			EXTENDED TO FEBRUARY		•		
	Ω	00	Return of Organization Exem				OMB No. 1545-0047
For	m <b>J</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Rev				»   <b>2021</b>
Depa	rtment o	of the Treasury	Do not enter social security numbers on this		-	-	Open to Public
Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990 for instruction				Inspection
			ar year, or tax year beginning APR 1, 2021	ande	ending I	· · · · · · · · · · · · · · · · · · ·	
B	Check if	le:	organization			D Employer identifica	ation number
	Addre		STRIAL ARTS INSTITUTE, INC.				
	Name		isiness as			46-399754	3
	Initial		and street (or P.O. box if mail is not delivered to street address)	F	Room/suite		
	Final	1173	9 M-68/33 PO BOX 241	. ľ		989.733.4	369
	termir ated		wn, state or province, country, and ZIP or foreign postal code	e		<b>G</b> Gross receipts \$	1,210,464.
	Amen return		AY, MI 49765			H(a) Is this a group ret	um
	Applic tion	F Name a	d address of principal officer: THOMAS MORAN			for subordinates?	Yes X No
	pendi	SAME	AS C ABOVE			H(b) Are all subordinates incl	luded? Yes No
		empt status:		'(a)(1) o	r 527	If "No," attach a li	st. See instructions
			DRKS.COM			H(c) Group exemption	
		f organization:	X Corporation Trust Association Other ►		L Year	of formation: 2017 M	State of legal domicile: MI
Pa	art I	Summary		0 DF			
é	1		e the organization's mission or most significant activities: $\underline{T}($				
Governance			CE BY COMBINING INNOVATIVE EDUC				
ern		Check this bo		-			6 of the second s
5 Q	1		ng members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line				6
ంర			of individuals employed in calendar year 2021 (Part V, line 2a)			·····	
Activities			of volunteers (estimate if necessary)				8
ctiv			I business revenue from Part VIII, column (C), line 12				0.
Ă			business taxable income from Form 990-T, Part I, line 11				0.
						Prior Year	Current Year
Ø	8	Contributions	and grants (Part VIII, line 1h)			196,630.	442,893.
Revenue	9	Program servi	e revenue (Part VIII, line 2g)			509,127.	605,857.
eve a	1		ome (Part VIII, column (A), lines 3, 4, and 7d)			14,416.	16,708.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			51,280.	145,006.
			add lines 8 through 11 (must equal Part VIII, column (A), line	12)		771,453.	1,210,464.
			nilar amounts paid (Part IX, column (A), lines 1-3)			0.	210,950.
	1		o or for members (Part IX, column (A), line 4)			0.	0.
ses	15		compensation, employee benefits (Part IX, column (A), lines 5			312,215.	<u> </u>
Expenses	16a		ndraising fees (Part IX, column (A), line 11e)		0.	0.	0.
Ĕ	17		ng expenses (Part IX, column (D), line 25)   (Dart IX, column (A), lines 11a-11d, 11f-24e)			329,848.	364,992.
	1		s (Part IX, column (A), lines 11a-11d, 11f-24e) 3. Add lines 13-17 (must equal Part IX, column (A), line 25)			642,063.	966,793.
	1	-	expenses. Subtract line 18 from line 12			129,390.	243,671.
Dr or						eginning of Current Year	End of Year
Net Assets or	20	Total assets (F	art X, line 16)			847,847.	842,814.
Ass	21		(Part X, line 26)			443,614.	122,446.
Inet	22		und balances. Subtract line 21 from line 20			404,233.	720,368.
Pa	art II	Signature	Block				
	-		declare that I have examined this return, including accompanying sch				knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information	n of whi	ich prepare	r has any knowledge.	
Sig	n	Signature	of officer			Date	

Here	THOMAS MORAN, PRESIDEN	Т	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	DEBRA C. KITELEY, CPA	DEBRA C. KITELEY, CP11/01	/22 self-employed P00188333
Preparer	Firm's name 🕒 REHMANN ROBSON L	LC	Firm's EIN 🕨 38-3635706
Use Only	Firm's address 🖕 218 N MAIN ST, S	TE 102	
	CHEBOYGAN, MI 49	721	Phone no.231-627-3143
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
132001 12-09	B-21 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form <b>990</b> (2021)
S	FE SCHEDILLE O FOR ORGANTZ	ATTON MISSION STATEMENT CO	ΝΨΤΝΙΙΔΨΤΟΝ

12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) INDUSTRIAL ARTS INSTITUTE, INC.	46-3997543	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	DEVELOPING INDIVIDUAL ASSETS WITH TIME HONORED TRAININ		
	TALENT WITH INDUSTRY. THE INDUSTRIAL ARTS INSTITUTE IS		
	RECOGNIZED FOR ITS CONTRIBUTION TO BUILDING THE PROFES		
	WORKFORCE BY SETTING A NEW EDUCATIONAL MODEL STANDARD		<u>T</u>
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>T</b>
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		<b>v</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, ar	าต
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$ 793,671. including grants of \$ 210,950. )	(p	<b>452.</b> )
4a	(Code:) (Expenses \$793,671. including grants of \$210,950.) DEVELOPED APPROXIMATELY 75 STUDENTS WITH TIME HONORED		<u>4JZ</u> )
	WELDING TRADES TO CONNECT TALENT WITH INDUSTRY. INDUST		
	INSTITUTE HAS 89 ACTIVE STUDENT LOANS AND 16 THAT HAVE		<b>π</b> Ο
	DATE	S DEEM TAID OFF	10
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
1.5			/
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 793,671.		
		Form <b>9</b>	<b>90</b> (2021)
132002	2 12-09-21		
	2		

Form	990	(2021)

Form 990 (2021) INDUSTRIAL ARTS INSTITUTE, INC.
Part IV Checklist of Required Schedules

<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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</li> <li>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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 X</li> </ul>				Yes	No
2         Is the organization engage in direct or indirect pairing an activities on behalf of or inceposition to candidates for public office? If "Yes," complete Schedule C, Part I         3         X           3         Dir the organization engage in direct or indirect pairing and the organization in the organization into the organization	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>3 Did the organization engage in direct or publical campaign activities on bahal of or in opposition to candidates for public office? (<i>I''</i>'reg.' <i>complete Schedule C, Part I</i></li> <li>4 Section 501(b) organizations. Did the organization engage in k0b/ying activities, or have a section 501(b) election in effect during the tax year? (<i>I''</i>'reg.' <i>complete Schedule C, Part II</i></li> <li>6 Did the organization matina and ydone advised times areament, including easements to provide advice on the distribution or investment of amounts in such funds or any similar funds or accounts? (<i>I''</i>'reg.' <i>complete Schedule D, Part I</i></li> <li>7 Did the organization matina and ydone advised time asement, including easements to preserve open space.</li> <li>7 Did the organization matina collectors of vorks of art, historical trassures, or other similar assets? (<i>I''</i>''reg.' <i>complete Schedule D, Part I</i></li> <li>9 Did the organization matina collectors of vorks of art, historical trassures, or other similar sestes? (<i>I''</i>''reg.' <i>complete Schedule D, Part I</i></li> <li>9 Did the organization report an amount to Part X, line 21, for escone or cuetodal account liability, serve as a custodan for amounts not listed in Part X, in or 10 the organization, which services? (<i>I''</i>''reg.' <i>complete Schedule D, Part I</i></li> <li>9 Did the organization report an amount for investments. order report or cuetodal account liability, serve as a custodan for a septicable.</li> <li>10 Litt ac organization report an amount for investments. Free, 'ten, 'ten 10 the 10 the organization's answer to any of the toleving usettors is 'reg.' then complete Schedule D, Part X.</li> <li>10 Did the organization report an amount for investments. order reports in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, 'ten's, 'complete Schedule D, Part X.</li> <li>10 Did the organization report an amount for investments. order an exist and the tax ysan' <i>Line</i> 14, wise, 'complete Schedu</li></ul>		If "Yes," complete Schedule A			
public office? If ''Yes,' complete Schedule Q, Part I         3         X           4         Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(c)(4) signalization that recolves membership dues, assessments, or similar amount in 501(b) (4)(5)(5) or 501(c)(5) or 5	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
<ul> <li>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? // 'Yes,' complete Schedule C, Part II         bit the organization a section 501(c)(k), 501(c)(k), or 501(c)(k</li></ul>	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, * complete Schedule C, Part II         4         X           5         is the organization a section 50(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5)         55         X           6         Did the organization martain any domoral visual funds or accounts for which domors have the right to provide advision or investment at amounts in such funds or accounts (0, Part III)         6         X           7         Did the organization martain any domoral visual funds or accounts for which domors have the right to provide advised schedule D, Part II         7         X           8         Did the organization martain collectors of works of art, historical treasures, or other similar assets? If 'Yes, * complete Schedule D, Part I         7         X           9         Did the organization rigon amount in Part X, line 21, for sercew or custodial account lability, serve as a custodian for amounts not listed in Part X, or poivide credit counseling, dott mangement, credit repart, or debt negotiation services?         9         X           10         Did the organization rigon a mount for lead, buildings, and equipment in Part X, line 10? If 'Yes, * complete Schedule D, Part V         10         X           11         If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes, * complete Schedule D, Part V         10         X           12         Did the organization report an amount for line schedule D, Part V         11         X           13         <			3		_X
5         Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6), or 501(	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar anounts as defined in Rev. Proc. 88-197. (# Yes," complete Schedule D, Part II         5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts? (# Yes," complete Schedule D, Part II         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or hold a conservation easement to preserve open space, the environment, historical treasures, or hold a conservation easement, including easements to preserve open space.         7         X           8         Did the organization maintain collections of works of art, historical treasures, or others resulted D, Part IV         8         X           9         Did the organization maintain collections of works of att, historical treasures, or others result regulation services?         9         X           10         Did the organization indexity or through a related organization, hold assets in donor-restricted endowments?         9         X           10         Did the organization services?         9         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V         111a         X           12         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 V         111a         X <td></td> <td></td> <td>4</td> <td></td> <td><u> </u></td>			4		<u> </u>
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 II       8       X         7       X       X       7       X         8       Did the organization maintain any donor adviced funds asserts in uncluding assements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization region and anount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for in quasi endowments? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization region an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         a Did the organization report an amount for investments - porgram related in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         10       bit end organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X       11a       X         11a       X       11b       X       11b       X         11a <td< th=""><td>5</td><td></td><td></td><td></td><td></td></td<>	5				
provide advice on the distribution or investment of amounts in such funds or account? 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 ind areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV         8         X           9         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi for admonents? If "Yes," complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V         11         X           12         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         11         X           13         Did the organization report an amount for other assets 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 XIII         11         X           14         Did the organization report an amount for other assets in			5		<u> </u>
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       X       X       8       X         9       Did the organization maintain collections of works of art, historical treasures, or their sinikar assets? If "Yes," complete Schedule D, Part II       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?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - porgram related in Part X, line 10? If "Yes," complete Schedule D, Part VI       11b       X         14       V       11b       X       11b       X         14       Did the organization report an amoun	6				37
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 escrew 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?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If 'Yes," complete Schedule D, Part V         10         X           11         the organization report an amount for indu, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VI         10         X           12         Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part VI         11a         X           13         X         Did the organization report an amount for three assets in Part X, line 10? If 'Yes," complete Schedule D, Part VI         11a         X           14         X         Did the organization report an amount for investiments - other assets in Part X, line 13? If It is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X         11a         X           15			6		_X
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization is answer to any of the following questions is "Yes," than complete Schedule D, Part V       9       X         11       If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VX, or X, as applicable.       10       X         12       Did the organization report an amount for line duplicity, complete Schedule D, Part VI       111       X         13       Did the organization report an amount for line stemets - other securities in Part X, line 127. If "Yes," complete Schedule D, Part VI       111       X         14       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 167. If "Yes," complete Schedule D, Part X       114       X         14       Did the organization report an amount for other assets in Part X, line 257. If "Yes," complete Schedule D, Part X       114       X         15       Did the organization submit on the fail Wies in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete	7				37
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         9       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 is nower to any of the following questions is 'Yes,' then complete Schedule D, Part VI, VII, VII, VI, X, X, as applicable.       10       X         a 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       11a       X         b Did the organization report an amount for threassets 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       11a       X         c Did the organization report an amount for other assets 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       11a       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       Did the organization chorabitate, independent audi			7		
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?       9       X         10       Uid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 12, Irba is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for there 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 X       11a       X         110       Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11d       X         111       X       11d       X       11d       X         112       Did the organization isolation and Pit IA (ASC 740?) If 'Yes,' complete Schedule D, Part X       11d       X	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments?       10       X         12 Did the organization report an answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, DX, or X, as applicable.       10       X         13 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       11a       X         14 Did the organization report an amount for investments - other assets 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 VII       11c       X         11 Did the organization report an amount for investments - other assets 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 X       11c       X         12 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11t       X         12 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11t       X         12 Did the organization negreate or consolid	~		8		
# 'Yes, "complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization processing and endowments? If 'Pes," complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If 'Pes," complete Schedule D, Part VI       11a       X         13       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 'Pes," complete Schedule D, Part VI       11c       X         14       X       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 'Pes," complete Schedule D, Part X       11c       X         15       Did the organization report an amount for other labilities in Part X, line 25? If 'Pes," complete Schedule D, Part X       11d       X         16       Did the organization approximal machine attatements for the tax year? If 'Pes," complete Schedule D, Part X       11d       X         17       M       Did the organization approtendin tax X, line 25? If 'Pes," complete Sched	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // m/ves, "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, VII, VII, VII, VII, VII, VII,					x
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, VIII, VII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI     11b     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 VI     11b     X       c 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 VII     11c     X       e Did the organization report an amount for other assets in Part X, line 15? If 'Yes,'' complete Schedule D, Part X     11d     X       e Did the organization report an amount for other labilities in Part X, line 15? If 'Yes,'' complete Schedule D, Part X     11d     X       11d     X     11d     X     11d     X       12a     Did the organization isolatized, independent audited financial statements for the tax year?     11f 'Yes,'' complete Schedule D, Part X     11d     X       12a     Did the organization included in consolidated, independent audited financial statements for the tax year?     11d     X       13a     X     11d     Did the organization included in consolidated, independent audited financ	10		9		<u> </u>
11       If the organization's narwer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VII, VX, or X, as applicable.       11       1	IU		10		x
as applicable.       a) Id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       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 - orgoram 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 VII       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 X       11c       X         e) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f) Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       11a       X         14a       Did the organization report and mount for O(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional       12a       X         14a       Di	44	If the organization's answer to any of the following questions is "Ves." then complete Schedule D. Darte V/L	10		11
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<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? /// "Yes," complete Schedule D, Part X</li> <li>11e X</li> <li>12a Did the organization included in consolidated, independent audited financial statements for the tax year? /// "Yes," complete Schedule D, Parts XI and XII</li> <li>b Was the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization a school described in section 170(b)(11/4)(0)? // "Yes," complete Schedule D, Parts XI and XII is optional</li> <li>12b X</li> <li>13 X</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization report on Part IX, column (A), line 3, 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</li> <li>14b X</li> <li>15 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</li> <li>16 Did the organization report more than \$15,000 tof expenses for professional fundraising services 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 G, Part I.</li> <li>17 X</li> <li>18 the organization report more than \$15,000 tof gross income from gaming activities on Part VIII, lines are for ang \$16 worganization report more than \$15,000 of grants or other assistance to any tomestic graves," complete Schedule G, Part II</li></ul>			11d		Х
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b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13         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 nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         b       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 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 II and IV       15       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       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       <	12a				
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)(iii)? 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       14a       X         15       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 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 II and IV       16       X         17       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 G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19 <td< th=""><td></td><td></td><td>12a</td><td></td><td>Х</td></td<>			12a		Х
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 gargegate grants or other assistance to or for foreign individuals? 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 gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II 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 of gross income from gaming activities on Part VIII, lines 1a and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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 gargegate grants or other assistance to or for foreign individuals? 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 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 G, Part II and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 15,000 of gross income from gaming activities on Part VIII, lines 1ad IX       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, li		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       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 II 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 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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 H       20a       X         20a       X       20b       20a       X	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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 H       20a       X	b				
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization operate one or more thospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19       X         20a       X       20a       X         20b       20a       X       20b       20b         21       X       20b       21       X		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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 ot 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 operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       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       20b       20b         21       X			14b		X
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>	15				37
or for foreign individuals? /f "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? /f "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? /f "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? /f "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? /f "Yes," complete Schedule I, Parts I and II       21       X	• •		15		X
<ul> <li>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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>19 Did the organization attach a copy of its audited financial statements to this return?</li> <li>20a 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? <i>If "Yes," complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>	16				v
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       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       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       20a       X			16		_X
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	17				v
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,"       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       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	40		17		<u> </u>
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18		10		v
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       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	10	IC and ba / It "Yes," complete Schedule G, Part II	18		<u> </u>
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       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	19		40		v
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	20-				
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					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	<u>~ 1</u>		21		x
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	continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	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			x
04.0	Schedule J	23		
248	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	24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
Ū	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u></u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i>	01		
0L	Ostadula N. Dadill	32		х
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	Х	
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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?		37	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 al				
	Check if Schedule O contains a response or note to any line in this Part V		V	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a5Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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	990 (2021) INDUSTRIAL ARTS INSTITUTE, INC. 46-3997	543	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . 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
с	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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.			
а	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:			
а	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:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	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		
	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 "Ves." see the instructions and file Form (720). Schedule N			

17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	
	If "Yes," complete Form 4720, Schedule O.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	ļ
	i res, see the instructions and the Form 4720, Schedule N.	

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 5

Form **990** (2021)

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Form	990	(2021)

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INDUSTRIAL ARTS INSTITUTE, INC.

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	6		
	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		6		
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 following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion 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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MI			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request 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, ar	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TAMMI WARD - 989.733.4369			
	20902 WASHINGTON AVE, ONAWAY, MI 49765			

Form 990 (2021)	INDUSTRIAL AR	RTS INSTITUTE	, INC.	46-3997543	Page 7				
Part VII Con	npensation of Officers, Director	rs, Trustees, Key E	mployees, H	ighest Compensated					
Employees, and Independent Contractors									
Chec	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	s table for all persons required to be listed	d. Report compensation f	or the calendar	year ending with or within the organization's	tax year.				
I ist all of the	ne organization's <b>current</b> officers director	ors trustees (whether indi	viduals or organ	izations) regardless of amount of compensa	ition				

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	box	not c , unle:	Pos heck ss per	more rson i	1 than o is both pr/trus	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key em ployee	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TAMARA WARD	40.00								_	
EXECUTIVE DIRECTOR				X				58,712.	0.	2,677.
(2) THOMAS MORAN	1.00									
PRESIDENT		Х		X				0.	0.	0.
(3) JIM RUMMER	1.00									
DIRECTOR		Х						0.	0.	0.
(4) HANNAH SANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) REINHARDT E. JAHN	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) DOUG MARCUM	1.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(7) JACKIE KRAWCZAK	1.00									
DIRECTOR		Χ				<u> </u>		0.	0.	0.
						-				
					<u> </u>					
						-				
						-				
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					-	$\vdash$				
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		1								
						$\vdash$				<u> </u>
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122007 12.00.21	1					I		1		Form <b>990</b> (2021)

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Form 990 (2021)

	<u>990 (2021)</u> INDUSTRIA	AL ARTS	IN	IST	TT	UT	Έ,	I	INC.	46-39	997	543	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	timate	ed
		hours per	box	box, unless person is both an			s both	n an	compensation compensa		n	an	nount	of
		week		cer an	d a di	recto	r/trust	tee)	from	from related			other	
		(list any	ector						the	organizations	I		pensa	
		hours for related	or dir	e			ated		organization	(W-2/1099-MIS	6C/		om th	
		organizations	ustee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		below	ual tr	tional		ploye	t con /ee	_	1099-NEC)				d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inzati	0115
		,	-		0	¥	Ξe	ш.						
1b	Subtotal	1							58,712.		0.		2.6	77.
	Total from continuation sheets to Part VI								0.		0.		_ / •	0.
	Total (add lines 1b and 1c)								58,712.		0.	2,677.		
2	Total number of individuals (including but n							o re	,	000 of reportable	-		- / -	
-	compensation from the organization						,							0
													Yes	No
3	Did the organization list any former officer,	director. trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated empl	ovee on	ĺ			
-	line 1a? If "Yes," complete Schedule J for s	-			•	-		Ŭ				3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a													
•	rendered to the organization? If "Yes." corr											5		х
Sec	tion B. Independent Contractors		201	<u> </u>		2073						-		
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	at received more than \$	100.000 of comp	ensat	ion fro	m	
	the organization. Report compensation for													
	(A)				0				(B)			(0	;)	
	Name and business	address	NC	ONE	2				Description of s	ervices	С		nsatio	n
								T						
2	Total number of independent contractors (in	ncluding but no	ot lin	nitec	t to t	thos	se lis	ted	above) who received mo	ore than				
2	\$100,000 of compensation from the organi					0	<b>`</b>							

132008 12-09-21

Pa	rt VII	Statement of Re	venue						
		Check if Schedule O	contains a re	esponse	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
Amo G	с	Fundraising events		1c					
ar A	d			1d					
s, 0 imil	е	Government grants (contr	ributions)	1e	72,293.				
tion S	f	All other contributions, gifts,	grants, and						
ibu <sup>-</sup>		similar amounts not included			370,600.				
ontr Id C	g	Noncash contributions included in	_	1g  \$					
a C	h	Total. Add lines 1a-1f				442,893.			
		miitmtox			Business Code				
ice	2 a				611600	605,857.	605,857.		
erv ue	b								
m S ven	C C								
gra Re	a								
Program Service Revenue	f	All other program service	revenue						
_	a	Total. Add lines 2a-2f				605,857.			
	3	Investment income (includ							
		other similar amounts)	-			16,708.			16,708.
	4	Income from investment of							
	5	Royalties	· . <u></u>						
			(i)	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses $\dots$	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss							
	7 a	Gross amount from sales of		curities	(ii) Other				
		assets other than inventory	7a						
0	b	Less: cost or other basis							
nue		and sales expenses	7b 7c						
Revenue		Gain or (loss) Net gain or (loss)	··						
<u> </u>	u 8a	Gross income from fundraisi	na events (no	+					
Othe	oa			of					
Ŭ		contributions reported on							
		Part IV, line 18	,						
	b	Less: direct expenses							
	с	Net income or (loss) from	fundraising	events	►				
	9 a	Gross income from gamin	ng activities.	See					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from		vities	····· •				
	10 a	Gross sales of inventory, I			00 014				
		and allowances							
		Less: cost of goods sold				99,914.	99,914.		
	<u> </u>	Net income or (loss) from	sales of INVE	mory	Business Code	JJ, J14.	<u> </u>		
sņ	11 -	BAD DEBT RECO	VERY		900099	27,411.			27,411.
neo	b				900099	17,681.	17,681.		
scellaneo Revenue	c					,			
Miscellaneous Revenue	d	All other revenue							
Σ		Total. Add lines 11a-11d				45,092.			
	12	Total revenue. See instruction				1,210,464.	723,452.	0.	
13200	9 12-09-	-21							Form <b>990</b> (2021)

INDUSTRIAL ARTS INSTITUTE, INC.

08381101 759633 441120.441119

Form 990 (2021)

9

46-3997543 Page 9

INDUSTRIAL ARTS INSTITUTE, Part IX Statement of Functional Expenses

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

INC.

Section 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	210,950.	210,950.		
<b>3</b> 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	72,300.		72,300.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	72,5000		12,3000	
persons described in section 4958(c)(3)(B)	249,077.	222 010	26,059.	
7 Other salaries and wages	447,U//•	223,018.	40,039.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
section 401(k) and 403(b) employer contributions) 9 Other employee benefits	42,943.	32,007.	10,936.	
9     Other employee benefits       10     Payroll taxes	26,531.	18,572.	7,959.	
11 Fees for services (nonemployees):	20,0010		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a Management				
b Legal	855.	855.		
c Accounting	8,510.		8,510.	
d Lobbying			.,	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	54,702.	54,702.		
12 Advertising and promotion	16,832.	-	16,832.	
13 Office expenses	11,753.	10,578.	1,175.	
14 Information technology	6,424.	5,781.	643.	
15 Royalties				
16 Occupancy	76,576.	65,319.	11,257.	
17 Travel	364.	73.	291.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,823.		9,823.	
20 Interest	2,471.	2,471.		
21 Payments to affiliates	1 - 00-	46 000		
22 Depreciation, depletion, and amortization	15,085.	15,085.	1 004	
23 Insurance	12,034.	10,830.	1,204.	
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 0.)				
a OPERATING SUPPLIES	126,591.	126,591.		
b DUES & SUBSCRIPTION	9,031.	7,225.	1,806.	
c MISCELLANEOUS	6,409.	5,127.	1,282.	
d FREIGHT AND SHIPPING	3,140.	1,570.	1,570.	
e All other expenses	4,392.	2,917.	1,475.	
25 Total functional expenses. Add lines 1 through 24e	966,793.	793,671.	173,122.	0.
<b>26 Joint costs.</b> 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)				Form <b>990</b> (202 <sup>-</sup>

Form **990** (2021)

08381101 759633 441120.441119

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

Form 990 (2021)

		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			301,090.	1	278,451.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			454,825.	4	399,848.
	5	Loans and other receivables from any current or				-	,
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	221,845.			
	b	Less: accumulated depreciation		57,330.	91,932.	10c	164,515.
	11	Investments - publicly traded securities			-	11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			847,847.	16	842,814.
	17	Accounts payable and accrued expenses		83,121.	17	49,499.	
	18	Grants payable		18			
	19	Deferred revenue	122,788.	19	72,947.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer,	, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
iabi		controlled entity or family member of any of thes	e persons	s	97,897.	22	0.
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties	72,293.	24	0.
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D		·····  -	67,515.	25	0.
	26	Total liabilities. Add lines 17 through 25			443,614.	26	122,446.
6		Organizations that follow FASB ASC 958, che	ck here				
ice		and complete lines 27, 28, 32, and 33.			201 022		
alan	27				391,233.	27	707,368.
B	28	Net assets with donor restrictions	13,000.	28	13,000.		
oun		Organizations that do not follow FASB ASC 9	58, check	khere 🕨 🛄			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds		I		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec		Г		30	
ăt A:	31	Retained earnings, endowment, accumulated in			101 000	31	720 260
Ne	32	Total net assets or fund balances			404,233.	32	720,368.
	33	Total liabilities and net assets/fund balances			847,847.	33	842,814.

Form 990 (2021)

_	1990 (2021) INDUSTRIAL ARTS INSTITUTE, INC.	46-399	<u>97543</u>	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,210		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5 <b>,</b> 79	
3	Revenue less expenses. Subtract line 2 from line 1	3			71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	404	1,2	33.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	72	2,4	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	720	),3	<u>58.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
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 X 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	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			<u> </u>
			Гокто	ugn /	(2021)

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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
Open to Public Inspection

1

### Name of the organization

Nam	e of t	he organization							identification number				
	_	INDU	STRIAL ARTS	S INSTITUTE,	INC.				6-3997543				
Par	tI	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n <b>170(b)(</b> 1	l)(A)(i).						
2	Х	A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(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 describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem							-				
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Con		and the back for a delta sec			(-)(4)						
11		An organization organized a	-	•	•								
12		An organization organized a	-	-	-			•					
		more publicly supported org lines 12a through 12d that	-										
а		<b>Type I.</b> A supporting orga						-	aivina				
u	L	the supported organization	-	-	• • • •	-							
		organization. You must c			inajonty c				pporting				
b		<b>Type II.</b> A supporting org	-		tion with its	s supporte	d organizatio	n(s) by hay	vina				
		control or management o	-				•		÷				
		organization(s). You mus			anne peree			ge the early					
с		] Type III functionally inte	-		in connect	ion with, a	and functional	lv integrate	ed with.				
		its supported organization						, ,					
d		Type III non-functionally						ted organi:	zation(s)				
		that is not functionally int	•					•					
		requirement (see instructi			-		-						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information											
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)				
Tota													
al									1				

	edule A (Form 990) 2021 I	NDUSTRIAL	ARTS INS	TITUTE, II	NC.		7543 Page 2
Pa	art II Support Schedule for (	-		•			
	(Complete only if you checked				n failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	listed below, plea	ase complete Part I	II.)			
	ction A. Public Support		1	1	1	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		1			-	1
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</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 $\dots$						
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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
14	Public support percentage for 2021 (li	ine 6, column (f), c	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2021. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization				
k	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te						

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2021

132022 01-04-22

#### INDUSTRIAL ARTS INSTITUTE INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17 _			18	%
<b>19</b> a	33 1/3% support tests - 2021. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
1320	23 01-04-22					Schedule /	A (Form 990) 2021
			15	5			

INDUSTRIAL ARTS INSTITUTE, INC.

1

2

Yes No

#### Part IV 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

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

132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021	INDUSTRIAL A	RTS	INSTITUTE,	INC.	46-399	9754	3 Pa	age 5
Par	t IV Supporting Orga	nizations (continued)							
						_		Yes	No
11	Has the organization accepte	d a gift or contribution from a	any of th	he 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		1
с	A 35% controlled entity of a p	person described on line 11a	or 11b a	above? If "Yes" to line	e 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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).

Section D. All	<b>Type III Supporting</b>	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 satisf	sfy the Integral Part Test during the year (see instruction	s).
---	---	-----

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	n <u>s).</u>
---	--	---	--	--------------

- 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.
- 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.*
- 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.** 

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 | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

...

1

. . .

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Sche	dule A (Form 990) 2021 INDUSTRIAL ARTS INSTITU			46-3997543 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
		1		

 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).

Schedule A (Form 990) 2021

132026 01-04-22

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e Excess from 2021

Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 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

NDUSTRIAL ARTS INSTITUTE, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

46-3997543 Page 7

Schedule A (Form 990) 2021

1

2

**Current Year** 

(	Form	990)	2021		T

organizations, in excess of income from activity

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A

Part V

2

Section D - Distributions

Schedule A	(Form 990) 2021	INDUST	RIAL Z	ARTS	INSTIT	UTE,	INC.	46-3997543 Pag
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section Section D, lines 5, 6, (See instructions.)	formation. Pro es 1, 2, 3b, 3c, 4b n D, lines 2 and 3; and 8; and Part V,	vide the ex , 4c, 5a, 6, Part IV, Se Section E,	xplanatic 9a, 9b, 9 ection E, , lines 2,	ons required 9c, 11a, 11b lines 1c, 2a, 5, and 6. Als	by Part II, , and 11c 2b, 3a, a so comple	, line 10; Part II, ; Part IV, Section nd 3b; Part V, li ate this part for	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.
132028 01-04-2	2				20			Schedule A (Form 990) 2

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

IN	IDUSTRIAL ARTS INSTITUTE, INC.	46-3997543
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  b \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

		\$ <u>50,000.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>19,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$24,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

INDUSTRIAL ARTS INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(a)

No.

1

Employer identification number

Person

(d)

Type of contribution

X

46-3997543

(c)

**Total contributions** 

Page 2

Schedule B (Form 990) (2021)

123452 11-11-21

# INDUSTRIAL ARTS INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$6,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
123452 11-1	1-21		Schedule B (Form 990) (2021)		

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Name of organization

(a)

Employer identification number

(d)

46-3997543

(c)

Page 2

Schedule B (Form 990) (2021)

-		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
-		-	
_		—	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
-		_	
_		-	
		_   \$	
(a)	(L. )	(c)	(.))
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
_		_	
_		-	
-		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Bute received
		_	
_		-	
-		\$	
		Ψ	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		_	
_		- .	
102452 11 11 01		\$	Schedule B (Form 990) (2021)
123453 11-11-21			JUNEQUIE D (FULLI 990) (2021)

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#### INDUSTRIAL ARTS INSTITUTE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a)

Schedule B (Form 990) (2021) Name of organization

123453 11-11-21

08381101 759633 441120.441119

Employer identification number

46-3997543

(c)

	B (Form 990) (2021)			Page <sup>2</sup>	
Name of o	organization			Employer identification number	
INDUS	TRIAL ARTS INSTITUTE, IN	iC.		46-3997543	
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ection 501(c)(7), (8), or (10)		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. or	nce.) <b>&gt; \$</b>	
(a) No.	Use duplicate copies of Part III if additional s	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Faiti					
	I	(a) Transfor of aif	•		
		(e) Transfer of gif	L		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee	
		[			
(a) No. from			(d) Dee	aviation of how with in hold	
Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		cription of how gift is held	
		(e) Transfer of gif	t		
	<b>T</b>	1710 4	Deletionality of the		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held	
	I	(e) Transfer of gif	t		
		()			
	Transferee's name, address, an	id ZIP + 4	Relationship of tra	ansferor to transferee	
			T		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I		., .			
		(e) Transfer of gif	t		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee	
	,		•		
123454 11-11	I 1-21			Schedule B (Form 990) (2021)	
		25			

SCHEDULE [	)
------------	---

90)

## **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.



Department of the Treasury Internal Revenue Service

#### Name of the organization

INDUSTRIAL ARTS INSTITUTE, INC.

Employer identification number 46 - 3997543

Pa			or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(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	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			·
Pa	impermissible private benefit?			Ves No
			Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization		C - 1-1-1-	An effective enderset law effective
	Preservation of land for public use (for example, recrea			rically important land area
	Protection of natural habitat	Preservation o	f a certii	fied historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form	of a cor	Held at the End of the Tax Year
_				
a	Total number of conservation easements			
a				2b
с	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired a			
~	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organiz	zation during the tax
	year	and the factor of the second second the second s		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and onforcing concerns	tion oor	emente during the year
7	S     S	ining of violations, and enforcing conserva	liion eas	sements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(b)(4)(B)(	(i)
Ŭ				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	on essements in its revenue and expense	statem	
5	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement a	and bala	ince sheet works
	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
				<b>N A</b>
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			
я	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	1 10-28-21			

	2	6				
0	4		~	-	~	

Sche		IAL ARTS IN					46-39	9754	3 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures,	or Othe	er Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following th	at make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🔄 Loan or	exchange prog	Iram					
b	Scholarly research	e	e 🗌 Other _							
с	Preservation for future generations									
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?									
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiz	ation answered	d "Yes" or	n Form 990	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribu	tions or other a	ssets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
			-					Amoun	t	
с	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow of	or custodial acc	ount liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete									
		(a) Current year	(b) Prior yea			(d) Three	years back	(e) Four	' years	back
<b>1</b> a	Beginning of year balance	13,000.	13,0	00.	13,000.		12 000			
b	Contributions						13,000.			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	13,000.	13,0	0.0	13,000.		12 000			
g	End of year balance	,	,		13,000.		13,000.			
2	Provide the estimated percentage of the curr	1 0 0		n (a)) neid as:						
a L	Board designated or quasi-endowment ► Permanent endowment ►		_%							
b		% %								
с	Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho	- / -								
30	Are there endowment funds not in the posse		tion that are be	d and administ	arad for th	he organiz	ation			
ou	by:					ne organiz	ation	]	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11	a. See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investn	• • • •	Cost or other asis (other)	1	Accumulat epreciatior		<b>(d)</b> Boo	k valu	е
1a	Land	L								
b	Buildings									
с	Leasehold improvements									
	Equipment			221,845.		57,3	30.	16	4,5	15.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. column (B), lii	ne 10c.)				16	4,5	15.
							Sabadula		- 000	0004

Schedule D (Form 990) 2021

132052 10-28-21

	RTS INSTITUT	E, INC. 4	0-3997343 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or e	nd of year market yelus
	(D) BOOK value		ind-oi-year market value
<ul><li>(1) Financial derivatives</li><li>(2) Closely held equity interests</li></ul>			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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 e	nd-of-year market value
(1)	. ,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	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)		►
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	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 t			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 ... 🔀

132053 10-28-21

(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(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	e 15.)		
Part X Other Liabilities.		-	
Complete if the exception ensured "Vee"	on Form 000 Dort IV line	110 or 11f Coo Form 000 Dort V line 05	

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Sche	dule D (Form 990) 2021 INDUSTRIAL ARTS INSTITUT	,	46-3997543 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State		ue 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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ises 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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
		2d	
е			2e
е З	Add lines 2a through 2d		
3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>		
3 4 a	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	
3 4 a b	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	
3 4 a b c 5	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	3 

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 V, LINE 4:

#### INSTITUTE IMPROVEMENTS

PART X, LINE 2:

THE INSTITUTE HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL

2012 THROUGH 2022, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF

MARCH 31, 2022. THE INSTITUTE CONCLUDED THAT THERE ARE NO SIGNIFICANT

UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE INSTITUTE'S FINANCIAL

STATEMENTS. THE INSTITUTE DOES NOT EXPECT THE TOTAL AMOUNT OF

UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR

CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE

NEXT TWELVE MONTHS. THE INSTITUTE DOES NOT HAVE ANY AMOUNTS ACCRUED FOR 132054 10-28-21 Schedule D (Form 990) 2021

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Schedule D (F	orm 990) :	2021	Inform		JSTR	IAL	ART	'S II	NST:	ITU	TE,	INC.				46-3	9975	43	Page 5
	puppieri	lentai		auor	(conti	nued)													
INTERES	T AND	PEN	ALTIE	ES F	RELA	ΓED	TO	UTBS	S AI	Г <u>М</u> 2	ARCH	31,	202	21 OF	ε 2	022,	AND	IS	
NOT AWA	RE OF	ANY	CLAI	IMS	FOR	SUC	H A	MOUN	ITS	BY	FED	ERAL	OR	STAT	ΓE	INCO	ME T.	AX	
AUTHORI	TIES.																		
																Schedu	ile D (Fo	orm 99	0) 2021

SCI	HEDULE E	Schools		OMB No	545-004	47
(For	m 990)	Complete if the organization answered "Yes" on Form 990,		20	<b>91</b>	
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		ZU		
	nent of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to		ic
	Revenue Service	Go to www.irs.gov/Form990 for the latest information.		nspect		
Name	e of the organizatio		Employer ider			mber
Par	41	INDUSTRIAL ARTS INSTITUTE, INC.	46	3997	543	
Fai					YES	NO
4	Doog the organize	tion have a regially panelicariminatory policy toward students by statement in its charter			TES	
1	-	tion have a racially nondiscriminatory policy toward students by statement in its charter, erning instrument, or in a resolution of its governing body?		1	х	
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broch		-		
-		ther written communications with the public dealing with student admissions, programs, and s		2	х	
3		on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	ionolarompo:	_		
•		mes during its taxable year in a manner reasonably expected to be noticed by visitors to the				
		bugh newspaper or broadcast media during the period of solicitation for students, or during the	e			
		if it has no solicitation program, in a way that makes the policy known to all parts of the gene				
	÷ .	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	Х	
	SEE PART	II				
4	Does the organiza	tion maintain the following?				
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		4a	Х	
b	Records documer	ting that scholarships and other financial assistance are awarded on a racially nondiscriminate	ory basis?	4b	Х	
с	Copies of all catal	ogues, brochures, announcements, and other written communications to the public dealing				
	with student admi	ssions, programs, and scholarships?		4c	Х	
d	Copies of all mate	rial used by the organization or on its behalf to solicit contributions?		4d	Х	
	If you answered "I	No" to any of the above, please explain. If you need more space, use Part II.				
5		tion discriminate by race in any way with respect to:				37
а	Students' rights o	r privileges?		<u>5a</u>		X
b	Admissions policie	es?		5b		X
		culty or administrative staff?		<u>5c</u>		X
		her financial assistance?		5d		X
		es?		5e		X X
				5f		X
				5g		X
n		lar activities?		5h		
	If you answered "	res" to any of the above, please explain. If you need more space, use Part II.				
<b>C</b> -	Deep the every			0-		x
		tion receive any financial aid or assistance from a governmental agency?		6a		X
a		on's right to such aid ever been revoked or suspended?		6b		
7		Yes" on either line 6a or line 6b, explain on Part II.				
7		tion certify that it has complied with the applicable requirements of sections 4.01 through		7	Х	
	A UD OT RAV PROC	75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		1 1	Δ I	1

Schedule E (Form 990) 2021	INDUSTRIAL ARTS INS	TITUTE, INC.	46-3997543 <sub>Pag</sub>
Part II Supplemental In	formation. Provide the explanations requ		
	de any other additional information.		
LINE 3 - EXPLANATI	ON OF NONDISCRIMINATIO	ON POLICY:	
NOTICE OF NONDISCE	IMINATORY POLICY AS TO	STUDENTS. THE	
INDUSTRIAL ARTS IN	ISTITUTE ADMITS STUDEN	TS OF ANY RACE, CO	LOR,
NATIONAL AND ETHNI	C ORIGIN, TO ALL THE P	RIGHTS, PRIVILEGES	,
PROGRAMS, AND ACTI	VITIES GENERALLY ACCOR	RDED OR MADE AVAIL	ABLE
TO STUDENTS AT THE	INSTITUTE. IT DOES N	NOT DISCRIMINATE B	ASED
ON RACE, COLOR, NA	TIONAL AND ETHNIC ORIC	GIN IN ADMINISTRAT	ION OF ITS
EDUCATIONAL POLICI	ES, SCHOLARSHIPS AND I	JOAN PROGRAMS AND	OTHER INSTITUTE
ADMINISTERED PROGE	AMS.		

(Form 99	artment of the Treasury mail Revenue Service			OMB No. 1545-0047				
			Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of		AL ARTS IN						Employer identification number 46-3997543
Part I				-				
crit	eria used to award the grants or assi	stance?						ion Yes 🔀 No
Part II						anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a)	Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of noncash	valuation (book, FMV, appraisal,		(h) Purpose of grant or assistance
3 Ent	er total number of section 501(c)(3) a er total number of other organization or Paperwork Reduction Act Notice	ns listed in the line	1 table	e line 1 table				Schedule I (Form 990) 2021

132101 10-26-21

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Schedule	I (Form 990) 2021 INDUSTRIAL ARTS	INSTITU	FE, INC.			46-3997543	Page 2
Part III		. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
SCHOLAF	SHIPS	20	210,950.	0.			
Part IV	Supplemental Information. Provide the information req	l uired in Part I, lin	l le 2; Part III, column	(b); and any other ac	ditional information.		

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Schedule I (Form 990) 2021

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

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.



INDUSTRIAL ARTS INSTITUTE, INC.

Employer identification number 46-3997543

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

TRAINING TO CONNECT TALENT WITH PROFESSIONAL SKILLED TRADES INDUSTRIES.

THE INDUSTRIAL ARTS INSTITUTE IS NATIONALLY RECOGNIZED FOR ITS

CONTRIBUTION TO BUILDING THE PROFESSIONAL TRADES WORKFORCE BY SETTING A

NEW EDUCATIONAL MODEL STANDARD TO EMPOWER NEXT GENERATIONS FOR WEALTH

CREATION INDUSTRIES.

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

GENERATIONS FOR WEALTH CREATION INDUSTRIES.

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

EMAILED TO AUDIT AND GOVERNANCE COMMITTEE TO REVIEW BEFORE FILING.

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

ANYONE WITH A CONFLICT OF INTEREST IS REQUIRED TO INFORM BOARD PER DUTY IN BY-LAWS.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST

FORM 990, PART VIII, LINE 1E

IN JANUARY 2021 THE INSTITUTE RECEIVED \$72,293 AS A LOAN UNDER THE

PAYROLL PROTECTION PROGRAM ("PPP") OF THE CORONAVIRUS AID, RELIEF, AND

ECONOMIC SECURITY ACT ("CARES ACT"), WHICH WAS ENACTED INTO LAW ON

MARCH 28, 2020. AS OF AUGUST 31, 2021 THE FULL AMOUNT HAS BEEN FULLY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

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FORGIVEN IN ACCORDANCE WITH THE CARES ACT. AS SUCH, THE ORGANIZATION

RECOGNIZED THIS AMOUNT AS REVENUE ON THE 990.

FORM 990, PART XII, LINE 2C:

THE BOARD OVERSEES THE SELECTION AND OVERSIGHT OF THE WORK OF THE

INDEPENDENT ACCOUNTANT. THE INSTITUTE OBTAINED REVIEWED FINANCIAL

STATEMENTS FOR FISCAL YEAR 2022.

Schedule O (Form 990) 2021

132212 11-11-21

SCHEDU (Form 99	<b>O)</b>	► Com	Related Organizations plete if the organization answered Att Go to www.irs.gov/Form990	"Yes" on Form 990, Part IV, I tach to Form 990.	line 33, 34, 35b		37.		ŀ	20 Open t	1545-0047 D21 o Public ection
	the organizat		TS INSTITUTE, INC.					En	nployeride 46-399	ntificatio	
Part I	Identificati	on of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.						
		(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total in		<b>(e)</b> End-of-year a	ssets	Dire	(f) ect contro entity	lling
PO BOX	ATH - 80-2 241 MI 49765		LENDING PROGRAM FOR STUDENTS OF IAI	MICHIGAN		93,508.	556	,111.	INDUSTRI. INSTITUT		
			_					<u> </u>			
			_								
			_								
Part II		on of Related Tax-Exempt Organiz ns during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34	l, becaus	e it had one o	r more	related tax	-exempt	
		(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Cod section		(e) blic charity is (if section	Dire	(f) ct controllin entity		(g) tion 512(b)(13) controlled entity?
							01(c)(3))			Ye	
			_								
			_								
			_								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

132161 11-17-21 LHA

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#### Schedule R (Form 990) 2021 INDUSTRIAL ARTS INSTITUTE, INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
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## Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		(i) ction b)(13) rolled tity?
		country)		,				Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	0		1a		
	Gift, grant, or capital contribution to related organization(s)				1b		
					1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				<b>1</b> i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
1	Performance of services or membership or fundraising solicitations for related organ				11		
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		
	Sharing of paid employees with related organization(s)				10		
g	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s)				1s		
	If the answer to any of the above is "Yes," see the instructions for information on w				10		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		

 type (a-s)

 (1)

 (2)

 (3)

 (4)

 (5)

 (6)

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are Are partner 501(c org:	e)	(f)	(g)	(	h)	(i)	(j	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partner	'S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI	Gene	ral or	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	s)(3) s.?	total	end-of-year	alloca	nate ations?	amount in box 20	partr	ner?	ownership
		country)		Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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