

OPENTO PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

A F	or the	2022 calendar year, or tax year beginning JUL 1,	2022 and	ending J	<u>UN 30, 202</u>	3
B c	heck if pplicable	C Name of organization			D Employer identi	fication number
	Addres					
	Name change	5			43-1022	226
	Initial return	Number and street (or P.O. box if mail is not delivered to str	eet address)	Room/suite	E Telephone numb	
	□Final return/	5080 DELMAR BLVD.			314-725	
	termin- ated	, , , , , , , , , , , , , , , , , , , ,	ign postal code		G Gross receipts \$	1,565,698.
	Amend	21. HOULS, MO 03100			H(a) Is this a group	
	Applica tion pendin	F Name and address of principal officer: DKIAN KN.	ICELY		for subordinate	—
		SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert	no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
	Vebsit				H(c) Group exempt	
		organization: X Corporation Trust Association	Other Other	L Year	of formation: 1964	M State of legal domicile; MO
Pa	_	Summary	CD 3 T			
ø		Briefly describe the organization's mission or most significant				
auc		NURTURING CREATIVITY AND ENGAGE				
Governance		Check this box if the organization discontinued its				
Š		Number of voting members of the governing body (Part VI, lin				
		Number of independent voting members of the governing boo				1.00
ies		Total number of individuals employed in calendar year 2022 (F				1 1 1 1
Activities &		Total number of volunteers (estimate if necessary)				
Ac		Total unrelated business revenue from Part VIII, column (C), li Net unrelated business taxable income from Form 990-T, Part				
_	B	Net unrelated business taxable income from Form 990-1, Fart	. 1, 11110 1 1		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			2,002,910	
це	l .			382,093		
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			657	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			98,234	
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, c			2,483,894	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3			0	
	l .	5 5 11 5 1 75 1 75 1 75 1 75			0	
(0	45 .	Salaries, other compensation, employee benefits (Part IX, colu			931,691	1,082,396.
Se	16a l	Professional fundraising fees (Part IX, column (A), line 11e)			0	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	192,9	04.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			607,837	683,066.
		Total expenses. Add lines 13-17 (must equal Part IX, column (1,539,528	1,765,462.
	19	Revenue less expenses. Subtract line 18 from line 12			944,366	-348,425.
Net Assets or				Ве	ginning of Current Year	
sets	20	Total assets (Part X, line 16)			3,775,459	
t As	21	Total liabilities (Part X, line 26)			1,932,019	
캺	22	Net assets or fund balances. Subtract line 21 from line 20			1,843,440	. 1,495,015.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including ac			•	ny knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based of	on all information of wh	hich preparer	has any knowledge.	
		Signature of officer			 Date	
Sigi		-	IOD		Date	
Her	е	BRYAN KNICELY, EXECUTIVE DIRECT Type or print name and title	UK			
			-1	Tr	Date Check	PTIN
Daid	.	Print/Type preparer's name Preparer's JEANNE DEE	signature	'	if	
Paid	- 1		нетм т.т.р		self-emp Firm's EIN	43-0831507
	oarer Only	Firm's name ANDERS MINKLER HUBER & Firm's address 800 MARKET STREET, SUIT			FIIIII S EIN	-2 003T301
036	Jiny	ST. LOUIS, MO 63101-250			Phone no (314)655-5500
— May	the IF	S discuss this return with the preparer shown above? See ins			T HOUSE HO. (X Yes No

Pai	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 IS DEDICATED TO NURTURING CREATIVITY AND ENGAGEMENT,
	EDUCATING AND ENRICHING OUR COMMUNITY THROUGH CONTEMPORARY CRAFT.
	DOCTION THE DANGEMENT OF COMMONTH THROUGH CONTEMPORAL CHART.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$866,061. including grants of \$) (Revenue \$
	WORKSHOPS DESIGNED FOR ALL AGES AND SKILL LEVELS IN THE MEDIA OF
	CONTEMPORARY CRAFT. IN THE ORGANIZATION'S EDUCATION CENTER,
	APPROXIMATELY 1,100 TUITION-PAYING STUDENTS ARE SERVED. OUTREACH -IN
	ADDITION, CRAFT ALLIANCE'S OUTREACH PROGRAMS ENGAGE THE WIDER COMMUNITY
	THROUGH PARTNERSHIPS WITH SOCIAL SERVICE ORGANIZATIONS, COMMUNITY
	GROUPS, AND METRO AREA SCHOOLS. APPROXIMATELY 1,080 ADULTS AND
	CHILDREN RECEIVE FREE IN-DEPTH ART EXPERIENCES THROUGH THE
	ORGANIZATION'S COMMUNITY OUTREACH PROGRAMS ANNUALLY PRIMARILY FROM
	URBAN SCHOOLS WITH SHARPLY REDUCED ART CURRICULUMS.
	405 206
4b	(Code:) (Expenses \$ 405,336. including grants of \$) (Revenue \$ 61,107.)
	EXHIBITION GALLERY - CRAFT ALLIANCE SHOWCASES CONTEMPORARY CRAFT IN ITS
	EXHIBITION GALLERY AND GALLERY SHOP. 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 10,000 ANNUAL
	VISITORS.)
	0 066
4c	(Code:) (Expenses \$8,966. including grants of \$) (Revenue \$) RESIDENCIES AND MENTORING - THE ORGANIZATION ALSO OPERATES AN
	ARTIST-IN-RESIDENCE PROGRAM FOR EMERGING ARTISTS. MENTORING - A
	FOUR-YEAR ART MENTORING PROGRAM FOR TALENTED YOUNG ARTISTS
	(CRAFTING-A-FUTURE) 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.
44	Other program services (Describe on Schedule O.)
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,280,363.
	Form 990 (2022)

Form 990 (2022) CRAFT ALLIANCE 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? See instructions	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 Rev. Proc. 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			
	Schedule D, Part III	88		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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			l
	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	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			٠.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	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** (2022)

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		10222	26	P	age 4
Pai	T IV Checklist of Required Schedules (continued)				
00		Г	-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		00		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23		х
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	2	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	2	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
	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 during the year? If "Yes," complete Schedule L, Part I	2	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	2	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	L <i>:</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro	lled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	<u>L</u> :	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				l
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	2	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	2	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	2	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	L:	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	Li	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	<u>L</u> :	32		X
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? If "Yes," complete Schedule R, Part I	Li	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	<u>L</u> i	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	35a		Х
b	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	3	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	.on?			
	If "Yes," complete Schedule R, Part V, line 2	Li	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	L	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
De	Note: All Form 990 filers are required to complete Schedule O	<u></u> ;	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	······		للبا
		1.4		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			37	
	(gambling) winnings to prize winners?		1c	X	(0.0 = : :
232004	l 12-13-22	F	orm	99U ((2022)

Form	990 (2022) CRAFT ALLIANCE 43-1022	226	Р	age 5
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	<u>6a</u>		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).			7.7
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		₩
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
	Did the constraint and in the contract of the	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) CRAFT ALLIANCE 43-1022226 Page 6

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

						X
<u>Sec</u>	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	0-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, and	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	THE ORGANIZATION - 314-725-1177					
	5080 DELMAR BLVD. ST LOUIS MO 63108					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not c	Pos	C) ition) than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director				Highest compensated transfer employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
(1) MARK WITZLING (THRU 6/30/23)	40.00	=	=	0		工业	ш.			
EXECUTIVE DIRECTOR		Х						123,044.	0.	0.
(2) MAUREEN QUIGLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) MARY WALSH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JOAN KARANDJEFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JAY KLOECKER	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(6) LEE KAPLAN	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) VICKI SAUTER	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) DIANE KATZMAN	1.00									•
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) CHRISTY BECKMANN	2.00	.,								0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) BOB HOFFMAN	1.00	3,7								0
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) HOPE ABRAMOV	1.00	. ,								•
BOARD MEMBER (12) JACKIE LEVIN	4.00	Х						0.	0.	0.
BOARD MEMBER	4.00	Х		х				0.	0.	0.
(13) LENA HAAS	1.00	Λ		^				1	0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) MARTIN WICE	1.00	Λ							0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) PAUL ELLEBRECHT	2.00								0.	<u></u>
BOARD MEMBER	2.00	х						0.	0.	0.
(16) SAMANTHA MENEZES	1.00							†		•
BOARD MEMBER		х						0.	0.	0.
(17) STEVE KNIGHT	1.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
	1								1	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	iH t	ghe	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	:	Es	timate	ed
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		l .	nount o	of
	week (list any	-	T		I	T	100)	from the	from related		l .	other	tion
	hours for	director				l,		organization	organization (W-2/1099-MIS		l	pensat	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l	anizati	
	organizations	trust	nal tr		oyee	om pe		1099-NEC)			and	d relate	ed
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(10) CDDG CMTMV	line)	n Di	l si	#0	Ke	iĘ, E	호				<u> </u>		
(18) GREG SMITH BOARD MEMBER	1.00	X						0.		0.			Λ
(19) MARGARET HOLLY	4.00	^				-		0.		0.			0.
CHAIR	4.00	x		Х				0.		0.			0.
(20) BRYAN KNICELY (BEGAN 6/26/23)	40.00												
EXECUTIVE DIRECTOR		х						0.		0.			0.
(21) TERRI JACOBSON	2.00												
SECRETARY		Х		х				0.		0.			0.
(22) ALBERT CAIAZZO	2.00												
TREASURER		Х		Х				0.		0.			0.
											<u> </u>		
						-					<u> </u>		
		-											
	+	-	┝			\vdash	-				<u> </u>		
	-	-											
1h Cubbatal					<u> </u>			123,044.		0.			0.
1b Subtotal c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								123,044.		0.			0.
Total number of individuals (including but r								•	.000 of reportable	_			
compensation from the organization				.		,		, , , , , , , , , , , , , , , , , , ,	,000 0, 10,001,100.				1
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, l	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	," co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." cor	<u>nplete Schedul</u>	e J f	or su	ıch ı	pers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										oensa	tion fro	mc	
the organization. Report compensation for	the calendar y	ear e	enair	ıg w	ith (or wi	tnin	the organization's tax y	ear.		(0	<u> </u>	
(A) Name and business	address	N	INC	2				Description of s	services	C		י) nsatior	n
								<u> </u>					
2 Total number of independent contractors (inaludina hut -	ot III	nita	1 + ^ -	tha	- II-	+0.61	abovo) who received	ava than				

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\$100,000 of compensation from the organization

Form 990 (2022) CRAFT ALLIANCE
Part VIII Statement of Revenue

			Check if Schedule O co	ontai	ns a respons	e or note to any l	ine in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns		1a					
anta						53,902				
ij g			Membership dues			19,512				
ts, Ar			Fundraising events			17,512	•			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations							
ns, Sim			Government grants (contrib							
utio er (Ť	All other contributions, gifts, g			715 721				
현된			similar amounts not included a			745,731	<u>-</u>			
ont od (-	Noncash contributions included in lin	nes 1a	-1f 1g \$		010 145			
<u>0 g</u>		h	Total. Add lines 1a-1f				819,145.			
						Business Code		450 055		
e S			PROGRAM TUITIO			611600	452,277.			
Program Service Revenue		b	SPECIAL PROGRA	AMS	<u> </u>	711190	68,567.	68,567.		
S		С				_				
am		d				_				
og B		е								
P		f	All other program service re	eveni	ue					
		g	Total. Add lines 2a-2f				520,844.			
	3		Investment income (includi	ng di	ividends, inte	erest, and				
							25,489.			25,489.
	4		Income from investment of							
	5		Royalties		-					
			,		(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
				6b						
			' '''	6c						
		d Net rental income or (loss)			I					
			Gross amount from sales of (i) Securities							
	•	_		7a	.,					
		h	Less: cost or other basis	, u						
Φ			and sales expenses	7h						
nu		_	Gain or (loss)							
eve		4	Not goin or (loss)	70						
her Revenue			Net gain or (loss)		I					
	8	а	Gross income from fundraising		2 • of					
δ										
			contributions reported on I		·	10 262				
			Part IV, line 18			$\frac{19,362}{10,362}$				
			Less: direct expenses			3b 19,362				
			Net income or (loss) from for		· · ·		0.			
	9	а	Gross income from gaming		I .					
			Part IV, line 19			9a	_			
			Less: direct expenses			9b				
			Net income or (loss) from g		·					
	10	а	Gross sales of inventory, le		I	100 050				
			and allowances			0a180,858				
		b	Less: cost of goods sold		1	оь <mark>129,299</mark>				
		С	Net income or (loss) from s	ales	of inventory		51,559.	51,559.		
S						Business Code				
o o	11	а				_	1			
ane		b				_	1			
Miscellaneous Revenue		С				-	1	1		
Ais. B		d	All other revenue							
		е	Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ns .	<u></u>		1,417,037.	572,403.	0.	25,489.

Form 990 (2022) CRAFT ALLIANCE Part IX Statement of Functional Expenses

Cooti	on F01(a)(2) and F01(a)(4) argonizations must so make	lata all aglumna. All atha	v avaanizatiana musat aan	anlata aaluman (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	se or note to any line in		(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising 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,				
	trustees, and key employees	119,880.	47,952.	23,976.	47,952.
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	846,955.	663,800.	88,319.	94,836.
8	Pension plan accruals and contributions (include	010,000	000,000	00,010	22,000
o	·				
•	section 401(k) and 403(b) employer contributions)	41,657.	32,348.	4,179.	5,130.
9	Other employee benefits	73,904.	57,390.	7,414.	9,100.
10	Payroll taxes	73,304.	31,390.	7,414.	9,100.
11	Fees for services (nonemployees):				
	Management				
	Legal	C1 440		C1 440	
	Accounting	61,440.		61,440.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	32,149.	28,934.	3,215.	
12	Advertising and promotion	47,580.	37,700.	4,418.	5,462.
13	Office expenses	76,187.	45,266.	17,638.	13,283.
14	Information technology	71,854.	44,442.	27,412.	
15	Royalties				
16	Occupancy	164,350.	141,243.	22,907.	200.
17	Travel	4,945.	2,300.	435.	2,210.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,007.	34,030.	5,977.	
23	Insurance	22,404.	10,649.	11,208.	547.
24	Other expenses. Itemize expenses not covered				
٠	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLASS EXPENSE	86,601.	86,601.		
b	PROGRAMS, SHOWS, & SPEC	20,285.	20,164.	121.	
c	EQUIPMENT RENTAL	13,404.	8,710.	1,456.	3,238.
d		,	-,	=, ====	-,
	All other expenses	41,860.	18,834.	12,080.	10,946.
25	Total functional expenses. Add lines 1 through 24e	1,765,462.	1,280,363.	292,195.	192,904.
26	Joint costs. Complete this line only if the organization	_,,102.	_,,_,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110WING 30F 30-2 (A3C 338-720)		l		000

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Form 990 (2022) Part X Balance Sheet

Part 2	X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			812,004.	1	626,829
:	2	Savings and temporary cash investments			1,296,105.	2	117,511
;	3	Pledges and grants receivable, net		281,947.	3	164,091	
4	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
(6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
<u>ა</u> ა	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		51,751.	8	18,110	
ž 9	9	Prepaid expenses and deferred charges			40,580.	9	36,411
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	669,542.			
	b	Less: accumulated depreciation	10b	550,887.	157,992.	10c	118,655
1	1	Investments - publicly traded securities			11	1,204,638	
1:	2	Investments - other securities. See Part IV, line			12		
1:	3	Investments - program-related. See Part IV, line		13			
14	4	Intangible assets			14		
1	5	Other assets. See Part IV, line 11			1,135,080.	15	1,062,835
10	6	Total assets. Add lines 1 through 15 (must equal to 15)			3,775,459.	16	3,349,080
1	7	Accounts payable and accrued expenses		111,039.	17	99,983	
18	8	Grants payable		18	60 544		
19	9	Deferred revenue	62,050.	19	60,541		
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
_တ 2	2	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
2.		Secured mortgages and notes payable to unre			F00 000	23	F00 000
2		Unsecured notes and loans payable to unrelate			500,000.	24	500,000
2	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X	1 250 020		1 102 5/1
	_	of Schedule D			1,258,930.		1,193,541
20	6			• X	1,932,019.	26	1,854,065
ဖွ		Organizations that follow FASB ASC 958, ch	eck nere				
ဦ ွှ	-	and complete lines 27, 28, 32, and 33.			1,558,194.	07	1,334,737
<u>a</u> 2			285,246.	27 28	160,278		
<u>නි</u> 28	0	Net assets with donor restrictions Organizations that do not follow FASB ASC	203,240.	20	100,270		
두			956, Che	ck nere			
<u>ہ</u> ا	0	and complete lines 29 through 33.				29	
ets 29		Capital stock or trust principal, or current funds					
30		Paid-in or capital surplus, or land, building, or e				30 31	
Net Assets or Fund Balances S S S S S S		Retained earnings, endowment, accumulated in			1,843,440.	32	1,495,015
		Total liabilities and not assets/fund balances			3,775,459.	33	3,349,080
3	J	Total liabilities and net assets/fund balances			3,113,433.	აა	5,549,000 Form 990 (20

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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	1,41		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,76		
3	Revenue less expenses. Subtract line 2 from line 1	3	-34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,84	3,4	40.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,49	5,0	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CRAFT ALLIANCE 43-1022226 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	943,769.	1341482.	385,646.	1737460.	819,009.	5227366.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	943,769.	1341482.	385,646.	1737460.	819,009.	5227366.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5227366.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	943,769.	1341482.	385,646.	1737460.	819,009.	5227366.
	Gross income from interest,			•		,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	686.	498.	1,130.	657.	25,489.	28,460.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	102,710.	67.293.	213.272.	265,450.	249.425.	898.150.
11	Total support. Add lines 7 through 10		7.7.2.4				6153976.
	Gross receipts from related activities,	etc (see instruction	nns)			12 3	,149,248.
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7=== 7====
.0	organization, check this box and stop						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	84.94 %
	Public support percentage from 2021					15	58.58 %
	33 1/3% support test - 2022. If the o					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te					vivion and organiz	
h	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	-					. 570 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
-10	Trivate roundation. If the organization	and not oneon a l	SOA OIT III IE TO, TO	4, 100, 17a, 01 17b	, or look trilo box al		/Form 990) 2022

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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 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						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	_		
	7		
	c		
	8		
	9a		
	Ja		
	9b		
	30		
	9с		
	10a		
	. 54		
	10b		
_		~ 000	

Par	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on line 2, above, 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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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		
	Did the activities described on line 2a, above, 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	TO TOTALLO TAGE
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

	dule A (Form 990) 2022 CRAFT ALLIANC		nizationa /		3-1022226	Page 7
	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	<u>ed)</u>		
	on D - Distributions		T	_	Current Yea	<u>ar</u>
	Amounts paid to supported organizations to accomplish exer	<u> </u>		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		ا م		
	organizations, in excess of income from activity		_	2		
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4_	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		5		
<u>5</u>	Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions.	ovide details in Part VI)		6		
	Total annual distributions. Add lines 1 through 6.			7		
<u>7</u> 8	<u> </u>	o organization is responsive				
0	Distributions to attentive supported organizations to which the	ie organization is responsive		8		
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			9		
	Line 8 amount divided by line 9 amount			10		
10	Line o amount divided by line 9 amount	(i)	(ii)	10	(iii)	
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributabl Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years			_		
<u>b</u>	Applied to 2022 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
<u>b</u>	Excess from 2019					
	Excess from 2020					
<u>d</u>	Excess from 2021					
	F (0000					

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number 43-1022226

	CRAFT ALLIANCE				43-1022226
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds o	r Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor advised	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	d funds	
·	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a				les No
U	for charitable purposes and not for the benefit of the donor of				
		•	• •	•	Yes No
Par	impermissible private benefit? t II Conservation Easements. Complete if the org				
			Oli Follii 990, P	art iv, iiile 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreated	tion or education)	ı	-	important land area
	Protection of natural habitat		Preservation of a	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form o	f a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	t on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				during the tax
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per		on, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				ements during the year
		,	· ·		o ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enf	orcina conservati	on easement	ts during the vear
	σ,, σ, .	9	g		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?	•			Yes No
9	In Part XIII, describe how the organization reports conservation				
Ū	balance sheet, and include, if applicable, the text of the footn		•		
	organization's accounting for conservation easements.	lote to the organization 3	ililariciai staterrici	nto triat desc	indes the
Par		Art. Historical Trea	sures. or Oth	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form		,		
10	If the organization elected, as permitted under FASB ASC 95		nuo statomont an	d balanco ch	poot works
ıa	of art, historical treasures, or other similar assets held for pub	•			
	•	·			Jublic
	service, provide in Part XIII the text of the footnote to its finance of the service of the service of the footnote to its finance of the service of the footnote to its finance of the service of the footnote to its finance of the footnote of the footnote of the footnote to its finance of the footnote of the footnot				ada af
D	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	rance of put	olic service,
	provide the following amounts relating to these items:				_
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	9
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				\$
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contir	ued)	<u>.gc</u>
3	Using the organization's acquisition, accession								•		
	collection items (check all that apply):	,	•	,	Ü		J				
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	e									
c	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exen	nnt nurnos	se in Part	XIII		
5	During the year, did the organization solicit o	•		•	ū						
•	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pai			3				,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	J						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•]
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1c	ı, column (a)) held as:				•		
а	Board designated or quasi-endowment	,	%	.,	,,						
b	Permanent endowment	%	_								
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate preciation	ed	(d) Boo	k value)
1a	Land										
b	Buildings										
С	Leasehold improvements				7,879.		15,79			2,08	
d	Equipment				9,007.	Ī	502,68			5,31	
<u>e</u>	Other			4	2,656.		32,40	06.		0,25	
	. Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B), line 1	0c.)				11	3,65	55.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CRAFT ALLIA	NCE	43	5-1022226 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(a) Doon take	(c) memor or variations occurrent	a or your marker raide
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Table (Oal (b) result assal Farms COO Bort V and (B) line 10			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
DIG::::::::::::::::::::::::::::::::::::	Description		1,062,835.
			1,002,033.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 060 025
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		1,062,835.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			1,193,541.
(3)			
(4)			
(5)			
(7)			
(8)			1
1-7			i

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

Schedule D (Form 990) 2022

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

	dule D (Form 990) 2022 CRAFT ALLIANCE				1022226 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l .			4 546 006
1				1	1,546,336.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments			-	
b	Donated services and use of facilities			_	
С	Recoveries of prior year grants	1 1	100 000	-	
	Other (Describe in Part XIII.)	. 2d	129,299.		100 000
е	Add lines 2a through 2d			2e	129,299.
3	Subtract line 2e from line 1			3	1,417,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	1 - VAC-11-		5	1,417,037.
Pa	T XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 004 561
1	Total expenses and losses per audited financial statements			1	1,894,761.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	1 1		-	
b	Prior year adjustments	1 1		-	
С	Other losses		400 000	-	
d	Other (Describe in Part XIII.)	. 2d	129,299.		100 000
е	Add lines 2a through 2d			2e	129,299.
3	Subtract line 2e from line 1			3	1,765,462.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,765,462.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part)	X, line 2; Part XI,
	RT X, LINE 2:				
	,				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOM	ME TAXE	ES UNDER SE	CTI	ON
<u>501</u>	(C)(3) OF THE INTERNAL REVENUE CODE (THE	"CODE")	, EXCEPT O	N N	ET INCOME
DEI	RIVED FROM UNRELATED BUSINESS ACTIVITIES AS	S DEFIN	ED IN THE	COD	Ε.
<u>AC</u>	CORDINGLY, THE ORGANIZATION FILES AS A TAX	EXEMPT	ORGANIZAT	ION	•
THI	ORGANIZATION FOLLOWS GUIDANCE ISSUED BY	THE FAS	SB ON ACCOU	NTI	NG FOR
ING	COME TAXES AND HAS EVALUATED ITS TAX POSIT:	IONS, E	EXPIRING ST	'ATU'	TES 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 FOR TAX YEARS 2019 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number CRAFT ALLIANCE 43-1022226 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

Schedule G	G (Form 990) 2022	CRAFT Z	ALLIANCE		43-	1022226	Page 2
Part II	Fundraising Events	 Complete if t 	the organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,0	000
	of fundraising event contr						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total ev	ents.
					NONE	(d) Total events	

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			GALA (event type)	(ovent type)	(total number)	col. (c))		
e			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	38,874.			38,874.		
	2	Less: Contributions	19,512.			19,512.		
	3	Gross income (line 1 minus line 2)	19,362.			19,362.		
	4	Cash prizes						
S	5	Noncash prizes						
kpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	8,556.			8,556.		
Δ	8	Entertainment						
	9	Other direct expenses	10,806.			10,806.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			19,362.		
Da	11 11	Net income summary. Subtract line 10 from li				0.		
Po	ur t i	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than			
		ψ13,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add		
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
ш	1	Gross revenue						
es	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	Ť	1	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Fn	ter the state(s) in which the organization condu	icts gaming activities:					
		the organization licensed to conduct gaming ac				Yes No		
		'No," explain:						
	_					Yes No		
	Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b) IT "	Yes," explain:						
	_							
	_							

Schedule G (Form 990) 2022 232082 10-27-22

Schedule G (Form 990) 2022 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 er							
to administer charitable gaming?							
13 Indicate the percentage of gaming activity conducted in:							
a The organization's facility	13a %						
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events bo							
THE Effect the frame and address of the person who prepares the organization's gaming/special events bo	oks and records.						
News							
Name							
Address							
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Yes No						
Does the organization have a contract with a till diparty from whom the organization receives gaining	Teveriue: 163						
h If IIVes II and a the second of considering an account of considering the second state of the second sta	and the annex mat						
b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount						
of gaming revenue retained by the third party \$							
c If "Yes," enter name and address of the third party:							
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							
retain the state gaming license?	Yes No						
b Enter the amount of distributions required under state law to be distributed to other exempt organizate	ions or spent in the						
organization's own exempt activities during the tax year \$							
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colur	nns (iii) and (v); and Part III, lines 9, 9b, 10b,						
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	S.						

Schedule G (Form 990)	CRAFT ALLIANCE	43-1022226	Page 4
Schedule G (Form 990) Part IV Supplemental Info	rmation _(continued)		
·			

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization CRAFT ALLIANCE **Employer identification number** 43-1022226

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY THORUGH CONTEMPORARY CRAFT.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS AVAILABLE TO ALL
MEMBERS OF THE GOVERNING BOARD.
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:
AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2022

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print CRAFT ALLIANCE 43-1022226 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 5080 DELMAR BLVD. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 63108 ST. LOUIS, MO Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 5080 DELMAR BLVD. - ST LOUIS, MO 63108 Telephone No. ► 314-725-1177 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ $\underline{\hspace{0.5cm}}$ JUN $\underline{\hspace{0.5cm}}$ 30 , 2023► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)