PUBLIC COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **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.**

OMB No. 1545-0047

2021

A For the 2021 calendar year, or tax year beginning 10/01/21 **, and ending** 09/30/22

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

C Name of organization
CRAFT EMERGENCY RELIEF FUND, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
535 STONE CUTTERS WAY, SUITE 202

City or town, state or province, country, and ZIP or foreign postal code
MONTPELIER VT 05602

D Employer identification number
-*3980

E Telephone number
802-229-2306

G Gross receipts$ 3,612,844

F Name and address of principal officer:
RUBY LOPEZ HARPER
535 STONE CUTTERS WAY, SUITE 202
MONTPELIER VT 05602

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CERFPLUS.ORG

H(c) Group exemption number ▶

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

L Year of formation: 1985

M State of legal domicile: NY

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CERF+ SERVES ARTISTS WHO WORK IN CRAFT DISCIPLINES BY PROVIDING A SAFETY NET TO SUPPORT STRONG AND SUSTAINABLE CAREERS. CERF+'S CORE SERVICES ARE EDUCATION PROGRAMS, ADVOCACY, NETWORK BUILDING AND EMERGENCY RELIEF.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	60
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,912,035	2,367,179
9 Program service revenue (Part VIII, line 2g)		1,415
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,983	129,006
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,868	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,089,886	2,497,600

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	868,307	776,989
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	588,784	689,832
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 99,153		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	332,333	415,822
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,789,424	1,882,643
19 Revenue less expenses. Subtract line 18 from line 12	300,462	614,957

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,527,375	3,585,715
21 Total liabilities (Part X, line 26)	69,411	91,822
22 Net assets or fund balances. Subtract line 21 from line 20	3,457,964	3,493,893

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

RUBY LOPEZ HARPER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RANDALL L. SARGENT, CPA				********

Firm's name ▶ JMM & ASSOCIATES, PC — Firm's EIN ▶ **-***0081

Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446 — Phone no. 802-655-5665

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

PUBLIC COPY

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ 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 $ 853,033 including grants of$ 652,000) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 452,775 including grants of$ 124,989) (Revenue $ 1,415)

SEE SCHEDULE O

4c (Code:) (Expenses $ 172,663 including grants of$) (Revenue $)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of$) (Revenue $)

4e Total program service expenses ▶ 1,478,471

PUBLIC COPY

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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*	8		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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	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	X	
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? *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 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 or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* 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 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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	

Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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*	26		X
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% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
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*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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*	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*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	11		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

PUBLIC COPY

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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	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 sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
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 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, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

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.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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	14		
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 direct 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 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, stockholders, 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 by the follow				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue 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 chapters, 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 before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 arrangement with 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 its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA, NY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request X Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records ▶

JAMES HAFFERMAN 535 STONE CUTTERS WAY, SUITE 202
MONTPELIER VT 05602 802-229-2306

PUBLIC COPY

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CORNELIA CAREY	40.00									
EXECUTIVE DIRECTOR	0.00			X				125,970	0	11,512
(2) CINDA HOLT	4.00									
CHAIR	0.00	X		X				0	0	0
(3) JONO ANZALONE	4.00									
VICE CHAIR	0.00	X		X				0	0	0
(4) DR. ALLISON DRUIN	4.00									
TREASURER	0.00	X		X				0	0	0
(5) MOLLY BELL	4.00									
SECRETARY	0.00	X		X				0	0	0
(6) TANYA AGUINIGA	4.00									
DIRECTOR	0.00	X						0	0	0
(7) BARRY BERGEY	4.00									
DIRECTOR	0.00	X						0	0	0
(8) JAIME SUAREZ	4.00									
DIRECTOR	0.00	X						0	0	0
(9) PATRICIA YOUNG	4.00									
DIRECTOR	0.00	X						0	0	0
(10) ROBERT BOOKER	4.00									
DIRECTOR	0.00	X						0	0	0
(11) WENDY MARUYAMA	4.00									
DIRECTOR	0.00	X						0	0	0

PUBLIC COPY

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DAN FRIDAY	4.00									
DIRECTOR	0.00	X						0	0	0
(13) VIVIAN BEER	4.00									
DIRECTOR	0.00	X						0	0	0
(14) MARJORIE HUNT	4.00									
DIRECTOR	0.00	X						0	0	0
(15) DR. CAROLYN MAZLOOMI	4.00									
DIRECTOR	0.00	X						0	0	0
(16) REED MCMILLAN (UNTIL NOV. 2021)	4.00									
DIRECTOR	0.00	X						0	0	0
(17) DON FRIEDLICH (UNTIL NOV. 2021)	4.00									
DIRECTOR	0.00	X						0	0	0
(18) PAUL SACARIDIZ (UNTIL NOV. 2021)	4.00									
DIRECTOR	0.00	X						0	0	0
(19) PERRY PRICE (UNTIL NOV. 2021)	4.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal ▶								125,970		11,512
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								125,970		11,512

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

PUBLIC COPY

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	18,172			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,349,007			
	g Noncash contributions included in lines 1a-1f	1g	$ 8,110			
	h **Total.** Add lines 1a–1f		2,367,179			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE REVENUE	611710	1,415	1,415		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,415			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		34,990			34,990
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental inc. or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	1,209,260				
	b Less: cost or other basis and sales exps. 7b	1,115,244				
	c Gain or (loss) 7c	94,016				
	d Net gain or (loss)		94,016	94,016		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions		2,497,600	95,431	0	34,990

PUBLIC COPY

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	65,500	65,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	711,489	711,489		
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	130,359	100,103	19,319	10,937
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	435,526	286,663	107,766	41,097
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,220	7,075	3,650	495
9 Other employee benefits	71,024	46,304	21,149	3,571
10 Payroll taxes	41,703	29,055	8,693	3,955
11 Fees for services (nonemployees):				
a Management				
b Legal	12,048		12,048	
c Accounting	54,838		54,838	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,100		19,100	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	147,825	118,154	24,413	5,258
12 Advertising and promotion	3,600	3,600		
13 Office expenses	35,644	10,157	4,820	20,667
14 Information technology	53,936	40,145	6,398	7,393
15 Royalties				
16 Occupancy	41,777	28,634	9,354	3,789
17 Travel	28,826	25,285	2,203	1,338
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,942	1,702	130	110
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,811		2,811	
23 Insurance	5,989	4,105	1,341	543
24 Other expenses. Itemize expenses not covered 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 O.)				
a BANK AND CREDIT CARD FEES	6,986		6,986	
b OTHER EXPENSE	500	500		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,882,643	1,478,471	305,019	99,153
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

PUBLIC COPY

Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	258,400	1	739,686
	2	Savings and temporary cash investments	117,894	2	117,611
	3	Pledges and grants receivable, net	290,500	3	492,826
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	20,418	7	16,742
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,462	9	9,695
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 33,813			
	b	Less: accumulated depreciation — 10b: 29,731	6,893	10c	4,082
	11	Investments—publicly traded securities	2,825,808	11	2,205,073
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,527,375	16	3,585,715
Liabilities	17	Accounts payable and accrued expenses	69,411	17	91,822
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	69,411	26	91,822
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	1,931,098	27	1,283,246
	28	Net assets with donor restrictions	1,526,866	28	2,210,647
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,457,964	32	3,493,893
	33	Total liabilities and net assets/fund balances	3,527,375	33	3,585,715

PUBLIC COPY

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	2,497,600
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,882,643
3	Revenue less expenses. Subtract line 2 from line 1	3	614,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,457,964
5	Net unrealized gains (losses) on investments	5	-579,028
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,493,893

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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

PUBLIC COPY

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MALENE BARNETT (UNTIL NOV. 2021)	4.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

PUBLIC COPY

SCHEDULE A (Form 990)

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.**

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

OMB No. 1545-0047

2021

Name of the organization

CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number

-*3980

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ 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).**

4 ☐ 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:

5 ☐ 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).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 university:

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 331/3% 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

PUBLIC COPY

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

PUBLIC COPY

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,404,833	1,445,941	2,904,661	1,912,035	2,367,179	10,034,649
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				-80	1,415	1,335
3 Gross receipts from activities that are not an unrelated trade or business under section 513	8,284	14,226	17,284	20,948		60,742
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	1,413,117	1,460,167	2,921,945	1,932,903	2,368,594	10,096,726
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	675,000	645,000	780,000	515,000	1,450,000	4,065,000
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	675,000	645,000	780,000	515,000	1,450,000	4,065,000
8 **Public support.** (Subtract line 7c from line 6.)						6,031,726

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1,413,117	1,460,167	2,921,945	1,932,903	2,368,594	10,096,726
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,813	28,651	36,538	31,426	34,990	152,418
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	20,813	28,651	36,538	31,426	34,990	152,418
11 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.)	1,433,930	1,488,818	2,958,483	1,964,329	2,403,584	10,249,144

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	58.85 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	65.12 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	2 %

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Supporting Organizations

(Complete only if you checked a box in line 12 on 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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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).*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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.)*	10b		

Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
b	A family member of a person described on line 11a above?	11b		
c	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		

Section B. Type I Supporting Organizations

			Yes	No
1	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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *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.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described 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		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	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		

PUBLIC COPY

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **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**		

Section 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-functionally integrated Type III supporting organization (see instructions).

PUBLIC COPY

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	
6	Other distributions (*describe in* ***Part VI***). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

PUBLIC COPY

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

PUBLIC COPY

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

2021

Name of the organization

CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number

-*3980

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

PUBLIC COPY

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ..... ☐ Yes ☐ No

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ..... ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ..... ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ..... ☐

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ ..... %
- b Permanent endowment ▶ ..... %
- c Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,313	11,231	4,082
e Other		18,500	18,500	
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				4,082

PUBLIC COPY

Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Other Liabilities.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

PUBLIC COPY

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,964,025
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-579,028		
b	Donated services and use of facilities	2b	64,553		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-514,475
3	Subtract line **2e** from line **1**			3	2,478,500
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,100		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	19,100
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,497,600

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,928,096
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	64,553		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	64,553
3	Subtract line **2e** from line **1**			3	1,863,543
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,100		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	19,100
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,882,643

Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION BELIEVES IT HAS ADEQUATE SUPPORT FOR ANY TAX POSITION TAKEN AND, AS SUCH, HAS NOT RECORDED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS.

PUBLIC COPY

Supplemental Information *(continued)*

PUBLIC COPY

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Name of the organization

CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number

-*3980

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARTS COUNCIL OF GREATER BATON ROUGE 427 LAUREL STREET BATON ROUGE LA 70801	**-***5814	501C3	32,500				EDUCATION & TRAINING
(2) ARTIST TRUST 1835 12TH AVENUE SEATTLE WA 98122	**-***3974	501C3	32,500				EDUCATION & TRAINING
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2

3 Enter total number of other organizations listed in the line 1 table ▶

PUBLIC COPY

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	EMERGENCY RELIEF	420	652,000			
2	EDUCATION AND TRAINING	122	59,489			
3						
4						
5						
6						
7						

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL INFORMATION

THE ORGANIZATION HAS LONG-ESTABLISHED APPLICATION AND REVIEW PROCEDURES FOR INDIVIDUALS APPLYING FOR EMERGENCY GRANTS.

PUBLIC COPY

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
CRAFT EMERGENCY RELIEF FUND, INC.	**-***3980

FORM 990 - ORGANIZATION'S MISSION

CERF+ SERVES ARTISTS WHO WORK IN CRAFT DISCIPLINES BY PROVIDING A SAFETY NET TO SUPPORT STRONG AND SUSTAINABLE CAREERS. CERF+ CORE SERVICES ARE EDUCATION PROGRAMS, ADVOCACY, NETWORK BUILDING, AND EMERGENCY RELIEF. EMERGENCY PREPAREDNESS AND RECOVERY RESOURCES, EMERGENCY PREPAREDNESS EDUCATIONAL PROGRAMS, ARTISTS PREPAREDNESS CAMPAIGN, NATIONAL COALITION FOR ARTS PREPAREDNESS AND EMERGENCY RESPONSE AND RESEARCH ON THE NEEDS AND STATUS OF WORKING ARTISTS.

FORM 990, PART III - ADDITIONAL INFORMATION

IN THE FISCAL YEAR 2022, CERF+ FOCUSED ON FIVE MAIN GOALS:

(1) RESPONDING QUICKLY AND DEFTLY TO CLIMATE-RELATED REQUESTS FROM ARTISTS FOR ASSISTANCE AND SCALING OUR EMERGENCY RESPONSE PROGRAM PROPORTIONALLY;

(2) RESPONDING TO THE ECONOMIC FALLOUT OF THE COVID-19 PANDEMIC BY OFFERING A SPECIAL RELIEF GRANT PROGRAM FOR ARTISTS WHO EXPERIENCED DIRE FINANCIAL AND MEDICAL SITUATIONS RELATED TO THE PANDEMIC;

(3) ENHANCING AND EXPANDING OUR EMERGENCY PREPAREDNESS AND CAREER PROTECTION RESOURCES AND TECHNICAL ASSISTANCE;

(4) EXPANDING OUR OUTREACH TO INCREASE THE NUMBER OF ARTISTS SERVED THROUGH OUR EMERGENCY RELIEF AND RESPONSE PROGRAM AS WELL AS ENGAGEMENT AND LEADERSHIP IN NATIONAL AND REGIONAL NETWORKS;

(5) SUSTAINING OUR PUBLIC POLICY ADVOCACY AND RESEARCH ABOUT TRENDS WITHIN THE CRAFT FIELD. IN ADDITION TO OUR OWN PROGRAMS AND SERVICES, WE LED THE EMERGING MOVEMENT WITHIN THE ARTS SECTOR TO IMPROVE THE OVERALL SAFETY NET BEFORE, DURING, AND AFTER DISASTERS FOR ARTISTS AND ARTS ORGANIZATIONS.

PUBLIC COPY

Name of the organization	Employer identification number
CRAFT EMERGENCY RELIEF FUND, INC.	**-***3980

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

EMERGENCY RESPONSE -

CERF+ PROVIDES CRITICAL EMERGENCY FINANCIAL ASSISTANCE TO CRAFT ARTISTS WHO HAVE EXPERIENCED A RECENT, CAREER-THREATENING EMERGENCY SUCH AS CLIMATE-RELATED DISASTERS, ILLNESS, INJURIES, STUDIO OR HOME FIRES, AND THEFT. ONCE APPLICATIONS ARE COMPLETED, GRANT DETERMINATIONS ARE MADE WITHIN TWO WEEKS (ON AVERAGE, WITHIN SEVEN DAYS). THIS YEAR, 118 ARTISTS IMPACTED BY CAREER-THREATENING EMERGENCIES RECEIVED DIRECT EMERGENCY RELIEF GRANTS. THESE ARTISTS RECEIVED A TOTAL OF $373,993 IN EMERGENCY AID ($354,000 IN GRANTS) AND $19,993 OF GIFTS-IN-KIND (DONATIONS OF EQUIPMENT, MATERIALS, BOOTH WAIVER FEES, ETC.), FOR A GRAND TOTAL OF $376,993. THE HIGHEST PERCENTAGE OF ARTISTS WHO RECEIVED CERF+ EMERGENCY RELIEF ASSISTANCE IN FISCAL YEAR 2022 INCLUDED A LARGE PERCENTAGE OF ARTISTS FACING CLIMATE-RELATED DISASTERS; FORTY PERCENT OF ALL EMERGENCY RELIEF GRANTS WERE AWARDED IN RESPONSE TO THESE DISASTERS, PRIMARILY HURRICANES (HURRICANES IDA, FIONA, MARIA, AND NICHOLAS) AND FLOODING (IN EASTERN KENTUCKY AND THE DETROIT AREA). SIXTEEN PERCENT OF EMERGENCY RELIEF ASSISTANCE WAS GRANTED IN RESPONSE TO ILLNESSES. OUR PERSONALIZED INDIVIDUAL COUNSELING AND REFERRALS HELPED A TOTAL OF 493 ARTISTS DURING THEIR A TIME OF CRISIS. TO PROVIDE COVID RELIEF IN RESPONSE TO THE FINANCIAL EMERGENCIES THAT ARTISTS EXPERIENCED DUE TO THE PANDEMIC, CERF+ CREATED AN EXPEDITED COVID-19 RELIEF GRANT TO PROVIDE IMMEDIATE RELIEF TO ARTISTS. IN FY22, CERF+ AWARDED ITS FOURTH CYCLE OF COVID-19 RELIEF GRANTS TOTALING $300,000 TO 300 ARTISTS FROM 39 STATES, WASHINGTON D.C, AND 1 U.S. TERRITORY. ALTOGETHER, CERF+'S COVID-19 RELIEF GRANT PROGRAM RECEIVED MORE THAN 7,400 APPLICATIONS AND AWARDED $1,187,000 IN EMERGENCY RELIEF ASSISTANCE TO 1,187 ARTISTS.

PUBLIC COPY

Name of the organization: CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number: **-***3980

CERF+ PRIORITIZED BLACK, INDIGENOUS, PEOPLE OF COLOR, AND FOLK/TRADITIONAL ARTISTS FOR THIS PROGRAM. IN ROUND FOUR, 69% OF THE RECIPIENTS WERE BLACK, INDIGENOUS, PEOPLE OF COLOR, AND 11% WERE FOLK/TRADITIONAL ARTISTS.

GROWING THE ARTISTS SAFETY NET -

CERF+ SERVED ON THE STEERING COMMITTEE OF THE VERMONT ARTS & CULTURE DISASTER AND RESILIENCE NETWORK, AN INITIATIVE LED BY ARTS AND CULTURE ORGANIZATIONS FROM ACROSS THE STATE COMMITTED TO DEEPENING EMERGENCY PREPAREDNESS AND RESILIENCE WITHIN THE ARTS AND CULTURE SECTOR. CERF+ ALSO PARTICIPATED IN RACIAL EQUITY IN CRAFT, A GROUP OF ARTS ADMINISTRATORS FROM ORGANIZATIONS AROUND THE COUNTRY WORKING TO ADVANCE EQUITY IN THE FIELD. IN ADDITION, CERF+ ENGAGED IN A NATIONWIDE COHORT OF ARTS ORGANIZATIONS CONVENED THROUGH THE TREMAINE FOUNDATION TO COORDINATE COVID-19 RESPONSE EFFORTS AND IN THE LIVING TRADITIONS NETWORK, A NATIONWIDE NETWORK OF ORGANIZATIONS AND CULTURE BEARERS FOCUSED ON SHARING AND DEVELOPING RESOURCES TO SUPPORT FOLK & TRADITIONAL ARTISTS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

EDUCATION & TRAINING

"GET READY" GRANTS -

CERF+ CONDUCTED ITS FIFTH YEAR OF OUR "GET READY" GRANT PROGRAM TO SUPPORT PREPAREDNESS AND RESILIENCE EFFORTS TO HELP ARTISTS WORKING IN CRAFT DISCIPLINES SAFEGUARD THEIR STUDIOS, PROTECT THEIR LIVELIHOODS, AND PREPARE FOR EMERGENCIES. IN RESPONSE TO THE CONTINUING CHANGES THAT ARTISTS ARE MAKING TO THEIR CAREERS AS A RESULT OF COVID-19, "GET READY" GRANTS ALSO SUPPORT ARTISTS IN ACQUIRING NEW CAREER SKILLS AND BUSINESS ASSETS REQUIRED IN THE CURRENT AND POST-PANDEMIC CREATIVE ECONOMY. ONE HUNDRED THIRTY-FOUR INDIVIDUAL ARTISTS RECEIVED GRANTS OF UP TO $500 (TOTALING $65,801) TOWARD

THE PURCHASE OF GOODS OR SERVICES. PROJECTS INCLUDED PURCHASING AND INSTALLING DUST COLLECTION AND VENTILATION SYSTEMS, IMPROVING DOCUMENTATION SYSTEMS AND SOFTWARE, HIRING ONLINE ARCHIVING SUPPORT, UPGRADING STUDIO INFRASTRUCTURE, EMPLOYING PROFESSIONALS TO SUPPORT WEBSITE DESIGN, BUILDING DISPLAYS FOR SELLING WORK, TAKING CLASSES TO BUILD E-COMMERCE SKILLS, AND HIRING CHILD CARE TO BE ABLE TO GET BACK INTO THE STUDIO. AS PART OF THE GRANT, ARTISTS SHARE WHAT THEY LEARNED THROUGH VIDEOS, BLOGS, WORKSHOPS, AND SOCIAL MEDIA TO INSPIRE OTHER ARTISTS TO UNDERTAKE THEIR OWN READINESS AND RESILIENCE PROJECTS.

CERF+ ARTIST'S READINESS PROJECT (CARP) -

IN 2022, CERF+ CONCLUDED THE FIRST PART OF A MULTI-YEAR GRANT FROM THE MELLON FOUNDATION. DURING THE FIRST PART OF THE GRANT, CERF+ RESEARCHED AND DEVELOPED A PILOT PROJECT MODEL TO CREATE AND SUPPORT A NETWORK OF REGIONALLY-BASED ARTIST-SERVING ORGANIZATIONS LOCATED IN DISASTER AND EMERGENCY-PRONE AREAS IN ORDER TO PROMOTE AND PROVIDE EMERGENCY PREPAREDNESS EDUCATION AND RESOURCES TO ARTISTS. THIS LED TO THE FORMATION OF THE CERF+ ARTIST READINESS PROJECT (CARP). DURING FY22, CERF+ WORKED WITH TWO PILOT SITE PARTNER ORGANIZATIONS TO IMPLEMENT CARP. THE ORGANIZATIONS -ARTIST TRUST IN SEATTLE, WA, AND THE ARTS COUNCIL OF GREATER BATON ROUGE IN BATON ROUGE, LA-FINALIZED THE IMPLEMENTATION OF THEIR 18-MONTH WORK PLANS. CERF+ WORKED WITH A CONSULTANT TO CONDUCT AN ASSESSMENT OF THE PROJECTS AND PRODUCE A REPORT OF THE OUTCOMES OF EACH PILOT SITE. OVERALL, THE PROJECT HEIGHTENED THE PILOT SITES PARTNERS' ROLE AS ARTIST RESPONDERS, IMPROVED THEIR CREDIBILITY, AND OFFERED NEW INSIGHT. AS A RESULT, THEY OBSERVED AN INCREASE IN ARTISTS' RECEPTIVITY TO LEARNING/ADOPTING NEW APPROACHES TO CAREER SUSTAINABILITY AND STUDIO PROTECTION. THE SITES ARE FORMING RELATIONSHIPS AND CONVENING WITH

PUBLIC COPY

Name of the organization: CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number: **-***3980

EMERGENCY MANAGEMENT SECTOR REPRESENTATIVES TO INCORPORATE PERSPECTIVES OF ARTS ORGANIZATIONS AND INDIVIDUAL ARTISTS, GATHERING AND DISSEMINATING CRITICAL EMERGENCY PREPAREDNESS, RESOURCES, AND TOOLS SPECIFIC TO THE PANDEMIC AND OTHER EMERGENCIES TO THOUSANDS OF ARTISTS, BUILDING THEIR OWN ORGANIZATIONAL CAPACITY AND UNDERSTANDING TO PROVIDE ARTIST PREPAREDNESS RESOURCES THAT WILL ENDURE WELL BEYOND THESE SPECIFIC EMERGENCIES AND DETERMINING WHICH EXISTING EDUCATION AND TRAINING MODELS CAN INCLUDE AND DELIVER EMERGENCY PREPAREDNESS CONTENT WITHIN THEIR PROGRAMS.

CARP GET READY -

IN FY22, CERF+ RECEIVED AN ADDITIONAL MULTI-YEAR GRANT FROM THE MELLON FOUNDATION TO DEEPEN THE IMPACT OF THE WORK NOW IN PROGRESS WITH CERF+'S CARP PARTNERS AS WELL AS OTHER TARGET LOCALES WHERE CERF+ HAS BEEN ACTIVELY PRESENT IN DISASTER RECOVERY (LOUISIANA AND PUERTO RICO). THE GOAL OF THE GRANT IS TO AMPLIFY AND EXPAND THE CERF+ "GET READY" GRANT PROGRAM BY PROVIDING FUNDING TO LOUISIANA, WASHINGTON, AND PUERTO RICO ARTISTS TO SUPPORT EMERGENCY RESILIENCE ACTIVITIES THROUGH LOCAL PARTNER ORGANIZATIONS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

OUTREACH, MARKETING & ADVOCACY

CERF+ MAINTAINS AN ACTIVE LIST OF OVER 34,000 INDIVIDUALS, ORGANIZATIONS, AND ARTS BUSINESSES THAT RECEIVE EMAIL ALERTS BEFORE, DURING, AND AFTER A DISASTER. CERF+ ALSO SENDS E-NEWSLETTERS ON A WEEKLY OR BI-WEEKLY BASIS TO ENSURE THAT ARTISTS RECEIVE UP-TO-DATE INFORMATION, INCLUDING GRANT OPPORTUNITIES, EDUCATIONAL RESOURCES, AND FEDERAL AND STATE ASSISTANCE PACKAGES.

OUR INCREASED SOCIAL MEDIA ENGAGEMENT RESULTED IN 6,537+ INSTAGRAM

PUBLIC COPY

Name of the organization: CRAFT EMERGENCY RELIEF FUND, INC.

Employer identification number: **-***3980

FOLLOWERS (+1803), 7,835+ FACEBOOK FOLLOWERS (+148), AND 1,043 TWITTER FOLLOWERS (+10).

CERF+ WEBSITE –

WE CONTINUE TO UPDATE OUR WEBSITE WITH NEW CONTENT ON A REGULAR BASIS. AFTER EACH FEDERALLY DECLARED DISASTER IN AN AREA THAT IMPACTED A SIGNIFICANT NUMBER OF ARTISTS, CERF+ CREATED A WEBSITE BANNER THAT LINKS TO AN UPDATED DISASTER RELIEF PAGE WITH DISASTER RESPONSE & RECOVERY RESOURCES. OUR WEBSITE HAS BEEN THE GO-TO DESTINATION FOR ARTISTS SEEKING EMERGENCY RESOURCES. DUE TO THE PANDEMIC, CERF+ GREATLY EXPANDED ITS OTHER RESOURCES PAGE TO INCLUDE INFORMATION ABOUT GRANTS AND TRAININGS THAT OTHER ORGANIZATIONS OFFER TO ARTISTS AS WELL AS PANDEMIC SAFETY INFORMATION. WE ALSO MAINTAIN A "DISASTER PORTAL," WHICH PROVIDES ALERTS, INFORMATION, AND RESOURCES ON SPECIFIC DISASTERS. OTHER ADDITIONS TO THE SITE INCLUDE NEW ARTIST INTERVIEWS AND STORIES AS WELL AS NEW CONTENT RELATED TO OUR "GET READY" GRANT PROGRAM CREATED BY RECIPIENTS OF THOSE GRANTS. WE ALSO UPDATED THE EMERGENCY RELIEF INFORMATION PAGES TO INCLUDE SPANISH TRANSLATION. OUR WEBSITE IS NOW INCLUDED ON MANY STATE, REGIONAL, AND NATIONAL ARTS AGENCIES' AND ORGANIZATIONS' WEBSITES AND BLOGS WITH DISASTER-SPECIFIC INFORMATION.

FINALLY, WE STARTED A NEW BLOG, WHICH FEATURES CRAFT ARTISTS, ORGANIZATIONS, AND OTHER TOPICS RELEVANT TO OUR AUDIENCE.

THE COVID-19 PANDEMIC IS A DISASTER THAT, IN CERF+'S HISTORY, IS UNIQUE NOT ONLY IN THE NATURE OF THE DISASTER BUT ALSO IN THE FACT THAT THIS SINGLE DISASTER AFFECTED VIRTUALLY EVERYONE IN THE WORLD. THE ARTS ECONOMY SUFFERED SIGNIFICANTLY; IN PARTICULAR, THE ECONOMIC INSTABILITY, AND ENSUING INCOME LOSS PROFOUNDLY AFFECTED INDIVIDUAL ARTISTS. AS GOVERNMENT AID PROGRAMS BEGAN TO SUNSET, CERF+ ASSESSED THE MERITS OF THESE RELIEF

PUBLIC COPY

PROGRAMS AND WHERE THEY FELL SHORT. ADDITIONALLY, CERF+ ASCERTAINED HOW THOSE PROGRAMS COULD IMPACT WORKER SUPPORT AND DISASTER RELIEF IN THE FUTURE. IN FEBRUARY OF 2022, CERF+ SUBMITTED WRITTEN TESTIMONY TO A U.S. HOUSE OF REPRESENTATIVES SMALL BUSINESS COMMITTEE HEARING ON POWER, PERIL, AND PROMISE OF THE CREATIVE ECONOMY. THE TESTIMONY 1) OUTLINED THE NATURE OF ARTS BUSINESSES (OVERWHELMINGLY NONEMPLOYER AND SMALL EMPLOYER), EXPLAINING WHERE AND WHY THESE BUSINESSES FELL THROUGH THE CRACKS IN EXISTING FEDERAL AND STATE COVID RELIEF PROGRAMS, AND 2) MADE RECOMMENDATIONS FOR FUTURE ACTIONS AND PROGRAMS TO BUILD A BETTER SAFETY NET FOR INDEPENDENT WORKERS. CERF+ CONTINUED ITS ADVOCACY WORK, PARTICIPATING IN PROGRAMS FOR FELLOW ARTS ADVOCATES AND MEETING WITH CONGRESSIONAL AND OTHER GOVERNMENT STAFFERS TO KEEP THEM INFORMED ABOUT THE NATURE OF CREATIVE BUSINESSES, THEIR PROMISE, AND THE CHALLENGES THEY FACE. CERF+ CONTINUES TO PLAY AN ACTIVE ROLE AS A STEERING COMMITTEE MEMBER OF NATIONAL COALITION FOR ARTS' PREPAREDNESS AND EMERGENCY RESPONSE (NCAPER). OVER THE PAST YEAR, NCAPER HAS LARGELY FOCUSED ON ADDRESSING THE NEEDS OF ARTS ORGANIZATIONS AND ARTISTS DURING THE PANDEMIC THROUGH TRAINING, INFORMATION DISSEMINATION, AND RESOURCE SHARING.
CERF+'S INVOLVEMENT IN THE HERITAGE EMERGENCY NATIONAL TASK FORCE (HENTF), SPONSORED BY THE SMITHSONIAN INSTITUTION AND FEMA, HAS INCREASED RECOGNITION FOR OUR SPECIALIZED EXPERTISE IN ARTISTS DISASTER PREPAREDNESS AND RECOVERY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE CERF+ FINANCE/AUDIT COMMITTEE REVIEWS THE 990 PRIOR TO FILING. THE FINANCE/AUDIT COMMITTEE THEN SHARES THE 990 WITH THE BOARD AT THE TIME IT IS FILED.

PUBLIC COPY

Name of the organization	Employer identification number
CRAFT EMERGENCY RELIEF FUND, INC.	**-***3980

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH YEAR BOARD MEMBERS ARE REQUIRED TO COMPLETE A FORM DISCLOSING IF THEY HAVE ANY CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

AS PART OF CERF+'S GOVERNANCE POLICY, RESPONSIBILITY FOR THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD. RENUMERATION OF THE EXECUTIVE DIRECTOR IS DECIDED ANNUALLY AFTER A REVIEW OF MONITORING REPORTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE DEPUTY DIRECTOR RESEARCHES FACTORS RELEVANT TO STAFF COMPENSATION AND THE EXECUTIVE DIRECTOR DETERMINES THE SALARIES.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

990 IS AVAILABLE ON GUIDESTAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE AVAILABLE ON WEBSITE, GUIDESTAR AND UPON REQUEST.

PUBLIC COPY

Form **990**

Two Year Comparison Report

For calendar year 2021, or tax year beginning 10/01/21 , ending 09/30/22

[redacted]

Name

CRAFT EMERGENCY RELIEF FUND, INC.

Taxpayer Identification Number

-*3980

			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	1,808,335	2,349,007	540,672
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	103,700	18,172	-85,528
	4. Program service revenue	4.		1,415	1,415
	5. Investment income	5.	31,426	34,990	3,564
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	125,557	94,016	-31,541
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	20,948		-20,948
	11. Other revenue	11.	-80		80
	12. **Total revenue.** Add lines 1 through 11	12.	2,089,886	2,497,600	407,714
Expenses	13. Grants and similar amounts paid	13.	868,307	776,989	-91,318
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	127,169	130,359	3,190
	16. Salaries, other compensation, and employee benefits	16.	461,615	559,473	97,858
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	180,083	233,811	53,728
	19. Occupancy, rent, utilities, and maintenance	19.	41,375	41,777	402
	20. Depreciation and Depletion	20.	6,510	2,811	-3,699
	21. Other expenses	21.	104,365	137,423	33,058
	22. **Total expenses.** Add lines 13 through 21	22.	1,789,424	1,882,643	93,219
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	300,462	614,957	314,495
Other Information	24. Total exempt revenue	24.	2,089,886	2,497,600	407,714
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	177,851	130,421	-47,430
	27. Total assets	27.	3,527,375	3,585,715	58,340
	28. Total liabilities	28.	69,411	91,822	22,411
	29. Retained earnings	29.	3,457,964	3,493,893	35,929
	30. Number of voting members of governing body	30.	14	14	[redacted]
	31. Number of independent voting members of governing body	31.	14	14	
	32. Number of employees	32.	8	7	
	33. Number of volunteers	33.	95	60	

PUBLIC COPY

Form **990**

Tax Return History

Name

CRAFT EMERGENCY RELIEF FUND, INC.

Employer Identification Number

-*3980

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,404,833	1,445,941	2,901,586	1,912,035	2,367,179	
Membership dues						
Program service revenue					1,415	
Capital gain or loss	47,060	67,293	22,440	125,557	94,016	
Investment income	20,813	28,651	36,538	31,426	34,990	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	5,280	12,776	25,358	20,868		
Total revenue	1,477,986	1,554,661	2,985,922	2,089,886	2,497,600	
Grants and similar amounts paid	595,343	215,412	1,409,818	868,307	776,989	
Benefits paid to or for members						
Compensation of officers, etc.	106,886	124,452	134,338	127,169	130,359	
Other compensation	413,098	383,604	432,437	461,615	559,473	
Professional fees	100,017	149,864	118,792	180,083	233,811	
Occupancy costs	34,721	34,747	32,980	41,375	41,777	
Depreciation and depletion	6,303	6,225	6,511	6,510	2,811	
Other expenses	143,509	150,293	132,027	104,365	137,423	
Total expenses	1,399,877	1,064,597	2,266,903	1,789,424	1,882,643	
Excess or (Deficit)	78,109	490,064	719,019	300,462	614,957	
Total exempt revenue	1,477,986	1,554,661	2,985,922	2,089,886	2,497,600	
Total unrelated revenue						
Total excludable revenue	73,153	108,720	84,336	177,851	130,421	
Total Assets	1,740,575	2,295,545	3,301,809	3,527,375	3,585,715	
Total Liabilities	39,986	66,910	270,776	69,411	91,822	
Net Fund Balances	1,700,589	2,228,635	3,031,033	3,457,964	3,493,893	

PUBLIC COPY

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST AND DIVIDENDS	$ 34,990		14			
TOTAL	$ 34,990					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES FOR SERVICES	$ 6,742	$ 6,742	$	$
OTHER FEES FOR SERVICES	64,681	64,681		
OTHER FEES FOR SERVICES	76,402	46,731	24,413	5,258
TOTAL	$ 147,825	$ 118,154	$ 24,413	$ 5,258