# **Federal Electronic Filing Instructions**

Tax Year 2021

You are responsible for confirming the status of your electronically filed return.

You can check the status of your client's returns by clicking the Refresh button in the Professional Reports.

You do not need to mail any paper signature forms to the IRS. The principal officer and preparer are required to sign Form 8879-TE and retain the completed form for three years from the return due date or IRS received date, whichever is later. Electronic storage is acceptable. The return has been successfully filed once an acceptance from the IRS is received.

## Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

For the 2021 calendar year, or tax year beginning 07/01/2021and ending 06/30/2022AMERICAN ACADEMY OF MICROPIGMENTATION D Employer identification number Check if applicable: C Name of organization AMERICAN ACADEMY OF MICROPIGMENTATION 56-1876842 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Initial return 11641 SHERMAN WAY (888)302-3482 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return North Hollywood, CA 91605 **G** Gross receipts \$ 519,136. F Name and address of principal officer: SHEILA REUSCH H(a) Is this a group return for subordinates? Yes X No Application pending .1641 SHERMAN WAY NORTH HOLLYWOOD, CA 91605 H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) **X** 501(c)( **6** )**◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions Website: ▶micropigmentation.org H(c) Group exemption number **K** Form of organization: X Corporation Trust L Year of formation: 1995 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: MICROPIGMENTATION EDUCATION AND TESTING FOR CERTIFICATION Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 0 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 0 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a). 5 3 0 6 Total number of volunteers (estimate if necessary). 58. 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Ο. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) . . . . . . . 58. Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 519,078. 272,886 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . 272,886. 519,136. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . 113,853 155,096. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) 45,741 112,698. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 159,594. 267,794. 251,342. 113,292 Revenue less expenses. Subtract line 18 from line 12 . . . . . **Beginning of Current Year End of Year** Assets or d Balances 361,625. Total assets (Part X, line 16) . . . . . . . . . . . . . . . 136,994. 30,677 4,030. Net assets or fund balances. Subtract line 21 from line 20 . 106,317. 357,595. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here LESLIE HUBER-YEDLIN, DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** self-employed P00694533 **Preparer** MARCELINA V CUENCA ▶M&M SERVICES Firm's EIN ▶80-0592261 **Use Only** Firm's name 18432 LEMARSH ST #55 Firm's address Phone no (818)267-6982 NORTHRIDGE, CA 91325 May the IRS discuss this return with the preparer shown above? See instructions . . . . . . . . . .

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.	4.4		37
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments–program related in Part X, line 13, that is 5% or more	110		х
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		٦,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
00 -	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
_ b 21	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		х
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25h		
26	If "Yes," complete Schedule L, Part I	25b		
20	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or	20		Λ
	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		х
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				х
	If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
0.7	related organization? If "Yes,", complete Schedule R, Part V, line 2.	36		
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,	27		v
38	Part VI	37		Х
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	- 50	17	
- 4	Check if Schedule O contains a response or note to any line in this Part V			П
	Chest in Concessio C Contents a responde of note to any line in the fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	.,,
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
_ C	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c	Х	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).			
5 a	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		
6 a	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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
	or excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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 n 1 a Enter the number of voting members of the governing body at the end of the tax year . . . 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. Enter the number of voting members included on line 1a, above, who are independent . . . . . . . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . . . 5 Х Х 6 6 Did the organization have members or stockholders?.............. 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х **a** The governing body? 8a Each committee with authority to act on behalf of the governing body?. . . X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a **12 a** Did the organization have a written conflict of interest policy? If "No," go to line 13.......... **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 X 14 14 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? 15a X X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?.................. Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **CA** 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain on Schedule O) Own website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > (888)302-3482 20 Sheila Reusch 11641 SHERMAN WAY NORTH HOLLYWOOD, CA 91605

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 instructions for the order in which to list the persons above.

UYA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)								·	
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average	(do n	ot ch			than o	ne	Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week			- 1		or/truste	- 1	from the	from related	compensation
	(list any		_					organization (W-2/ 1099-MISC/	organization (W-2/ 1099-MISC/	from the
	hours for related	Individual trustee or director	stitu	Officer	Key employee	ighe nplo	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	dual ecto	tion	Ť	mpl	st c	4	10001120)	1000 1120)	rolated organizations
	below	trus	al tr		oye	omp				
	dotted line)	stee	Institutional trustee		Φ	ens				
			ď			Highest compensated employee				
						ū				
(1) LEANN LA										
SOUTHWEST REGION CHAIR		Х								
(2) LESLIE HUBER-YEDLIN	40.00									
OP DIRECTOR/ TREASURER		X						68,000.		
(3) MISHA BRIERE										
MEDICAL ADV CHAIR		X								
(4) SHEILA REUSCH										
PRESIDENT & EXEC DIREC		X								
(5) ROSE MARIE BEAUCHEMIN-VERZELLA										
CHAIRMAN OF THE BD		X								
(6) AMANDA BREUER										
BOARD MEMBER		X								
(7) BENAIAH POINDEXTER										
BOARD MEMBER		Х								
(8) NATALIE DELLA-VERDE										
BOARD MEMBER		Х								
(9) SHAY DANIELLE										
BOARD MEMBER		X								
<u>(</u> 10)										
(11)										
(12)										
(13)										
(4.1)										
(14)										
				L						

Section A. Officers, Directors, The	isiees, ne	y <b>L</b> IIII	pio	y C C	3, a	nu m	gii	est Compensat	eu Lilipioye	- C3 (C	continueu)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, u office or direc	unles r and	eck s pe	ition more	than o the is Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensati from relate organization (\ 1099-MISC	ion ed W-2/ C/	Estimate of compe froi organiz	ed amount other ensation in the ation and ganizations
	5/	ustee	trustee		ee	ηpensated						
(15)												
(16)												
(17)												
(18)												
(19)												
(20)										M		
(21)					k							
(22)												
(23)												
(24)												
(25)												
Total number of individuals (including large) reportable compensation from the organization.	out not limit nization	ted to	tho	se	liste					00,0	00 of	Yes No
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete</li> <li>4 For any individual listed on line 1a, is the organization and related organizations guindividual</li> <li>5 Did any person listed on line 1a receive of for services rendered to the organization</li> </ul>	Schedule Je sum of represented than	for some some some some some some some some	uch ole d ,000  nsa	ind com 0? Ii	lividi nper f "Y  n fro	ual nsation es," co m any	n ar o <i>mp</i>	nd other comper plete Schedule J	sation from for such	 vidua		x
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Retax year.	compensat port compe	ed ind	depe	end or tl	ent he c	contra alend	acto lar y	ors that received year ending with	more than s	\$100 e org	,000 of janizatio	n's
(A) Name and business address								(B) Description of se	ervices		(C) Compens	ation
2 Total number of independent contractors	(including	but n	Ot li	mit	ed t	o thos	Se li	sted above) who				
received more than \$100,000 of compen							וו טכ	Sign above, Will	´			

		Check if Schedule O contains a response or no	te to any line in this	Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, s	1a	Federated campaigns					
au	b	Membership dues					
ָם E	C	Fundraising events					
ifts Ir A	d	Related organizations	+				
nija G	e	Government grants (contributions) 1e	<u> </u>				
Sir	f	All other contributions, gifts, grants,					
utic	'	and similar amounts not included above 1f					
đ ţ	_	Noncash contributions included in lines 1a-1f	, e				
Contributions, Gifts, Grants, and Other Similar Amounts	g h	Total. Add lines 1a–1f					
	-"	Total. Add lines 1a-11	Business Code				
Program Service Revenue	2a		Buomicoo codo				
eve	b						
9							
ΘZi	d		1				
E S	d						
g	e f	All other program service revenue					
P	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
	3	and other similar amounts)		58.		58.	
		Income from investment of tax-exempt bond pro		50.		50.	
	4	Royalties					
	5	(i) Real	(ii) Personal				
			(II) I ersonal				
	6a	Gross rents 6a  Less: rental expenses 6b					
	b						
	C						
	d	Net rental income or (loss)	(ii) Other				
	/a		(II) Other				
	.	assets other than inventory 7a					
	D	Less: cost or other basis					
	_	and sales expenses 7b					
	I	Gain or (loss)					
	a	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
ne		Cross income from fundraising					
ven	oa	Gross income from fundraising events (not including \$					
Re		of contributions reported on line 1c).					
Other Reven		See Part IV, line 18 8a					
ŏ	<sub>h</sub>	Less: direct expenses					
	ı	Net income or (loss) from fundraising events					
	l	Gross income from gaming activities.	<u> </u>				
	Ja	See Part IV, line 19 9a					
	h	Less: direct expenses 9b					
	I	Net income or (loss) from gaming activities	<b>•</b>				
	ı	Gross sales of inventory, less	<u> </u>				
	liva	returns and allowances					
	۱ ۾	Less: cost of goods sold	1				
	ı						
	- 6	Net income or (loss) from sales of inventory	Business Code				
sno	11 2	EXAM/MEMBERSHIP FEES	611710	347,139.	347,139.		
neo	l .	BOOKS/REF MATERIALS	900099	7,081.	7,081.		
Miscellaneous Revenue	ם ^	CONVENTION FEES	900099		160,566.		
isc. Re	ن	All other revenue	900099	4,292.	4,292.		
Σ	l	Total. Add lines 11a-11d		519,078.			
	•	Total revenue. See instructions			519,078.	58.	
				,	, -, -, - •	J	

# 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).

	Check if Schedule O contains a response or note to any line in this Part IX								
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)				
and	10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations		·		·				
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations,								
	foreign governments, and foreign individuals. See Part IV,								
	lines 15 and 16								
4	Benefits paid to or for members.								
5	Compensation of current officers, directors, trustees,								
	and key employees	68,000.							
6	Compensation not included above to disqualified persons								
	(as defined under section 4958(f)(1)) and persons								
	described in section 4958(c)(3)(B)								
7	Other salaries and wages	75,085.							
8	Pension plan accruals and contributions (include section								
	401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	12,011.							
11	Fees for services (nonemployees):		,						
а	Management								
b		3,170.							
С	Accounting	8,150.							
d	Lobbying								
е	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 Schedule O.)	37,500.							
12	Advertising and promotion								
13	Office expenses	569.							
14	Information technology								
15	Royalties								
16	Occupancy	8,160.							
17	Travel								
18	Payments of travel or entertainment expenses for any								
	federal, state, or local public officials								
19	Conferences, conventions, and meetings	21,221.							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	2,579.							
24	Other expenses. Itemize expenses not covered above.								
	(List miscellaneous expenses on line 24e. If line 24e amount								
	exceeds 10% of line 25, column (A), amount, list line 24e								
	expenses on Schedule O.)								
	BOOKS/SUBS/ REF MATERIALS	15,219.							
	OFFICE SUPPLIES	1,724.							
	WEBSITES/SOCIAL MEDIA ETC	5,159.							
	MERCHANT CREDIT CARD FEES	9,035.							
	All other expenses	212.							
25	Total functional expenses. Add lines 1 through 24e	267,794.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation. Check								
_	here ▶ ☐ if following SOP 98-2 (ASC 958-720)								

# Form 990 (2021) AMERICAN ACADEMY OF MICROPIGMENTATION Part Y Balance Sheet

F	art /	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing	136,994.	1	361,625.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
"	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\dots \dots \dots$		6	
SS	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	136,994.	16	361,625.
	17	Accounts payable and accrued expenses		17	4,030.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ś	20	Tax-exempt bond liabilities		20	
itie	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	$Loans \ and \ other \ payables \ to \ any \ current \ or \ former \ officer, \ director, \ trustee, \ key \ employee, \ creator \ or$			
<u>a</u>		founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
		not included on lines 17-24). Complete Part X of Schedule D	30,677.	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	30,677.	26	4,030.
Ses		Organizations that follow FASB ASC 958, check here			
Ĕ		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	106,317.	27	357,595.
<u>m</u>	28	Net assets with donor restrictions			
ı				28	
丑		Organizations that do not follow FASB ASC 958, check here			
or Fund Balance		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets	32	Total net assets or fund balances	106,317.	32	357,595.
<b>z</b> _	33	Total liabilities and net assets/fund balances	136,994.	33	361,625.

Form	990	(2021)

# AMERICAN ACADEMY OF MICROPIGMENTATION

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Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51	9,1	36.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	7,7	94.				
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	35	7,6	59.				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>					
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n a separate							
	basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	asis, 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		3a						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			]					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
UYA			Forn	n <b>990</b>	(2021)				

### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.		Employer identif	lication number			
	e of organization			Employer identif				
		OF MICROPIGMENTATION		56-1876				
	•	e organization is exempt ur		` '	organization.			
1	Provide a description of the org definition of "political campaign	anization's direct and indirect political activities."	campaign activities in	Part IV. See instructions for				
2	Political campaign activity expe	nditures. See instructions			S	0.		
3	Volunteer hours for political car	mpaign activities. See instructions	<u> </u>			C		
Pa		e organization is exempt ur						
1	-	tax incurred by the organization under				0.		
2		tax incurred by organization managers				0.		
3	-	ection 4955 tax, did it file Form 4720 fo				∐ No		
4a	Was a correction made?				L	∐ No		
	If "Yes," describe in Part IV.			1/ )				
Pai	•	e organization is exempt ur		· · · · · · · · · · · · · · · · · · ·	. , , ,			
1		nded by the filing organization for secti			<u> </u>	0.		
2	•	rganization's funds contributed to othe	•	•		•		
•				·		0.		
3	·	ures. Add lines 1 and 2. Enter here and				0.		
4	0 0	orm 1120-POL for this year?			_	∐ No		
5	·	nd employer identification number (EIN		· ·	0 0			
payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action								
		space is needed, provide information in		as a separate segregated fund t	or a political action			
	oommittee (1710). It daditional	space to ricoded, provide information in	TT GILLY.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of poli	tical		
	(4)	(1,		filing organization's	contributions recei			
				funds. If none, enter -0	promptly and did delivered to a ser			
					political organiza			
					If none, enter	-0		
(1)								
(2)								
(3)								
(4)			_					
<u></u>								
(5)			$\dashv$					
(6)								
(6)			$\overline{}$					

Schedule C (Form	n 990) 2021	AMERICAN	ACADEMY	OF	MICROPIGMENTATION	56-1876842 Page 2
Part II-A	Complete if the	he organizatior	n is exempt	unde	r section 501(c)(3) and filed Fo	orm 5768 (election under

		section 501(h)).	•		( )( )	•	
A	Check I	if the filing organization belongs to	an affiliated group	(and list in Part IV ea	ach affiliated group m	ember's name, addres	s, EIN, expenses,
		and share of excess lobbying expe	enditures).				
В	Check I	if the filing organization checked b	ox A and "limited c	ontrol" provisions app	oly.		
		Limits on Lobi	oying Expenditur	es		(a) Filing	(b) Affiliated
		(The term "expenditures" m	eans amounts pa	aid or incurred.)		organization's totals	group totals
1	l <b>a</b> Tota	I lobbying expenditures to influence public	opinion (grassroots	s lobbying)			
	<b>b</b> Tota	I lobbying expenditures to influence a legis	lative body (direct l	obbying)			
	<b>c</b> Tota	I lobbying expenditures (add lines 1a and 1	lb)				
	<b>d</b> Othe	er exempt purpose expenditures					
	<b>e</b> Tota	l exempt purpose expenditures (add lines	1c and 1d)				
	f Lobb	oying nontaxable amount. Enter the amoun	t from the following	table in both column	S.		
		amount on line 1e, column (a) or (b) is	+	nontaxable amount	is:		
		over \$500,000	20% of the amo				
	-	\$500,000 but not over \$1,000,000		15% of the excess ov			
		\$1,000,000 but not over \$1,500,000		10% of the excess ov			
		\$1,500,000 but not over \$17,000,000		5% of the excess ove	r \$1,500,000.		
	Over	\$17,000,000	\$1,000,000.				
	•	ssroots nontaxable amount (enter 25% of li	,				
	h Subt	tract line 1g from line 1a. If zero or less, en	ter -0				
	i Subt	tract line 1f from line 1c. If zero or less, ent	ter -0				
	j If the	ere is an amount other than zero on either I	ine 1h or line 1i, di	d the organization file	Form 4720		
	repo	rting section 4911 tax for this year?					Yes No
				Period Under Section			
		(Some organizations that made a			•	ne five columns below	N.
		See	the separate instr	uctions for lines 2a	through 2f.)		
_		Lobby	vina Expenditures	S During 4-Year Ave	raging Period		
			mg Expenditures		laging renoa		
	(	Calendar year (or fiscal year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
		beginning in)	(4)		(3, 3 3		(-,
	2-	l alebaira a carte calela accessor					
_	2a	Lobbying nontaxable amount					
	b	Lobbying ceiling amount					
		(150% of line 2a, column (e))					
	С	Total lobbying expenditures					
	d	Grassroots nontaxable amount					
	е	Grassroots ceiling amount					
_		(150% of line 2d, column (e))					

UYA Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

	lle C (Form 990) 2021 AMERICAN ACADEMY OF MICROPIGMENTATION			<u>8768</u>		Page
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			n 5768 		
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed			a) No	,	(b) Amount	
aesc	ription of the lobbying activity.	Yes	NO		Milou	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including					
	any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .			. 3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."	R (b)	Part	III-A,	line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses					
	for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the	•				
_	organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next ye		4			
5 Par	Taxable amount of lobbying and political expenditures. See instructions		5			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 2; Part II-A (affiliated group list); Part II-A, line 3; Part II-A, line 3; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-A, line 4; Part II-A (affiliated group list); Part II-A, line 4; Part	ines 1	and 2 /	(See inci	ructio	ne).
	art II-B, line 1. Also, complete this part for any additional information.	1103 1	ana z (	,000 11131	iiuctic	113),
and i	art is, into 1.7100, complete the part for any additional information.					

UYA Schedule C (Form 990) 2021

## **SCHEDULE D** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

| Employer identification

	i tile organization		Limployer identification number
	RICAN ACADEMY OF MICROPIGMENT	ATION	56-1876842
Part			nds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advised	d funds are the organization's
	property, subject to the organization's exclusive legal control	ol?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	sed only for charitable
	purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conferring imper	rmissible
	private benefit?		Yes No
⊃art			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organiza	ation (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of hi	istorically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	a conservation easement on the last day
	of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic s		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		I
3	Number of conservation easements modified, transferred, r		
	organization during the tax year ▶	,	
4	Number of states where property subject to conservation ea	asement is located ▶	
5	Does the organization have a written policy regarding the pe		plations.
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting		<del>_</del>
	<b>•</b>		,
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	on easements during the year
	<b>&gt;</b> \$		Ç ,
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense s	statement and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	e organization's accounting for
	conservation easements.		
art	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	r Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	(ii) Assets included in Form 990, Part X		-
2	If the organization received or held works of art, historical tr		
	required to be reported under FASB ASC 958 relating to the		_ ,
а	Revenue included on Form 990, Part VIII, line 1		▶\$
h	Assets included in Form 990, Part X		• •

Part	Organizations Maintaining C	collections of a	Art, His	torical T	reasures	, or Ot	her Similar As:	sets (c	ontir	nued
3	Using the organization's acquisition, accession (check all that apply):	n, and other records	, check ar	ny of the fol	lowing that m	nake sigr	ificant use of its colle	ection ite	ms	
а	Public exhibition		d	Loan o	or exchange ¡	program				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they t	urther the	organization's	s exempt	purpose in Part XIII.			
5	During the year, did the organization solicit or rather than to be maintained as part of the organization							_		No
Part			11				· · · · · · · · · · · · · · · · · · ·	16	:S _	140
T CIT	Complete if the organization at 990, Part X, line 21.		on Forn	n 990, Pa	art IV, line	9, or ı	reported an amo	unt on	Forr	n
1a	Is the organization an agent, trustee, custodian on Form 990, Part X?		-					. <b>\</b> Ye	ıs [	No
b	If "Yes," explain the arrangement in Part XIII ar								_	
~	ii 100, oxplain iilo airailgomoni iir i airxiii ai	na complete the ren	ownig tabl	0.			Amou	nt		
С	Beginning balance					10				
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form		_					V <sub>c</sub>	,	No
b	If "Yes," explain the arrangement in Part XIII. C							_		<b>-</b> ''
Part		SHECK HEIE II THE EX	piariation	ias been pi	Ovided on 1 a	art Airi.			· · <u>L</u>	
ı aı	Complete if the organization ar	nswered "Yes"	on Forn	990 P	art IV line	10				
	Complete if the organization at	(a) Current year		rior year	(c) Two year		(d) Three years back	(e) Fou	ır vear	s hack
10	Paginning of year balance	(a) Current year	(6)	noi yeai	(C) I WO yea	iis back	(d) Tillee years back	(6) 100	ii year	3 Dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	nt year end balance	(line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶%									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organizat	tion that a	e held and	administered	d for the				
	organization by:	_							Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization							<del></del>		
4	Describe in Part XIII the intended uses of the co									
Par			vincin rain							
. «.	Complete if the organization ar		on Forn	n 990 Pa	art IV line	11a S	See Form 990 F	Part X	line '	10
	Description of property	(a) Cost or other			other basis		Accumulated	(d) Boo		
	2000 page of property	(investme		l, ,	her)		epreciation	(4) 500	value	•
12	Land			<u> </u>						
1a										
b	Buildings			+						
C	Leasehold improvements						-			
d	Equipment			-						
е	Other	1		1		I	1			

Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11b. See Form 99	90, Part X, line 12.
(a) Description of security or category	(b) Book value	` '	d of valuation:
(including name of security)		Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments — Program Related.			
Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11c. See Form 99	00, Part X, line 13.
(a) Description of investment	(b) Book value		d of valuation:
		Cost or end-	of-year market value
(1)			
(2)			
(3)			V
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" on Form	n 990 Part IV line	11d See Form 99	00 Part X line 15
(a) Description			(b) Book value
(1)			(1)
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes" on Form	000 Part IV line	110 or 11f Soo E	orm 000 Part Y
line 25.	r Jao, rait IV, IIIIE	, 116 OI 111. OEE F	onn 220, Fail A,
		T	(b) Pook volue
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		-	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	-		_
organization's liability for uncertain tax positions under FASB ASC 740. Check he	re if the text of the footn	ote has been provided in	Part XIII
UYA		;	Schedule D (Form 990) 2021

Part	Reconciliation of Revenue per Audited Financial Stateme		•	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, P				T
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:	1 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	-			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	i · · i · ·		3	
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	$\overline{}$			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4
Part	Reconciliation of Expenses per Audited Financial Statem			rke	turn.
	Complete if the organization answered "Yes" on Form 990, P				
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:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
C	Other losses		<del></del>		
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4-	
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5 Part	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) XIII Supplemental Information.			5	
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	200 1h and 2	o: Dort V. line 4: Do	rt V lin	20.21
	, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			ιι <b>Λ</b> , ΙΙΙ	le 2,
rait Ai,	illies 20 and 4b, and Fart Ari, lines 20 and 4b. Also complete this part to provide any ac	Julional IIIIO	mauon.		

UYA Schedule D (Form 990) 2021

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number AMERICAN ACADEMY OF MICROPIGMENTATION 56-1876842 IX LINE 11 G CONTRACT/OUTSIDE SERVICES PAID FOR REGULAR OPERATIONS: \$16,279 AND FOR EVENTS: \$21,221=TOTAL \$37,500

MISC CONTRACTUAL SVCS Total expenses - \$16279.00 Program service expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses IX Line 11g	
Part VI Line 11b  MONTHLY FINANCIAL REPORTS ARE REVIEWED IN DETAIL BY DIRECTOR OF  Part VI Line 11b  OPERATIONS, PRESIDENT AND OTHER DIRECTORS.  Part VI Line 19  FORM 990 IS AVAILABLE FOR VIEW TO THE PUBLIC  Part IX Line 11g  MISC CONTRACTUAL SVCS Total expenses - \$16279.00 Program service expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenser IX Line 11g	<b>142</b>
MONTHLY FINANCIAL REPORTS ARE REVIEWED IN DETAIL BY DIRECTOR OF Part VI Line 11b OPERATIONS, PRESIDENT AND OTHER DIRECTORS. Part VI Line 19 FORM 990 IS AVAILABLE FOR VIEW TO THE PUBLIC Part IX Line 11g MISC CONTRACTUAL SVCS Total expenses - \$16279.00 Program service expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenser IX Line 11g	<u>,</u>
Part IX Line 11g  MISC CONTRACTUAL SVCS Total expenses - \$16279.00 Program service expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenser  Part IX Line 11g	
MISC CONTRACTUAL SVCS Total expenses - \$16279.00 Program service expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses IX Line 11g	
Part IX Line 11g  EVENTS CONTRACTUAL FEES Total expenses - \$21221.00 Program service expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Fundraising expenses - \$0.00 Mgmt and general expenses - \$0.00 Mgm	** **
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UYA Schedule O (Form 990) 2021