash prizes				
	•	Cush ph250				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Ö	8	Entertainment				
	9	Other direct expenses	24 000			31,808.
	10	Direct expense summary. Add lines 4 through		•	>	31,808.
		Net income summary. Subtract line 10 from li				173,029.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(L.) Dull toba (instant		lantin i din
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				singe, progressive singe		coi. (a) triroagir coi. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
suac	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	∟ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_						
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a	<u> </u>	atataa?		Yes No
		N. H I		states?		. L Yes L No
D	"	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	k year?	Yes No
		Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility Interest the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address	3
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	No.
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization party is and the amount of gaming revenue retained by the third party is and the amount of gaming revenue retained by the third party is and the amount of gaming revenue retained by the third party:	No
a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b An outside facility	%
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes Note that the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ the third party F and the amount of gaming revenue retained by the third party:	%
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes b If "Yes," enter the amount of gaming revenue received by the organization \$\$\$ and the amount of gaming revenue retained by the third party \$\$\$\$ and the amount of gaming revenue retained by the third party:	
b If "Yes," enter the amount of gaming revenue received by the organization	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:	
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:	No
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided ▶	
Description of services provided	_
	_
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year ▶ \$	_
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	o,
	—

Schedule G (Form 990 or 990-EZ) CRAFT CONTEMPORARY	**-***2244 Page 4
Schedule G (Form 990 or 990-EZ) CRAFT CONTEMPORARY Part IV Supplemental Information (continued)	

4648___1

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Employer identification number **-***2244

Name of the organization

CRAFT CONTEMPORARY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUS ON CONTEMPORARY ART MADE FROM CRAFT MEDIA AND PROCESSES, CRAFT CONTEMPORARY PRESENTS DYNAMIC EXHIBITIONS BY ESTABLISHED AND EMERGING ARTISTS AND DESIGNERS WHO ARE OFTEN UNDERREPRESENTED IN LARGER ART

INSTITUTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS DISTRIBUTED TO THE BOARD FOR REVIEW. AT THAT TIME, THE RETURN IS CORRECTED, APPROVED AND FILED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE BEGINNING OF EACH YEAR THE BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST STATEMENT DECLARING ANY CONFLICTS. IF CONFLICTS ARE LISTED, THEY ARE DISCUSSED AT THE NEXT BOARD MEETING. THE CONFLICT OF INTEREST POLICY IS REVISITED AT VARIOUS BOARD MEETINGS THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION EVALUATES THE EXECUTIVE DIRECTOR EACH YEAR BASED ON THE BUDGET AND A REVIEW OF ORGANIZATIONS SIMILAR IN SIZE AND RESULTS, MISSION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY APPOINTMENT DURING NORMAL BUSINESS HOURS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

TAXABLE YEAR

California Exempt Organization Annual Information Return

828941 12-12-18 FORM

	201	8 Annu	al Informati	on Return							199	
Ca	ılendar Year	2018 or fiscal year begin	nning (mm/dd/yyyy)	07/01/2	2018	, and endir	ng (mm/dd/yy	уу)	06/	30/2019		
С	orporation/Or	ganization name					Cal	ifornia corpo	oration nur	mber		
~	D 3 E E	COMMENT DOD 3 D	**					0701	0 2 7			
_			<u>Y</u>				FF		037			
^	dullional illioi	mation. See instructions.					'		**22	44		
s	treet address	(suite or room)						PMB no.				
5	814 W	ILSHIRE BLV	D									
С	ity						State	ZIP code				
$\overline{\Gamma}$	OS AN	GELES					CA					
F	oreign country	/ name		Foreign province/state	e/county			Foreign p	ostal code			
-	F: . D .				1 16		0.0 11 007	2411				
	Amandad	In				-			_		00 Y	No
											es X	
D						•				· —	,0 [110
	•	Dissolved Surrend	ered (Withdrawn)	/lerged/Reorganized	•	•	•			· · · · · · · · · · · · · · · · · · ·		_
					Section	23701d and	meets the filin	g fee exce	ption, ch	neck		
Calendar Year 2018 or fiscal year beginning (mmiddlyyyy)												
F		, ,	oT(2) ● 990PF (3)	• L Sch H (990)						• L Y	es X	No
^				□ Vaa ▼ Na						• 🗆 V	v	N.
										• L Y	38 [4	NO
"				103 [22] 110		•	,			• \ \ \ \ \ \ \	es X	No
		mario ano paronto namo										
Ī												
_												
<u>F</u>	Part I		•							F 2 1	220	
		1 Gross sales or rec	eipts from other sources	s. From Side 2, Part II	, line 8							
		2 Gross dues and as	ssessments from memb se aifte arante and eim	ers and anniales	 I		 СТМТ	· 1				
	Receipts	Total gross receipts for	or filing requirement test. Ad	d line 1 through line 3.	Information I	 3		•				
		5 Cost of goods sold	d	STM	IT 2 •	5	152,7	25 00		,	,	100
	Revenues					6		00				
_												
ı	Expenses	•										
_			•							44	, 511	00
								•				00
		13 Payments balance	. If line 11 is more than	line 12, subtract line	12 from line	: 11		•				00
ı	Filing Fee	-							14			00
		-							15		10	00
												00
_		17 Balance due. Add	I line 12, line 15, and line declare that I have examined	e 16. Then subtract ling this return, including ac	ne 11 from	the result schedules and st	atements, and to	the best o	17 my know	ledge and belief,		00
		it is true, correct, and compl	ete. Declaration of preparer ((other than taxpayer) is ba		ormation of whic		ny knowled	-			
Не	ere	Signature				TTVE D				Telephone		
_		of officer P						if	- •	PTIN		
		Preparer's SUSAN	CARON						_ P	0016365	1	
Pa	aid	Firm's name			•		•					
	•	if self-									03	
Us	se Only	and address			303				- 1	•		000
_		PASAD			inatrustic	0		• X			<u>⊿-99</u>	ַ סטי
_		May the FTB discuss thi	s return with the prepare	er gunmu annne, 266	msu ucuon	ა	·····	▼ [」Yes L	No		

CRAFT CONTEMPORARY

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

		1	Gross sales or receipts from all	busines	ss activities. See instru	ctions		•	1		459,317 00
			Interest						2		2,811 00
			Dividends						3		00
Recei	nts							_	4		00
from			Gross royalties						5		00
Other		6	Gross amount received from sa	le of as	sets (See Instructions)			•	6		00
Source		7	Other income	10 01 40			SEE STA	TEMENT 3 •	7		69,210 00
Court		8	Total gross sales or receipts fro	nm othe	r sources Add line 1 th	nrough	line 7 Enter here and	on Side 1 Part I line 1	8		531,338 00
		9	Contributions, gifts, grants, and			-			9		00
		10	Disbursements to or for member	ers	umounto para			•	10		00
		11	Compensation of officers, direc	tors an	d trustees		SEE STA	TEMENT 4 •	11		110,000 00
		12	Other salaries and wages	1010, 411	a a aotobo			•	12		376,195 00
Expen	ses	13	Interest					•	13		00
and			Taxes						14		39,466 00
Disbu	rse-		Rents						15		52,347 00
ments		16	Depreciation and depletion (See	e instruc	ctions)			•	16		46,462 00
		17	Depreciation and depletion (See Other Expenses and Disbursem	ents			SEE STA	TEMENT 5 •	17		379,914 00
		18	Total expenses and disburseme	ents. Ad	d line 9 through line 17	7. Fntei	r here and on Side 1. Pa	art I. line 9	18		1,004,384 00
Sch	edu			511101710	Beginning of				of tax		
Asset					(a)		(b)	(c)			(d)
1 C	٠.				. ,		229,544	• • •		•	198,361
2 N			receivable				2,903			•	15,994
			ceivable				,			•	
							77,342			•	79,840
			state government obligations				, -			•	
			in other bonds							•	
			in stock							•	
	lortga									•	
	•	-	ments STMT 6				250,125			•	253,158
			le assets		2,237,254			2,279,6	39		
b	Less	accu	mulated depreciation	(1,614,415		622,839				618,761
							150,078			•	150,078
12 0	ther a	ssets	STMT 7				77,315			•	109,471
13 T	otal a	ssets					1,410,146				1,425,663
			et worth								
			yable				82,114			•	55,439
			s, gifts, or grants payable							•	
			otes payable							•	
			ayable							•	
			es								
			or principal fund							•	
			tal surplus. Attach reconciliation							•	
21 R	etaine	d ear	nings or income fund				1,328,032			•	1,370,224
22 T	otal li	abilit	ies and net worth				1,410,146				1,425,663
Sch	edu	le M									
			Do not complete this sche	edule if t				s than \$50,000.			
1 N	et inc	ome p	oer books		• 42,	192	7 Income recorded				
			me tax		•		not included in th	is return STMT	8	•	-125
			pital losses over capital gains		•		8 Deductions in thi	s return not charged			
			ecorded on books this year		•		against book inco	ome this year		•	
			corded on books this year not				9 Total. Add line 7				-125
d	educt	ed in t	this return		•		10 Net income per r				
6 T	otal. A	Add Iin	ne 1 through line 5		42,	192	Subtract line 9 fr	om line 6			42,317

FORM 199		_	GOODS SOLD PART I, LINE 5	STATEMENT 2
COST OF GOODS SOLD				
1. INVENTORY AT BEGINNI	G OF YEAR	•		77,342
2. MERCHANDISE PURCHASES 3. COST OF LABOR 4. MATERIALS AND SUPPLIS 5. OTHER COSTS 6. ADD LINES 1 THROUGH		•	155,223	232,565
7. INVENTORY AT END OF	EAR	•	- 	79,840
8. COST OF GOODS SOLD (INE 6 LES	S L	INE 7)	152,725

CRAFT CONTEMPORARY **-***2244

CA 199 OTHER	EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
EXHIBITION EXPENSES PUBLIC PROGRAMS BANK AND MERCHANT FEES POSTAGE AND SHIPPING DIRECT EXPENSES OF FUNDRAISING EVENTS OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE		146,777. 29,717. 6,657. 4,717. 31,808. 32,786. 44,100. 9,730. 15,246. 34,394. 6,258. 16,177.
ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		1,547.
	NVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CERTIFICATES OF DEPOSITS	250,125.	253,158.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	250,125.	253,158.
CA 199 OTHER	ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	67,438. 9,877.	95,000. 14,471.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	77,315.	109,471.

CA 199	INCOME RECORDED ON BOO NOT INCLUDED IN TH		STATEMENT	8
DESCRIPTION			AMOUNT	
UNREALIZED GAINS ON	INVESTMENTS		-1:	25.
TOTAL TO FORM 199, SO	CHEDULE M-1, LINE 7		-1:	25.
CA 199	FUND BALAN	CES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
UNRESTRICTED ASSETS TEMPORARILY RESTRICT	ED ASSETS	1,162,816. 165,216.	1,239,80	
TOTAL TO FORM 199, SO	CHEDULE L, LINE 21	1,328,032.	1,370,2	24.