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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

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

C Name of organization: CRASH
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 643 N ORLEANS ST
City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60654

D Employer identification number: 45-3113414
E Telephone number: (312) 485-1605
F Group Exemption Number: ☐

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 12,174

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I ☒			
Revenue	1	Contributions, gifts, grants, and similar amounts received	12,100
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	74
	5a	Gross amount from sale of assets other than inventory	5a
	b	Less cost or other basis and sales expenses	5b
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
Expenses	c	Less direct expenses from gaming and fundraising events	6c
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a	Gross sales of inventory, less returns and allowances	7a
	b	Less cost of goods sold	7b
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	12,174
	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
Net Assets	13	Professional fees and other payments to independent contractors	13
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O)	18,857
	17	Total expenses. Add lines 10 through 16	18,857
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-6,683
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	150,639
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	143,956

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	150,639	22	143,956
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	150,639	25	143,956
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	150,639	27	143,956

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
501(C)(3) PUBLIC CHARITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

THE CORPORATION'S PURPOSE IS TO RELIEVE THE DISTRESS OF THE ELDERLY, DISABLED, HOMELESS, ABUSED, AND ECONOMICALLY DISADVANTAGED BY PROVIDING FREE BUILDING REPAIRS AND RENOVATION SERVICERS TO (A) ELDERLY, DISABLED AND ECONOMICALLY DISADVANTAGED INDIVIDUALS, AND (B) NONPROFIT ORGANIZATIONS WHO SERVE THE ELDERLY, HOMELESS, DISABLED, ABUSED AND ECONOMICALLY DISADVANTAGED THE CORPORATION WILL PROVIDE FREE BUILDING REPAIR, RENOVATION AND CONSTRUCTION SERVICES TO (A) ELDERLY OR DISABLED INDIVIDUALS WHO ARE ECONOMICALLY DISADVANTAGED, AND (B) NONPROFIT ORGANIZATIONS THAT SERVE THE ELDERLY, HOMELESS, DISABLED, ABUSED AND ECONOMICALLY DISADVANTAGED THE TYPES OF NONPROFIT ORGANIZATIONS WHICH THE CORPORATION WILL SEEK TO SERVE INCLUDE SCHOOLS, CHURCHES, SYNAGOGUES, HOMELESS SHELTERS, BATTERED WOMEN'S SHELTERS, URBAN YOUTH CENTERS, FOOD PANTRIES, ORGANIZATIONS THAT SERVE THE MENTALLY ILL, LOW-INCOME HEALTH CARE CLINICS AND NONPROFIT NURSING HOMES MEMBERS OF THE CORPORATION'S PROJECT COMMITTEE WILL ACTIVELY SEEK OUT NONPROFIT ORGANIZATIONS AND ELDERLY OR DISABLED INDIVIDUALS WHO ARE ECONOMICALLY DISADVANTAGED AND IN NEED OF REPAIR, RENOVATION OR CONSTRUCTION SERVICES FOR THEIR BUILDINGS AND HOMES THE CORPORATION WILL ACTIVELY SEEK REFERRALS FROM SCHOOLS, CHURCHES, SYNAGOGUES, SOCIAL SERVICE AGENCIES, VETERANS ASSISTANCE ORGANIZATIONS, THE MAKE A WISH FOUNDATION (AND SIMILAR ORGANIZATIONS THAT ASSIST DISABLE CHILDREN), THE MEDIA AND MEMBERS OF THE COMMUNITY THE CORPORATION WILL ASK EACH NONPROFIT ORGANIZATION OR INDIVIDUAL IN NEED OF SERVICES TO DESCRIBE HIS OR HER NEED THE CORPORATION WILL ALSO CONDUCT A SITE VISITATION AND NEEDS ASSESSMENT DURING WHICH THE APPLICANT WILL BE INTERVIEWED ABOUT HIS OR HER NEED AND ASKED TO PROVIDE INFORMATION ABOUT HIS OR HER INCOME (IN THE FORM OF THE LAST PAY CHECK FROM AN EMPLOYER OR GOVERNMENT ASSISTANCE), MORTGAGE PAYMENT AND OUTSTANDING BALANCE, AND VERIFIABLE MONTHLY EXPENSES ONCE THE PROJECT COMMITTEE SELECTS A PROJECT, THE PROJECT COMMITTEE WILL APPOINT ONE MEMBER OF THE COMMITTEE TO BE THE PROJECT MANAGER WHO WILL PERFORM A SITE VISIT AND NEEDS ASSESSMENT AFTER CONDUCTING THE SITE VISIT AND NEEDS ASSESSMENT, THE PROJECT MANAGER WILL CREATE A PROPOSED SCOPE OF REPAIR, RENOVATION, OR CONSTRUCTION WORK THAT IS NEEDED FOR EACH POTENTIAL PROJECT THE PROJECT COMMITTEE WILL PRESENT THE RECOMMENDED PROJECT TO THE BOARD OF DIRECTORS FOR ITS APPROVAL IF THE BOARD HAS APPROVED THE PROJECT, THE PROJECT MANAGER WILL THEN FACILITATE THE COMPLETION OF THE PROJECT THE CORPORATION WILL SOLICIT COMPANIES IN THE BUILDING INDUSTRY TO SECURE DONATIONS OF THE MATERIALS NEEDED TO PERFORM THE REPAIR, RENOVATION OR CONSTRUCTION WORK FOR EACH PROJECT IF THE CORPORATION IS NOT ABLE TO SECURE DONATED MATERIALS, THE CORPORATION WILL SOLICIT MONETARY DONATIONS TO COVER THE COST TO PURCHASE THE NECESSARY MATERIALS ACCORDINGLY, THE CORPORATION WILL PURCHASE FROM ITS OWN FUNDS ANY MATERIALS THAT ARE REQUIRED WHICH IT WAS NOT ABLE TO SECURE THROUGH DONATION THE CORPORATION WILL NOT PURCHASE MATERIALS FROM ITS DONORS OR ANY COMPANY IN WHICH (I) THE CORPORATION'S DIRECTORS AND OFFICERS ALSO SERVE AS DIRECTORS AND OFFICERS, OR (II) IN WHICH ITS DIRECTORS OR OFFICERS OWN MORE THAN 35% OF THE OWNERSHIP INTERESTS THE CORPORATION WILL MAKE EVERY EFFORT TO PURCHASE MATERIALS AT COST IN NO EVENT WILL THE CORPORATION PAY MORE THAN FAIR MARKET VALUE FOR MATERIALS THE CORPORATION MAY MAKE MONETARY GRANTS TO ONE OR MORE 501(C)(3) ORGANIZATIONS THAT PROVIDE SHELTER TO THE ELDERLY, ECONOMICALLY DISADVANTAGED, SICK, DISABLED AND BATTERED WOMEN
(Grants \$ 0) If this amount includes foreign grants, check here

28a14,139

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

3214,139

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT BRUNO PRESIDENT	4 00	0	0	0
ADAM SANDEFUR TREASURER	0 50	0	0	0
BEN SENO SECRETARY	0 50	0	0	0
JOHN ANDRZEJEWSKI DIRECTOR	0 50	0	0	0

Form 990-EZ (2013)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ☐ 0, section 4912 ☐ 0, section 4955 ☐ 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ☐ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ☐ 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ IL		
42a	The organization's books are in care of ☐ ADAM SANDEFUR Telephone no ☐ (847) 451-5000 Located at ☐ 11045 GAGE AVENUE FRANKLIN PARK, IL ZIP + 4 ☐ 60131		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☒ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2014-05-05 Date			
	ROBERT BRUNO PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RITA SAWYER	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00194345
	Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 34-1853929	
	Firm's address ▶ 225 WEST WACKER DR STE 2500 CHICAGO, IL 60606			Phone no (312) 602-6800	

May the IRS discuss this return with the preparer shown above? See instructions	☒ Yes ☐ No
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SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization CRASH	Employer identification number 45-3113414
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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11g(ii)

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11g(iii)

☐

Yes

No

(i) Name of supported organization

(ii) EIN

(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))

(iv) Is the organization in col (i) listed in your governing document?

(v) Did you notify the organization in col (i) of your support?

(vi) Is the organization in col (i) organized in the U S ?

(vii) Amount of monetary support

Yes

No

Yes

No

Yes

No

Total

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				160,694	12,100	172,794
2 Tax revenues levied for the organization'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				160,694	12,100	172,794
5 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						172,794

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4				160,694	12,100	172,794
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				15	74	89
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 IV)						
11 Total support (Add lines 7 through 10)						172,883
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14 99 950 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
CRASH

Employer identification number

45-3113414

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 74
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SUPPLIES AMOUNT 14,139 DESCRIPTION PROFESSIONAL FEES AMOUNT 3,843 DESCRIPTION BANK CHARGES AMOUNT 15 DESCRIPTION INSURANCE AMOUNT 860 TOTAL TO FORM 990-EZ, LINE 16 18,857

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: CRASH

EIN: 45-3113414

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.