			EXTENDED TO MAY 15, 2020	.	OMB No. 1545-0047						
For	_ Q	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2012						
	_				ZU IO Open to Public						
	epartment of the Treasury ternal Revenue Service A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019										
-					Inspection						
	Check if	C Name of	f organization	D Employer identificati	on number						
	Addre	SS CDAF	T ALLIANCE								
	_chang Name _chang		usiness as	43-102	2226						
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/si								
	 Final returr	6640	DELMAR BLVD.		5-1177						
	termi ated	^	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,106,104.						
	Amer returr	, <u>51</u> .	LOUIS, MO 63130-4503	H(a) Is this a group retur	n						
	Appli tion		nd address of principal officer: MARK WITZLING	for subordinates?	Yes X No						
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates includ	led? Yes No						
				527 If "No," attach a list	. (see instructions)						
			S://CRAFTALLIANCE.ORG	H(c) Group exemption n							
			X Corporation Trust Association Other ► L Y	'ear of formation: 1964 M Si	ate of legal domicile: MO						
Pá	art I										
ø	1		e the organization's mission or most significant activities: CRAFT AL								
Governance			NCE THE CRAFT OF OUR TIME BY EXHIBITIN		1						
ern	2		x if the organization discontinued its operations or disposed of m								
202	3		ting members of the governing body (Part VI, line 1a)		<u> </u>						
	I .			87							
ties	5		of individuals employed in calendar year 2018 (Part V, line 2a)		100						
Activities &	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.						
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 38		0.						
		Net unrelated		Prior Year	Current Year						
	8	Contributions	and grants (Part VIII, line 1h)	688,035.	943,769.						
Revenue	9		ce revenue (Part VIII, line 2g)	448,004.	463,651.						
evel	10	0	come (Part VIII, column (A), lines 3, 4, and 7d)	140,356.	140,394.						
Ĕ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	268,964.	261,581.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,545,359.	1,809,395.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
	14		to or for members (Part IX, column (A), line 4)	0.	0.						
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	984,646.	959,103.						
nse	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)	0.	0.						
Expenses	b	Total fundraisi	and raising fees (Part IX, column (A), line 5-10)								
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	612,670.	606,165.						
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,597,316.	1,565,268.						
	19	Revenue less	expenses. Subtract line 18 from line 12	-51,957.	244,127.						
S OF				Beginning of Current Year	End of Year						
sset	20	Total assets (F		1,068,966.	1,204,564.						
Net Assets or und Balances	21		(Part X, line 26)	1,415,004.	1,306,475.						
			fund balances. Subtract line 21 from line 20	-346,038.	-101,911.						
	art II				and a data and the PLA 1911						
			I declare that I have examined this return, including accompanying schedules and stat		owledge and belief, it is						
true	, corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer nas any knowledge.							

Sign	Signature of officer		Date								
Here	MARK WITZLING, EXECUTI	VE DIRECTOR									
	Type or print name and title										
Print/Type preparer's name Preparer's signature Date Check PTIN											
Paid	JEANNE DEE			self-employed P01082093							
Preparer	Firm's name 🕒 ANDERS MINKLER H	UBER & HELM LLP		Firm's EIN 🕨 43-0831507							
Use Only	Firm's address 💊 800 MARKET STREE	T, SUITE 500									
ST. LOUIS, MO 63101-2501 Phone no. (314)655-55											
May the IRS discuss this return with the preparer shown above? (see instructions)											
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) CRAFT ALLIANCE 43-1022226 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CRAFT ALLIANCE EMPOWERS YOU TO EXPERIENCE THE CRAFT OF OUR TIME BY
	EXHIBITING ARTISTS' WORK, EDUCATING ALL LEVELS OF STUDENTS, AND
	OFFERING FREE CLASSES AND FAMILY PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$613,807. including grants of \$) (Revenue \$426,595.
	EDUCATION CENTER - CRAFT ALLIANCE OFFERS CLASSES AND WORKSHOPS DESIGNED
	FOR ALL AGES AND SKILL LEVELS IN THE MEDIA OF CONTEMPORARY CRAFT. IN
	THE ORGANIZATION'S TWO EDUCATION CENTERS, APPROXIMATELY 3,000
	TUITION-PAYING STUDENTS ARE SERVED. IN ADDITION, CRAFT ALLIANCE'S
	OUTREACH PROGRAMS ENGAGE THE WIDER COMMUNITY THROUGH PARTNERSHIPS WITH SOCIAL SERVICE ORGANIZATIONS, COMMUNITY GROUPS, AND METRO AREA SCHOOLS.
	APPROXIMATELY 1,700 ADULTS AND CHILDREN RECEIVE IN-DEPTH ART
	EXPERIENCES THROUGH THE ORGANIZATION'S OUTREACH PROGRAM.
4b	(Code:) (Expenses \$397,170. including grants of \$) (Revenue \$149,228.)
	GALLERY SHOP- CRAFT ALLIANCE'S GALLERY SHOP SELLS THE WORK OF REGIONAL
	AND NATIONAL ARTISTS, OFFERING THE PUBLIC THE OPPORTUNITY TO BUY
	ORIGINAL ART AT AFFORDABLE PRICES, AND SUPPORTS ARTISTS BY GIVING THEM
	A VENUE TO SELL THEIR WORK.
4c	(Code:) (Expenses \$108,319. including grants of \$) (Revenue \$139,766.)
	THE ORGANIZATION'S COMMUNITY OUTREACH PROGRAMS OFFER FREE IN-DEPTH ART
	EXPERIENCES TO MORE THAN 1,715 SCHOOL CHILDREN AND HIGH SCHOOL STUDENTS
	EACH YEAR PRIMARILY FROM URBAN SCHOOLS WITH SHARPLY REDUCED ART
	CURRICULUMS. THE ORGANIZATION ALSO PROVIDES CLASSES FOR ADULTS WITH
	DISABILITIES. THE ORGANIZATION HAS A FOUR-YEAR ART MENTORING PROGRAM
	FOR TALENTED YOUNG ARTISTS (CRAFTING-A-FUTURE), WHICH OFFERS HIGH
	SCHOOL STUDENTS YEAR-ROUND ART CLASSES, MENTORING AND PORTFOLIO
	BUILDING, AND THE OPPORTUNITY TO PARTICIPATE OVER A FOUR YEAR PERIOD
	FREE OF CHARGE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 84,248 • including grants of \$) (Revenue \$ 9,643 •)
4e	Total program service expenses 1, 203, 544.
	Form 990 (2018)
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 Form 990 (2018)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		<u> </u>
0	- , 1	8		x
•	Schedule D, Part III	o		- 23
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
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			
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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?			
	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,	<u> </u>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		15		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 23
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		- v
	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		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
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Form 990 (2018) CRAFT ALLIANCE
Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$50.00 of grants or other assistance to or for domestic individuals on Part K. Online M. (Jine 27 Wes, "complete Schedule I, Part I and III 22 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 compensation and the organization's during the part of the organization invest may proceeds of track-empt bonds beyond a temporary period exception? 24 24a Did the organization mantain an escow account other than a refunding escow at any time during the year? defease any tax-exempt bonds? 24 24b Did the organization mantain an escow account other than a refunding escow at any time during the year? 24 24c Did the organization and a san 'on behat of' issuer for bonds outstanding at any time during the year? 24 25c Section 50(45), 50(16(4), 406(4), 406(4), 405(16), 406(4), 406(4), 406(4), 506(4), 406(<u></u>	
Part IX. column (A), line 2? If "Yes," complete Schedule (_Parts I and II. 22 23 Dot the organization nave: "The Text IV. Science A, line 3.4, or 6 a boot: compensation of the organization's current and former officers, directors, trustes, key employees, and highest compensated employees? If "Yes," complete Schedule / 24 24 24 Dot the organization have a tax-exempt bond issue with an outstanding principa amount of more than \$100.000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," reserve lines 24b through 24d and complete Schedule / 1 Wo.' go to line 25s 24a 25 Dot the organization invest any proceeds of tax-exempt bond beyond a temporary period exception? 24a 26 Dot the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have at that rengage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivabales from or payables to any current or former officer, director, trustes, or key employees, if visualitied person? If "Yes," complete Schedule L, Part II 25a 26 Dot the organization apport any amount on Part X, line 5, 6, or 22 for receivabales from or payables to any current or former officer, director, trustes, or key employees, if will apport on the set of the organization apport be a prant or them assistance to an officer, director, trust	Yes	No	<u> </u>
23 Did the organization answer "Ves" to Part VII. Section A, line 3.4, or 5 about compensation of the organization formolifers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule J. 23 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the tast day of the year, that was issued after December 31, 2002? II "Yes," answer lines 24b through 24d and complete Schedule K. II "No," to b line 25e. 24e 25 Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-evempt bonds? 24e 26 Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 24e 27 28 Section \$01(c)(A), 501(c)(A), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have a tax-exempt bonds? 24e 28 Did the organization across the reported on any of the organization's prior Forms 990 or 990-E27. III "Yes," complete Schedule L, Part II 25e 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereod, a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereod, a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereod, a grant or other assistance to an		x	•
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the task day of the year, that was issued after Docomber 31, 2002? If "Yes," answer lines 24 birough 24 and complete 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? 24 Did the organization invest any proceeds of tax-exempt bonds buyond a tamp time during the year? 24 25 Section \$01(c)(3), \$01(c)(4), and \$01(c)(20) organizations. Did the organization engage in an excess banefit transaction with a disqualified person in a prior year, and that the transaction aware that t engaged in an excess banefit transaction or payables to any current or forms officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes," complete Schedule L, Part I 25 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or forms officer, director, trustee, we perployee? If Yes," complete Schedule L, Part IV 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, or display fashed amployse, substantial contributor or employse thereot, a grant eslection committee member, or to 3 35% controlled entity or family member of any of these persons? If Yes," complete Schedule L, Part IV			<u> </u>
Schedule J 23 24a D dt 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 "Ves," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a 24a 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 2 Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 24d 2 Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 24d 2 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization mergage in an excess benefit transaction with a disqualified person tar proceed at any tax exempt bonds? 24e 2 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, injtest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25e 2 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25e 2 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, cubstantal contributions of applicabel ling thereholds, conditions, and eccosprotions. <td< td=""><td></td><td></td><td></td></td<>			
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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization and that is engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction may abute to enganization agrice that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I 25a Did the organization aware that organization commitee emember, or to 32% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26a 27 Did the organization appreciable filing thresholds, conditions, and exceptions; a current or former officer, director, trustee, or key employees, for a family member thereol) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 26a 28 Did the organization aparet hardse, relaxed, relaxe enty employee? If "Yes," co		x	
at day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete 24a Schedule K, If "No," go to line 25a 24a D Did the organization meantain an escrew account other than a refunding screw at any time during the year? 24a 24a 24a 25a Section 501(c)(3, 501(c)(4), and 501(c)(2) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3, 501(c)(4), and 501(c)(2) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person any of the organization spore song curves and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person any of the organization spore of any curvent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I 25a 25b Did the organization pervide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thered, a grant selection committee member, or to a 35% controlled entity or family member of any of theor ganization, pervide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A methy of hubin a current former officer, director, trustee, or key employee or a family member of any of theor ganization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29a Did the organization neceive more than \$25,000 in non-cash contributions? If "Yes," co			
Schedule K. If "No;" to to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a pror year, and that the transaction 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 person? If "Yes," complete Schedule L, Part II 25a 27D 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 person? If "Yes," complete Schedule L, Part II 26a 27D Did the organization provide a grant or other assistance to an officer, director, trustee, we employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27a 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 27 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 28a 27 Was the organization neceive any Exch			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 240 c Did the organization maintain an escrew account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? 242 d Did the organization act as an "on behalt of "issue for bonds outstanding at any time during the year? 242 25a Section 501(c)3), 501(c)4), and 501(c)40, and 501(X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax exempt bonds? 24c d Did the organization acts as an 'on behalt of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 spior Forms 900 or 900-E27 // 1*Ves,* complete Schedule L, Part I 25a 26 Did the organization oreport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustees, key employees, highest compensated employees, or disqualified persons? // 1*Ves,* complete Schedule L, Part II 27a 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thered, a grant astection committee member, or to a 355 controlled mithy or family member of any of these persons? // 1*Ves,* complete Schedule L, Part IV 27a 28 Was the organization a part to former officer, director, trustee, c re key employee? // 1*Ves,* complete Schedule L, Part IV 28a 29 Did the organization and run of them of following parties (see Schedule L, Part IV 28a 29 Did the organization set, set assesset, or with organize Schedule L, Part IV 28a 29 Did the organization set, excert o			
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transaction with a disqualified person during the yea? // "Yes," complete Schedule L, Part / 25a 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 prior Forms 990 or 990E2? // "Yes," complete Schedule L, Part I 25b 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? // "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 27 28 Was the organization provide director, trustee, or key employee? // "Yes," complete Schedule L, Part IV 28 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV 28 29 Did the organization receive contributions of at., historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule L, Part IV 28 30 Did the organization receive contributions of at., historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule R, Part I 30 31 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net asse			
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 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>		x	
 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 			
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			Ż
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	Х		
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Form	990 (2018) CRAFT ALLIANCE 43-1022 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	226	P	age 5					
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO					
20	filed for the calendar year ending with or within the year covered by this return 2a 87								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	2b	X						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х						
	a 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)?								
b	 If "Yes," enter the name of the foreign country: ► 								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
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		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1								
b	amounts due or received from them.)								
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZu							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	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.	Iou							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b							
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
			000						

Form 990 (2018)
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Form	990 (2018) CRAFT ALLIANCE		43-1022		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through the second se	ugh 7b belo	ow, and for a '	'No" re	spons	se
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se					
	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	19			
	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 0.					
b		1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any oth	er			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the d					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b			1.0		
	The governing body?	-	-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach			0.0		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nuo Codo)		Ū		
		<u>nuc 000c.)</u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap			lou		
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	siere mig		114		
	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes			120		
Ŭ	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	x	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval b					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	y macpone	ont			
-	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	x	
D.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			155		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a				
104	taxable entity during the year?			16a		x
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i			104		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluate in					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					I
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 9		$\frac{1}{100} 501(0)(3)c$		wailak	
10	for public inspection. Indicate how you made these available. Check all that apply.	10501	1011 30 1(0)(3)3	Unity) a	avanar	JIE
		Ocheckula				
10			,	finana		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict statements available to the public during the tax year	or or interes	st policy, and	manc	di	
00	statements available to the public during the tax year.	and we are	da 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's books KELLY LAURA - $314-725-1177$	and record	15 P			
	6640 DELMAR BLVD., ST. LOUIS, MO 63130-4503					
00000				Form	900	(2018)
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Form 990 (2	018) CRAFT ALLIANCE	43-1022226	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

Name and Title Average hours per location from team or some moments that mouth of more than the indication of the and a stretch values in the organization from related organization below and a stretch values in the organization from related organization below and a stretch values in the organization (w.2/1099-MISC) Reportable representation from related organization from related organization from related organization below and a stretch values in the organization from related organization below and a stretch values in the organization from related organization below and a stretch values in the organization (w.2/1099-MISC) Reportable representation from related organization from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization from related organization (w.2/1099-MISC) Reportable regression from related organization (w.2/1099-MISC) Reportable from related organization from related organization (w.2/1099-MISC) Reportable from related organization (w.2/1099-MISC) Reportable from related organization (w.2/1099-MISC) Reportable from related from related organization (w.2/1099-MISC) Reportable from related from related from related from r			I	πza			nper	Jour			(=)
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Form 990 (2018) CRAFT AL	LIANCE								43-10)222	226	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	more rson i	1 than d is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount o other	
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensat om the anizati relate nizatio	e on ed
(18) MARTIN WICE	0.50												
BOARD MEMBER		Х						0.		0.			0.
(19) JEANNE WOLFSON BOARD MEMBER	0.50	х						0.		0.			0.
(20) MARK WITZLING	40.00	~				-		0.		0.			0.
EXECUTIVE DIRECTOR	40.00			x				91,350.		0.			0.
1b Sub-total								91,350.		0.			0.
c Total from continuation sheets to Part V								<u>0.</u> 91,350.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 							► o re		000 of reportable				0.
compensation from the organization						,,	0.0						0
												Yes	No
3 Did the organization list any former officer				•	•	•		•					х
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										····	3		<u> </u>
and related organizations greater than \$150										- 1	4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or sı	ıch ı	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	-									ensat	ion fro	m	
(A)	the balendar ye		- Turi	19 10		<u> </u>		(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	Co	ompen		ו ו
							-						
							-						
2 Total number of independent contractors (i	•	ot lin	nited	d to t	thos (ted	above) who received mo	ore than				
\$100,000 of compensation from the organi					Ľ	,					Form S	990 (2	2018)

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m 990 (art VII	(2018) CRAFT ALLIANCE Statement of Revenue				43-1022	226 Pa
	Check if Schedule O contains a response or	note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
-	Federated campaigns 1a	40 005				
no b		48,795.				
c N	· · · · · · · · · · · · · · · · · · ·	58,748.				
	Related organizations 1d					
e	Government grants (contributions) 1e					
f f	All other contributions, gifts, grants, and					
		36,226.				
g 9	Noncash contributions included in lines 1a-1f: \$	7,331.	042 760			
a h	Total. Add lines 1a-1f		943,769.			
		usiness Code	222 005	222 005		
2 a		611600 711190	323,885. 139,766.	323,885. 139,766.		
b		/11190	139,700.	139,700.		
2 a b c d d e f						
d d						
e						
· ·	All other program service revenue		463,651.			
3	Total. Add lines 2a-2f		405,051.			
3	Investment income (including dividends, interest other similar amounts)		686.			68
4	Income from investment of tax-exempt bond pro		000.			
5		Г				
5	Royalties(i) Real	(ii) Personal				
6 a		(II) Personal				
	Less: rental expenses Rental income or (loss)					
	Net rental income or (loss)					
/ a	Gross amount from sales of (i) Securities	(ii) Other 39,708.				
h	Assets other than inventory	35,700.				
U D		0.				
		39,708.				
	Gain or (loss) 1		139,708.			139,70
	Gross income from fundraising events (not		135,700.			135,70
oa	including \$58,748of					
	contributions reported on line 1c). See					
		85,984.				
b		85,984.				
		►	0.			
	Gross income from gaming activities. See					
54	Part IV, line 19 a					
Ь	Less: direct expenses b					
	Net income or (loss) from gaming activities					
	Gross sales of inventory, less returns	····· F				
.0 4		69,596.				
h		10,725.				
	Net income or (loss) from sales of inventory		158,871.	158,871.		
		usiness Code				
11 2		900099	102,710.	102,710.		
b			,,,	,		
c b						
	All other revenue					
	Total. Add lines 11a-11d		102,710.			
12 e	Total revenue. See instructions		1,809,395.	725,232.	0.	140,39
14			_, ,	5 / _ 5 / •	v •	Form 990 (

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Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	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,	01 250	26 540	10 270	26 540
~	trustees, and key employees	91,350.	36,540.	18,270.	36,540
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	775,921.	602,933.	72,086.	100,902
7 0	Other salaries and wages	113,341.	002,333.	14,000.	100,902
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	28,905.	16,778.	8,133.	3,994
9	Other employee benefits	62,927.	36,525.	17,706.	8,696
0	Payroll taxes	04,341.	50,545.	±1,100•	0,090
1	Fees for services (non-employees):				
a h	• • • • • • • • • • • • • • • • • • •	10.		10.	
b	6 E	16,400.		16,400.	
с С	6 F	10,400.		10,400.	
d					
e f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	8,348.	5,963.	1,193.	1.192
12	Advertising and promotion	45,213.	38,024.	1,442.	<u>1,192</u> 5,747
13	Office expenses	90,595.	73,569.	5,543.	11,483
14	Information technology				
15	Royalties				
16	Occupancy	231,480.	201,050.	19,307.	11,123
17	Traval	10,021.	8,738.		1,283
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,528.	42,759.	769.	
3	Insurance	27,461.	20,907.	6,191.	363
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)				
а	amount, list line 24e expenses on Schedule 0.) PROGRAMS, SHOWS, & SPEC	43,994.	43,994.		
a b		39,780.	39,780.		
и с	MEGORI I ANROLIO EXDENCE	28,681.	25,817.	1,956.	908
d		17,732.	8,995.	1,470.	7,267
	All other expenses	2,922.	1,172.	<u> </u>	1,750
е 5	Total functional expenses. Add lines 1 through 24e	1,565,268.	1,203,544.	170,476.	191,248
<u>.5</u> 6	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)				

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Form 990 (2018) CRAFT ALLIANCE
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	78,131.	1	11,795.
	2	Savings and temporary cash investments	337,288.	2	298,161.
	3	Pledges and grants receivable, net	250,079.	3	496,854.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use	100,755.	8	76,597.
	9	Prepaid expenses and deferred charges	22,158.	9	32,130.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,129,547.	000 555		000 005
	b	Less: accumulated depreciation 10b 840,520.	280,555.	10c	289,027.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 0 0 0 0 0 0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,068,966.	16	1,204,564.
	17	Accounts payable and accrued expenses	59,110.	17	66,050.
	18	Grants payable	94,526.	18	122,764.
	19	Deferred revenue	94,520.	19	122,704.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
bilit				22	
Lia	23			22	
	23 24	Unsecured notes and loans payable to unrelated third parties	4,000.	23	0.
	25	Other liabilities (including federal income tax, payables to related third	1,0001	27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,257,368.	25	1,117,661.
	26	Total liabilities. Add lines 17 through 25	1,257,368. 1,415,004.	26	1,306,475.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 and 34.			
ice:	27	Unrestricted net assets	-689,574.	27	-411,754.
alar	28	Temporarily restricted net assets	321,411.	28	309,843.
ЧB	29	Permanently restricted net assets	22,125.	29	0.
ņ		Organizations that do not follow SFAS 117 (ASC 958), check here			
οr F		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
∋t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	-346,038.	33	-101,911.
	34	Total liabilities and net assets/fund balances	1,068,966.	34	1,204,564. Form 990 (2018)

Form **990** (2018)

09400424 781445 46432.000

Form	990 (2018) CRAFT ALLIANCE	43-	1022226	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,809		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,565	5,20	<u>58.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	244	1,12	<u>27.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-346	5 , 0:	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-101	.,91	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc			
	Act and OMB Circular A-133?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	<u> </u>

Form **990** (2018)

SCH	IEDL	JLE	Α
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public

Department of the Treasu Internal Revenue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						
		Go to www.irs.gov	V/Form990 for Instruction	ons and tr	ie latest ir	itormation.	Employer	
Name of the orga								identification number
Part I Rea		T ALLIANCE	All organizations must co		:		4	3-1022226
						e instruction	5.	
Ē.	·		For lines 1 through 12, c					
			on of churches described			1)(A)(i).		
			Attach Schedule E (Forn					
3 A hosp	ital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4 A medi	cal research organiz	zation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	d state:							
5 An orga	anization operated f	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
sectio	section 170(b)(1)(A)(iv). (Complete Part II.)							
6 A feder	al, state, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🚺 An orga	anization that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	oublic described in
section	n 170(b)(1)(A)(vi). (C	Complete Part II.)						
8 🗌 A comr	nunity trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 📃 An agri	cultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
or univ	ersity or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
univers	ity:							
10 🗌 An orga	anization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, an	d gross receipts from
activitie	es related to its exer	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
income	and unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.
See se	ction 509(a)(2). (Co	omplete Part III.)						
11 An orga	anization organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12 An orga	anization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
-	-	-	ed in section 509(a)(1) o				-	
			f supporting organizatior					
	-		supervised, or controlled		-		-	aivina
		-	gularly appoint or elect a	• • • •	-			
		complete Part IV, Se	• • • •	·····j -···j -				
		-	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hay	vina
			anization vested in the sa			•		-
	-	st complete Part IV,					3	
		-	g organization operated	in connect	tion with a	and functiona	llv integrate	ed with
	-		b). You must complete I				ny mograte	i with,
			porting organization oper				ted organi-	zation(e)
			zation generally must sat				-	
	-		mplete Part IV, Sections	•		-		7611655
			written determination fro					
	•					турет, туре	п, туре п	
			nally integrated supportion					
	mber of supported of	•						
	onowing information	n about the supporte (ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetarv	(vi) Amount of other
	nization	((described on lines 1-10	in your governi Yes	ng document?	support (see ii		support (see instructions)
			above (see instructions))	165				
Total						1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 CRAFT ALLIANCE

43-1022226 Page 2

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

(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.")	870,906.	602,212.	702,655.	688,035.	943,769.	3807577.
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	070 000	600 010		600 025		2008588
	Total. Add lines 1 through 3	870,906.	602,212.	702,655.	688,035.	943,769.	3807577.
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,						1000000
•	column (f)						1023688.
	Public support. Subtract line 5 from line 4.						2783889.
	**	(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(-) 0010	
	ndar year (or fiscal year beginning in)	(a) 2014 870,906.	(b) 2015 602,212.	(c) 2016 702,655.	(d) 2017 688,035.	(e) 2018 943,769.	(f) Total 3807577.
	Amounts from line 4	070,900.	002,212.	102,055.	000,055.	945,709.	5007577.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	50.	37.	43.	648.	686.	1,464.
0	Net income from unrelated business		57•	±J•	040.	000.	1,404.
9	activities, whether or not the						
	business is regularly carried on	2,250.	2,250.	2,250.	2,250.	0.	9,000.
10	Other income. Do not include gain	2,250.	2,250.	2,250.	2,250.	0.	5,000.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,122.	6,677.	1,313.	53,064.	102 710.	172,886.
11	Total support. Add lines 7 through 10	57111	0,0,7,	1,515.	55,0010	10277100	3990927.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 4	,312,704.
	First five years. If the Form 990 is for		,				/•==/:•=•
	organization, check this box and stor	•					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			olumn (f))		14	69.76 %
	Public support percentage from 2017		•			15	72.67 %
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o		-				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization	-	
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization			-			
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 CRAFT ALLIANCE

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
	Amounts from line 6						
	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						
	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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	janization,
Sec	check this box and stop here						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017		1			16	%
	Investment income percentage for 2			ine 13 column (f))		17	%
						18	%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2017. If the	-	•				······
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18			,, e, e			n 990 or 990-EZ) 2018
			15	5			,

2018.05070 CRAFT ALLIANCE

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Yes No

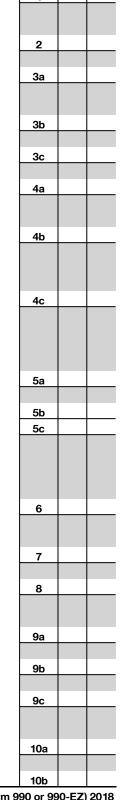
Part IV Supporting Organizations

(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.)

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Schedule A (Form 990 or 990-EZ) 2018

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 Schedule A (Form 990 or 990 EZ) 2018
 CRAFT
 ALLIANCE

 Part IV
 Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
6 00	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Supported organization in this regard. Schedule A (Form 99)		0-F7)	2018
	Concure A (Form of		/	

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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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	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		

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

Schedule A (Form 990 or 990-EZ) 2018 CRAFT ALLIANCE
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Schedule A (Form 990 or 990-EZ) 2018

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instructions).

Schedule A (Form 990 or 990-EZ) 2018 CRAFT ALLIANCE

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	8		
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 the	ne organization is responsive		
	(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	1	1	
Secti	on 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			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in 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.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CRAFT ALLIANCE

832028 10-11-1		20	Schedule A (Form 990 or 990-EZ) 2018
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, ar (See instructions.)	1c, 2a, 2b, 3a, and 3b; Part V, li nd 6. Also complete this part for a	ne 1; Part V, Section B, line 1e; Part V, any additional information.
Part VI	Supplemental Information. Provide the explanations of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and	equired by Part II, line 10; Part II, 1a, 11b, and 11c; Part IV, Sectio	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C,

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organization

Name	e of the organization CRAFT ALLIANCE		Employer identification number 43-1022226
Par		or Other Similar Funds or A	
	organization answered "Yes" on Form 990, Part IV, line 6.		
		Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that	the exects hold in depart advised for	ada
3	-		
6	are the organization's property, subject to the organization's exclusive le Did the organization inform all grantees, donors, and donor advisors in w		
U	for charitable purposes and not for the benefit of the donor or donor adv		
	impermissible private benefit?		·
Par			
1	Purpose(s) of conservation easements held by the organization (check al		,
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historical	v important land area
	Protection of natural habitat	Preservation of a certified h	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a cu	onservation easement on the last
~	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<u> </u>		2b
c	Number of conservation easements on a certified historic structure inclu-		2c
	Number of conservation easements included in (c) acquired after 7/25/06		20
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extir		
U	year >		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monito		
-			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
		ý C	0,
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation ea	asements during the year
	► \$	5	5 ,
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(E	B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easement	nts in its revenue and expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finance		
	conservation easements.		
Par	t III Organizations Maintaining Collections of Art, Hist	torical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement an	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these it	iems.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or	^r research in furtherance of public se	rvice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			N N
2	If the organization received or held works of art, historical treasures, or o	other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 95)	8) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
			. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form §	990.	Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 CRAFT A							43-10			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Simila	ar Assets	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	following that	t are a si	gnificant	use of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	d	I 🗆 L	oan or exc	hange progra	ams					
b	Scholarly research	e									
c	Preservation for future generations										
4	Provide a description of the organization's co	alloctions and ovalair	a how the	v furthar th	o organizatio		mot ouro	ooo in Dort	VIII		
		-		-	-			JSEINFAIL	<u> </u>		
5	During the year, did the organization solicit of		-] No
Dai	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
ια	reported an amount on Form 990, Pa		ete if the i	organizatio	on answered	res or	1 Form 99	0, Part IV, I	ine 9, or		
	· · · · · · · · · · · · · · · · · · ·										
та	Is the organization an agent, trustee, custod								٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:				1			
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three	years back	(e) Four (/ears	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a.	column (a)) held as:						
a	Board designated or quasi-endowment	•	%		,,,						
b	Permanent endowment	%	_/*								
	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		tion that	are hold ar	ad administor	od for th	no organi-	ration			
Ja		ssion of the organize	allon that	are neiu ai			le organiz	Lation	<u>ا</u>	Yes	No
	by: (i) unrelated organizations								3a(i)	165	NU
	(ii) related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	nds.							
Fai											
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr			t or other (other)		Accumula [:] epreciation		(d) Book	value	Э
1a	Land										
	Buildings										
	Leasehold improvements			47	5,862.		278,1	.53.	197	,70)9.
	Equipment				3,685.		562,3				18.
	Other						, -				
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)				289	, 02	27.
- old		quai ronn 990, Part.	A, COIUMI	цол. шие Г						, , , ,	

Schedule D (Form 990) 2018

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(a) Describ	Complete if the organization answered "Yes" of tion of security or category (including name of security)	(b) Book value			d-of-year market value
	al derivatives	(,	(,,		,
	held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes" of				
	(a) Description of investment	(b) Book value	(c) Method of V	aluation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
	(a) [Description			(b) Book value
(1)					
(0)					
(2)					
(2) (3)					
(3)					
(3) (4)					
(3) (4) (5)					
(3) (4) (5) (6)					
(3) (4) (5) (6) (7)					
(3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7) (8) (9)		45.)			
(3) (4) (5) (6) (7) (8) (9) otal. (Colu)	mn (b) must equal Form 990, Part X, col. (B) line	15.)			· · · · · · · · · · · · · · · · · · ·
(3) (4) (5) (6) (7) (8) (9) otal. (Colu)	Other Liabilities.				
(3) (4) (5) (6) (7) (8) (9) Otal. <u>(Colu</u>) Part X	Other Liabilities. Complete if the organization answered "Yes" of		line 11e or 11f. See Form	n 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) Otal. (Colu) Part X	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			▶ n 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) Otal. (Coly) Part X	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value		5.
(3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) DE	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV,	line 11e or 11f. See Form	▶ 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) DE (3)	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value	▶ 1 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) Part X (9) Part X (1) Fed (2) DE (3) (4)	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value	■ 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) DE (3)	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value	▶ 1 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X (1) Fed (2) DE (3) (4)	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value	■ 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) (9) (7) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value	■ 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X (2) (2) DE (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value	n 990, Part X, line 25	5.
(3) (4) (5) (6) (7) (8) (9) Cotal. (Colu) Part X (2) (2) (2) (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability leral income taxes	on Form 990, Part IV,	line 11e or 11f. See Form (b) Book value	▶ 1 990, Part X, line 25	

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

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Sche	dule D (Form 990) 2018 CRAFT ALLIANCE		43-	1022226 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Rev	enue per Return.	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,020,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d			210,725.	
е	Add lines 2a through 2d		2e	210,725.
3	Subtract line 2e from line 1			1,809,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
-	Total revenue Add lines 2 and 4 This is the approximation of the state		5	1,809,395.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,000,000
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp		n.
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Exp		n.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp e 12a.	oenses per Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Exp e 12a.	oenses per Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With Exp e 12a.	oenses per Retur	n.
Pa 1 2	Image: According to the organization of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With Exp e 12a.	penses per Retur	n.
Pa 1 2 a	Image: According to the organization of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	enses per Retur	n.
Pa 1 2 a	Image: Network State Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	penses per Retur	n. 1,775,993.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	210,725.	n. <u>1,775,993.</u> 210,725.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	210,725. 2e	n. 1,775,993.
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	210,725. 2e	n. <u>1,775,993.</u> 210,725.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	210,725. 2e	n. <u>1,775,993.</u> 210,725.
Pa 1 2 a b c d 3 4 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	210,725. 2e	n. <u>1,775,993.</u> 210,725.
Pa 1 2 a b c d 3 4 a	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	210,725. 220,725.	n. <u>1,775,993.</u> <u>210,725.</u> <u>1,565,268.</u> 0.
Pa 1 2 a b c d a b c 3 4 b c 5	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	210,725. 220,725. 240 220 220 220 220 220 220 220 220 220	n. 1,775,993. 210,725. 1,565,268.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), EXCEPT ON NET INCOME

DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED IN THE CODE.

ACCORDINGLY, THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION.

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR

INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS

NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS

30

FOR	TAX	YEARS	2015	AND	LATER	REMAIN	SUBJECT	то	EXAMINATION	ΒY	TAXING
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	(Form 990) 2018		ALLIANCE
Part XIII	Supplemental In	iformation (co	ontinued)

AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

210,725.

210,725.

Schedule D (Form 990) 2018

832055 10-29-18

09400424 781445 46432.000

SCHEDULE G	SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2018					
Department of the Treasury			Open to Public					
Internal Revenue Service	► Go	E i da	Inspection					
Name of the organization	CRAFT A						43-1022	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	Did aiser ustody trol of utions?	(iv) Gross receipts to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is (exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or 1	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 CRAFT ALLIANCE

43-1022226 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990. Part IV. line 18. or reported more than \$15.000

			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	
	1	Gross receipts	144,732.			144,732
	2	Less: Contributions	58,748.			58,748
	3	Gross income (line 1 minus line 2)	85,984.			85,984
	4	Cash prizes				
	5	Noncash prizes	7,485.			7,485
	6	Rent/facility costs	3,000.			3,000
	7	Food and beverages	29,745.			29,745
	8 9	Entertainment Other direct expenses	400. 45,354.			400 45,354
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			85,984
			ine 3, column (d)			
 ar	11		ine 3, column (d)	990, Part IV, line 19, or r		0 (d) Total gaming (add
ar	11	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	0 (d) Total gaming (add
 ar	11	II Gaming. Complete if the organization	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	0 (d) Total gaming (add
	<u>11</u> t I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	0 (d) Total gaming (add
	<u>11</u> t I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	0 (d) Total gaming (add
	<u>11</u> 1 2	Gross revenue	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	0 (d) Total gaming (add
a	<u>11</u> 1 2 3 4	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	11 1 2 3 4 5	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Gross prizes Noncash prizes Gross prizes Rent/facility costs Gross	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	0 (d) Total gaming (add
	1 1 2 3 4 5 6	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>ceported more than (c) Other gaming (c) Other gaming (c) Ves% No</pre>	0 (d) Total gaming (add
	1 1 2 3 4 5 6	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Other direct expenses Other direct expenses Volunteer labor	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bing	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	0 (d) Total gaming (ad

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 CRAFT ALLIANCE	43-1022226 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other e	ntity formed
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<u>13a</u> %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	ooks and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming	g revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$	and the amount
of gaming revenue retained by the third party \blacktriangleright \$	
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	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
 a Is the organization required under state law to make charitable distributions from the gaming proceed 	de to
b Enter the amount of distributions required under state law to be distributed to other exempt organiza	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, coluin 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	
	10.
832083 10-03-18	Schedule G (Form 990 or 990-EZ) 2018
24	, , , , , , , , , , , , , , , , , , , ,

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Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

18 Open to Public Inspection Employer identification number

OMB No. 1545-0047

CRAFT ALLIANCE

43-1022226

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

EDUCATING ALL LEVELS OF STUDENTS, AND OFFERING FREE CLASSES AND FAMILY

PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EXHIBITION GALLERY - CRAFT ALLIANCE SHOWCASES CONTEMPORARY CRAFT IN ITS

EXHIBITION GALLERY. THE EXHIBITION SERIES IS BOTH FUNCTIONALLY AND

CONCEPTUALLY BASED AND INCLUDES SOME SITE-SPECIFIC INSTALLATIONS. ALL

EXHIBITIONS PRESENT THE LEADING NATIONAL AND REGIONAL ARTISTS WORKING

IN CRAFT MEDIA. (APPROXIMATELY 15,409 ANNUAL VISITORS).

EXPENSES \$ 84,248. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,643.

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

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. AFTER FILING, IT IS

AVAILABLE TO ALL MEMBERS OF THE GOVERNING BOARD UPON REQUEST.

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

EXECUTIVE OFFICER AND EMPLOYEES PROVIDE A SELF EVALUATION. THIS IS

FOLLOWED WITH A SUPERVISORY REVIEW AND EVALUATION.

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

COMPENSATION FOR THE EXECUTIVE OFFICER IS DETERMINED BY THE BOARD. ALL

OTHER POSITION COMPENSATIONS ARE DETERMINED AT THE TIME OF HIRE, BASED ON

HISTORY, DUTIES, AND EXPERIENCE.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 36

Schedule O	(Form	990 or	· 990-EZ)	(2018)	1
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Name of the organization

CRAFT ALLIANCE

Page 2 Employer identification number 43-1022226

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS FROM THE PRIOR YEAR.

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

832212 10-10-18