## \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	THE SEWING LABS			
	Name chang			81-10577	14
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	□Final return	526 CAMPBELL		816-888-	
	termir ated			G Gross receipts \$	365,783.
	Amen return	KANSAS CIII, MO 04100		H(a) Is this a group re	
	Application pendi	F Name and address of principal officer: EILEEN BOBOWSKI		for subordinates	? Yes X No
_	-	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) $\stackrel{\cdot}{}$	or 527	If "No," attach a	list. See instructions
		e: THESEWINGLABS.COMMUNITY		H(c) Group exemption	
		organization: X Corporation	<b>L</b> Year	of formation: 2016  N	1 State of legal domicile: MO
P	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: AN II COMMUNITY TEACHING THE LEGACY OF SEWING F			OMING
nar	2	Check this box   if the organization discontinued its operations or dispos			sets.
Ver	3	- · · · · · · · · · · · · · · · · · · ·		3	8
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
დ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4
jŧ	6	Total number of volunteers (estimate if necessary)			193
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		247,122.	272,499.
nue	9	Program service revenue (Part VIII, line 2g)		19,303.	56,422.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61.	-7,366.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		266,486.	321,555.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	12,500.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		121,814.	126,388.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	- b	Total fundraising expenses (Part IX, column (D), line 25)		120 550	1.40400
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		132,558.	140,499. 279,387.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		254,372.	
	19 	Revenue less expenses. Subtract line 18 from line 12		12,114.	42,168.
ts o		Total consts (DotA V. Free 40)		ginning of Current Year 309,255.	End of Year 318,131.
SSe	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		23,219.	2,427.
Net Assets or	21 22	Net assets or fund balances. Subtract line 21 from line 20		286,036.	315,704.
P	art II	Signature Block		200,030	313,704.
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
	,				
Sig	n	Signature of officer		Date	
Hei		NANCY PETERSEN, BOARD PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Pai	d		ON CP 1	1/08/22 self-employ	
Pre	parer	Firm's name ▶ KELLER & OWENS, LLC		Firm's EIN	48-1195228
Use	Only	Firm's address 10955 LOWELL AVE, STE 800			
_		OVERLAND PARK, KS 66210		Phone no. (9	
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE SEWING LABS 81-1057714 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 526 CAMPBELL return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. KANSAS CITY, MO 64106 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 526 CAMPBELL - KANSAS CITY, MO 64106 Telephone No. ► 816-888-3051 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

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. u.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	THE SEWING LABS IS AN INCLUSIVE AND WELCOMING COMMUNITY TEACHING THE	
	LEGACY OF SEWING FOR EMPLOYMENT, ENTREPRENEURSHIP, AND ENRICHMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$149,465. including grants of \$12,500. ) (Revenue \$ 57,557)	<del>7•</del> )
	EVERY INDIVIDUAL DESERVES THE OPPORTUNITY TO ACHIEVE FINANCIAL DIGNITY.	
	HERE AT THE SEWING LABS, WE UNDERSTAND HOW TO HELP CREATE VIABLE PATHS	
	TOWARD THAT FINANCIAL DIGNITY THROUGH THE LEGACY, VOCATION, AND TRADE	
	THAT IS SEWING. BY TEACHING THE CORE FUNDAMENTALS OF SEWING, WE ARE	
	PREPARING A PIPELINE OF STITCHERS FOR OUR GREATER KANSAS CITY	
	COMMUNITY. THROUGHOUT 2021, WE WERE FLOODED WITH EMPLOYERS AND	
	ENTREPRENEURS WHO SOUGHT TO HIRE TRAINED STITCHERS TO FILL THEIR HIRING	;
	NEEDS.	
	TRAINING: TO HELP MEET THE NEEDS OF BUSINESSES HIRING STITCHERS, IN	
	2021 WE OFFICIALLY PARTNERED WITH BOTH THE MISSOURI AND UNITED STATES	
	DEPARTMENTS OF LABOR AS A REGISTERED APPRENTICE SPONSOR AND ALSO TO	
4b	(Code:) (Expenses \$	
		— <i>'</i>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 149,465.	
	Total program on vice expenses y	

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# Form 990 (2021) THE SEWING LABS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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,	۰		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
_	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del>  ^`</del>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		_ v
40	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			<b>.</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

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Form 990 (2021) THE SEWING LABS

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_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  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			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Form Par	990 (2021) THE SEWING LABS 81-105  TV Statements Regarding Other IRS Filings and Tax Compliance (continued)	//14	ŧ F	age 2
Fai	Statements negarding Other ins rillings and Tax Compliance (continued)		T.,	Τ
0-	Fatantha mushay of applaces you adod on Fama W.O. Turansiittal of Wana and Tay Obstanants		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4		
h	filed for the calendar year ending with or within the year covered by this return	_	Х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		125	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ا ا		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			<del> </del>
	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?	5с		
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).		37	
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		X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>├</b> ^	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		X
a	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. —		<del> </del>
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	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4047(aV1) non-exempt charitable trusts. Is the exemptation filing Form 900 in liquid Form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

If "Yes," complete Form 6069.

Form 990 (2021) THE SEWING LABS 81-1057714 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 81-1057714 Page **6** 

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	7]		
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:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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.)		I	
			Yes	No
	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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	X
14	Did the organization have a written document retention and destruction policy?	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?	4=	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
40-	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	40-		Х
	taxable entity during the year?	16a		
D	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	404		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	· · · · · · · · · · · · · · · · · · ·	۱۵ ماماد ۱۵		
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	is only)	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	d fire	ni a l	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u iinan	Jial	
00	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			
	THE ORGANIZATION - 816-888-3051 526 CAMPBELL, KANSAS CITY, MO 64106			
	JAO CARIDELL, KANDAD CIII, RO 04100			

Form **990** (2021)

14221108 795752 14346

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

<b>(A)</b> Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D)  Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) EILEEN BOBOWSKI	40.00									
EXECUTIVE DIRECTOR		Х		Х				48,000.	0.	0
(2) BARBARA HADLEY	3.00			l					•	
BOARD VICE PRESIDENT	2 00	Х		Х				0.	0.	0
(3) NANCY PETERSEN	2.00	37		,,					0	•
BOARD PRESIDENT	2 00	Х		Х				0.	0.	0
(4) KRIS SMITHER BOARD SECRETARY	2.00	Х		х				0.	0.	0
(5) KRISS MILLER	0.02	Λ		^				0.	0.	0
BOARD MEMBER	0.02	Х						0.	0.	0
(6) DEREK TOMS	0.20							0.	0.	0
TREASURER	0.20	Х		х				0.	0.	0
(7) CARA VOSS	2.00									
BOARD MEMBER		х						0.	0.	0
(8) KELSEY MCLELLAN HUBER	2.00							-	-	-
BOARD MEMBER		Х						0.	0.	0

81-1057714 Page **8** 

· ui	Section A. Officers, Directors, Trus		рюу	ees,			gnes	tC		'	-			
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable			timate	
		hours per week					is both or/trus		compensation	compensation	ן י		ount o	of
		(list any	Tot					Ĺ	from the	from related organizations	.		other pensat	tion
		hours for	Individual trustee or director				٥		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	-		anizati	
		organizations	Itrus	Institutional trustee		oyee	Highest compensated employee		1099-NEC)			and	d relate	∌d
		below	ividua	titutio	Officer	Key employee	hest o	Former				orga	ınizatio	วทร
		line)	Pu	l s	#0	Key	E E	윤			_			
							$\vdash$							
	Subtotal								48,000.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	48,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth	ner compensation from th	ne organization				
	and related organizations greater than \$150	,		,								4		X
5	Did any person listed on line 1a receive or a									lual for services				37
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	9 <i>J f</i>	or st	ıch <u>ı</u>	pers	on					5		X
1	Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NO	ONE	7				( <b>B</b> ) Description of s	ervices	С	(C omper	;) nsatior	1
					_				·			· ·		
				_				_						
2	Total number of independent contractors (in		ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				(	J						200	

Form 990 (2021)
Part VIII | 5

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
40.10		Followsky discount in the last of the last					000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Sra Iou		Membership dues 1b	10 000				
S, (		Fundraising events 1c	12,888.				
aif.	C	Related organizations 1d					
s, ( mi	e	Government grants (contributions) 1e	56,094.				
ioi	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	203,517.				
ÖĘ	ç	Noncash contributions included in lines 1a-1f	60,187.				
Sor	ŀ	Total. Add lines 1a-1f		272,499.			
<u> </u>			Business Code	·			
	2 -	CLASS FEES	541900	55,932.	55,932.		
je		PROJECT INCOME	541900	470.	470.		
Program Service Revenue		SEWING FACILITY RENTAL	531390	20.	20.		
n S			331390	۷0.	۷0.		
Jrar Se	C						
Š,	e						
۵		All other program service revenue					
	ç	Total. Add lines 2a-2f		56,422.			
	3	Investment income (including dividends, inter-	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	1 6		(ii) Other				
		assets other than inventory 7a					
	r	Less: cost or other basis					
ığ		and sales expenses <b>7b</b>					
š	C	Gain or (loss) 7c					
her Revenue		Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ 12 , 888 . of					
		contributions reported on line 1c). See					
		Part IV, line 18	35,727.				
	b	Less: direct expenses 8t	44,228.				
		Net income or (loss) from fundraising events		-8,501.			-8,501.
		Gross income from gaming activities. See					
		Part IV, line 19	,				
	ŀ	Less: direct expenses					
		Net income or (loss) from gaming activities	<b>•</b>				
		Gross sales of inventory, less returns					
	10 6	• • • • • • • • • • • • • • • • • • • •					
		J	<u> </u>				
-+		Net income or (loss) from sales of inventory	Dusing Oct				
Sī		MICC DEVIENUE	Business Code	1 125	1 125		
901 16	11 a	MISC REVENUE	900099	1,135.	1,135.		
an epr	k						
Miscellaneous Revenue	C						
Ais	c	All other revenue					
	e	Total. Add lines 11a-11d	<b></b>	1,135.			
	12	Total revenue. See instructions		321,555.	57,557.	0.	-8,501.

132009 12-09-21

# Form 990 (2021) THE SEWING LABS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) 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	12,500.	12,500.		
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,	40.000		45 600	
	trustees, and key employees	48,000.	2,400.	45,600.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	26 015	25 060		1 044
	persons described in section 4958(c)(3)(B)	36,915. 31,927.	35,069.	10 771	1,846 1,596
7	Other salaries and wages	31,927.	17,560.	12,771.	1,596
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0 546	E 250	2 010	170
0	Payroll taxes	9,546.	5,250.	3,818.	478
11	Fees for services (nonemployees):				
a	Management				
b	Legal	624.		624.	
С	Accounting	024.		024.	
	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,	27,616.	17,668.	9,948.	
	column (A), amount, list line 11g expenses on Sch 0.)	5,928.	1,923.	J, J±0.	4,005
12 13	Advertising and promotion	12,033.	1,715.	9,887.	431
	Office expenses	3,535.	884.	2,651.	
4	Information technology	3,333.	004.	2,051.	
15 16	Royalties	52,709.	47,438.	5,271.	
7	Occupancy	129.	17,150.	129.	
8	Payments of travel or entertainment expenses	±4,0 •		147 •	
J	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,396.	359.	2,037.	
9	Interest	42.	25.	17.	
.u :1	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,873.		19,873.	
3	Insurance	5,672.		5,672.	
.4	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.)				
а	CLASS SUPPLIES	6,674.	6,674.		
b	DUES/SUBSCRIPTIONS	3,268.	,	3,105.	163
С		·			
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	279,387.	149,465.	121,403.	8,519
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			205,110.	1	203,845
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	8,334.	4	0		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			2,191.	9	4,965
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	134,767.			
	b	Less: accumulated depreciation	10b	28,925.	90,141.	10c	105,842
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			3,479.	15	3,479
	16	Total assets. Add lines 1 through 15 (must ea			309,255.	16	318,131
	17	Accounts payable and accrued expenses	1,598.	17	2,427		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ړ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
1 <u>1</u> 16		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
֡֡֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֡֡֡֓	23	Secured mortgages and notes payable to unr	elated thi			23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lir	es 17-24)	. Complete Part X			
		of Schedule D			21,621.	25	0
	26	Total liabilities. Add lines 17 through 25			23,219.	26	2,427
		Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
es		and complete lines 27, 28, 32, and 33.		l l			
<u>a</u>	27	Net assets without donor restrictions	167,568.	27	236,052		
ра	28	Net assets with donor restrictions	118,468.	28	79,652		
<u> </u>		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			286,036.	32	315,704
-	33	Total liabilities and net assets/fund balances			309,255.	33	318,131

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			<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>87.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>68.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	280	5,0	36.
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	-12	2,5	00.
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	31!	5,7	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE SEWING LABS 81-1057714 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	tion 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.")	13,146.	134,380.	293,028.	247,172.	272,499.	960,225.
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	13,146.	134,380.	293,028.	247,172.	272,499.	960,225.
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)						320,413.
	Public support. Subtract line 5 from line 4.						639,812.
Sec	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	13,146.	134,380.	293,028.	247,172.	272,499.	960,225.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			14.	61.	1,135.	1,210.
11	<b>Total support.</b> Add lines 7 through 10						961,435.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	106,905.
13	First 5 years. If the Form 990 is for the	ie organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						<b>&gt;</b>
	tion C. Computation of Publi						
	Public support percentage for 2021 (li					14	66.55 <u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2020. If the o	•		•		•	
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			▶∟
17a	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

### 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 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 disqualified 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Т..

# 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
_		- 000	

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

14221108 795752 14346

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **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

Name of the organization

THE SEWING LABS

Employer identification number

81-1057714

Organization type	(check one):
Filers of:	Section:
Form 990 or 990-E2	Z 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
	501(c)(3) taxable private foundation
	nization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	panization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 5 contributo	panization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; in 990-EZ, line 1. Complete Parts I and II.
contributo literary, or	panization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one or, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering olumn (b) instead of the contributor name and address), II, and III.
year, cont is checked purpose. I	panization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year
answer "No" on Pa	ization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> rt 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 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.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

THE SEWING LABS

81-1057714

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)  Total contributions Type of contribution
No. 5	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page 2

Name of organization

Employer identification number

THE SEWING LABS

81-1057714

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$56,094.	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	\$	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
	Humb, addiess, and Zif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# THE SEWING LABS

81-1057714

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-11-			Schedule B (Form 990) (202

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** THE SEWING LABS 81-1057714 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE SEWING LABS

**Employer identification number** 81-1057714

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		mılar Funds or A	ccounts. Complete if the	Э
	,,	(a) Donor advised	d funds	(b) Funds and other accoun	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	vriting that the assets hel	d in donor advised fur	nds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose confer	ring	
	impermissible private benefit?			Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization		1		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a hist	torically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a throu	ied conservation contribu	tion in the form of a co		
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a	·			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orgar	nization during the tax	
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri	• •	on, handling of		
	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and	d enforcing conservati	on easements during the yea	ar
-	Amount of aurona incomed in manifesting incomeding bond	lina of cialations and out			
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and enf	ording conservation ea	asements during the year	
0	Does each conservation easement reported on line 2(d) above	a actiofy the requirements	of coation 170/b)/4)/P	)\(i\	
8		•			□ No
0	and section 170(h)(4)(B)(ii)?				NO
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn		•		
	, , , , , , , , , , , , , , , , , , , ,	ote to the organization's	imanciai statements tr	iat describes trie	
Pai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Other S	Similar Assets.	
1 0.	Complete if the organization answered "Yes" on Form	-		J	
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education.	or research in furthera	ince of public	
	service, provide in Part XIII the text of the footnote to its finan	, ,		į.	
b	If the organization elected, as permitted under FASB ASC 956			e sheet works of	
	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	, 22222113.1, 01		(	
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
	(m) 4			<b>.</b> .	
2	If the organization received or held works of art, historical trea				
~	the following amounts required to be reported under FASB A			provide	
а	Revenue included on Form 990, Part VIII, line 1	~		• \$	
	Assets included in Form 990, Part X				
	ABSOLO INGIGUEU III I OITH SSU, FAILA	• • • • • • • • • • • • • • • • • • • •		. 🚩 Ψ	

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

Schedule D (Form 990) 2021

Par	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	imilar Ass	sets <sub>(continu</sub>	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sign	ficant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	ım			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	n's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "	Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other ass	ets not inc	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F				-		Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years b	ack (e) Four	years back
1a	· · · · · · · · · · · · · · · · · · ·							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	•		)) held as:				
a	Board designated or quasi-endowment		_%					
b		%						
С		%						
_	The percentages on lines 2a, 2b, and 2c sho	•						
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administer	ed for the c	organization	Г	Yes No
	by:							Tes No
	(i) Unrelated organizations							<del></del>
	(ii) Related organizations							
	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tunas.					
	Complete if the organization answere		Part IV line 11a S	See Form 990	Part X line	e 10		
	Description of property	(a) Cost or o		t or other	· · · · · · · · · · · · · · · · · · ·	umulated	(d) Book	volue
	Description of property	basis (investr		(other)		ciation	( <b>u)</b> 600k	value
10	Land	<u> </u>	, , , ,	21/				
b	Land Buildings	I						
C			Δ	4,619.		2,300.	42	,319.
d		I		0,148.	2	6,625.	63	,523.
	Other			-,		,		, 5 = 5 +
	il. Add lines 1a through 1e. (Column (d) must e		Y column (P) line 1	(Oc.)		<b></b>	105	,842.
. J.u		uuui i Uiiii 330. Fäll	n. colullii (D). IIIIC I	UU./				<u>,</u>

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" o  a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
Elemental destructions	(2) 20011 14.00	(c)car.ca or variations cost of only	or your manner raise
Closely held equity interests			
Other			
A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►   art VIII   Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
	(b) DOOK VAIUE	(e) Method of Valuation. Cost of end-t	or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	5 000 D . W.		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(A) Dealershoot
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" o  (a) D	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" o  (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" o  (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   art IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) December 1997 (b) December 1997 (c) December 1997 (c		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) December 1991 (b) Complete if the organization answered (b) Complete if the organization answered (c) Complete if the organization and (c) Complete if the organizati	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The part IX Other Assets.  Complete if the organization answered "Yes" of (a) Description of liability  The part IX Other Assets.  Complete if the organization answered "Yes" of (a) Description of liability	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) Description of liability  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The property of the organization answered "Yes" organization of liability  (1) Federal income taxes (2) (3) (4) (5)	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (1) (1) (2) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description		

132053 10-28-21

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Par	t XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		eries of prior year grants			
d		(Describe in Part XIII.)			
		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lii	nes <b>4a</b> and <b>4b</b>		4c	
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.	)	5	
Par	t XII	Reconciliation of Expenses per Audited Financial Sta		ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1				1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities			
b	Prior y	rear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
		ment expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIII.)	4b		
		nes <b>4a</b> and <b>4b</b>			
5 Dar	lotal e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information.	8.)	5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1: Dort IV lines 1h and 2h: Do	ort V. line 4: Dort V. line 2: Dort V	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		art v, iii le 4, i art A, iii le 2, i art A	.1,
11103	zu anu	4b, and that All, lines 2d and 4b. Also complete this part to provide al	iy additional information.		

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization							ntification number
	ING LABS					81-1057	
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written okey employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
List all states in which the organization or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro				s greater than \$5,000.						
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through						
			AUCTION	(overt type)	(total number)	col. <b>(c)</b> )						
ne			(event type)	(event type)	(total number)							
Revenue	1	Gross receipts	48,615.			48,615.						
	2	Less: Contributions	12,888.			12,888.						
	3	Gross income (line 1 minus line 2)	35,727.			35,727.						
	4	Cash prizes										
s		Noncash prizes										
beuse	6	Rent/facility costs	4,235.			4,235.						
Direct Expenses	7	Food and beverages	2,345.			2,345.						
	8	Entertainment	150.			150.						
	9	Other direct expenses	37,498.			37,498.						
	10		9 in column (d)		<b>&gt;</b>	44,228.						
_	11	Net income summary. Subtract line 10 from li				-8,501.						
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than							
		\$15,000 on Form 990-EZ, line 6a.	Ι	(b) Pull tabs/instant		(d) Total gaming (add						
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))						
Re	1	Gross revenue										
es	2	Cash prizes										
Direct Expenses	3	Noncash prizes										
Direct F	4	Rent/facility costs										
_	5	Other direct expenses										
	6	Volunteer labor	Yes % No	Yes % No	Yes % No							
	7 Direct expense summary. Add lines 2 through 5 in column (d)											
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>							
		ter the state(s) in which the organization condu										
		the organization licensed to conduct gaming ac No," explain:				Yes No						
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·			Yes No						

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 THE SEWING LABS	81-105//14 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	d
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
<b>b</b> An outside facility	I
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶\$	amount
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v): and Part III. lines 9. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	_

Schedule G	(Form 990)	THE	SEWING	LABS	81-1057714	Page 4
Part IV	(Form 990) <b>Supplemental Inform</b>	nation	(continued)			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE SEWING LABS											
Part I Genera											
1 Does the orga	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
criteria used t	criteria used to award the grants or assistance?										
2 Describe in Pa	art IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.						
	and Other Assistance to					anization answered "Y	es" on Form 990, Part l	V, line 21, for any			
recipier	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
	address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
O Entertate	mbox of postice 501(s)(0) =	and any owner and any	ranizationa listed is the	o line 1 table							
	mber of section 501(c)(3) a mber of other organization	-		e iirie i tadie				······ 【 ———			
	ork Reduction Act Notice							Schedule I (Form 990) 2021			

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#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Employer identification number

	WING LABS		81-105771	4							
Part I Excess Benefit Trans	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).										
Complete if the organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part \										
1 (	(b) Relationship between disqualified	(a) Description of these		(d) Corr	ec						
(a) Name of disqualified person	person and organization	(c) Description of trans	action	Yes							
					$\overline{}$						

1	(b) Relationship between disqualified	(a) Description of transaction	(d) Corr	rected?							
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No							
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under											

_	Effect the amount of tax incurred by the organization managers of disquamed persons during the year und	Ci		
	section 4958			\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		<b></b>	\$

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

<b>(b)</b> Relationship with organization	(c) Purpose of loan	from the organization?		from the		from the		from the		from the		from the		from the		from the		from the		from the		from the		from the		from the		from the		from the		from the		<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In ult?	( <b>h)</b> Ap by bo comm	proved ard or iittee?	(i) W agreer	ritten ment?
		То	From			Yes	No	Yes	No	Yes	No																														
	·																																								
	(b) Relationship with organization	(c) Purpose of loan	with organization of loan from organization	with organization of loan from the organization?	with organization of loan of loan principal amount	with organization of loan organization principal amount	with organization of loan of loan principal amount defa	with organization of loan of loan principal amount default?	with organization of loan of loan principal amount of loan of	with organization of loan of loan principal amount principal amount of loan of loan organization?	with organization of loan from the organization? principal amount default? unwittee? agreer																														

#### Total **Grants or Assistance Benefiting Interested Persons.** Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

(a	Complete if the organization answere  ) Name of interested person	(b) Relations	ship between and the organ	interested	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's
		·					Yes	No
LINNCA	STEVENS	SISTER	OF KRIS	SSMIT	36,915.	COMPENSATIO		Х
Part V	Supplemental Information.					<u> </u>		
	Provide additional information for resp	ponses to quest	ions on Sche	dule L (see i	nstructions).			
SCH L,	PART IV, BUSINESS	TRANSACT	IONS IN	VOLVIN	G INTEREST	ED PERSONS:		
(A) NA	ME OF PERSON: LINNC	A STEVEN	S					
(B) RE	LATIONSHIP BETWEEN I	INTEREST	ED PERS	ON AND	ORGANTZATI	ron•		
				OIV MIVE	OROMIVIZMI	1011.		
SISTER	OF KRIS SMITHER, BO	DARD SEC	RETARY					
(C) AM	OUNT OF TRANSACTION	\$ 36,91	5.					
(D) DE	SCRIPTION OF TRANSAC	CTION: C	OMPENSA	TION F	OR MANAGER	IAL SERVICES		
(E) SH	ARING OF ORGANIZATIO	ON REVENI	UES? =	NO				
(2) 211			<u></u>					

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization THE SEWING LABS

81-1057714 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 25 35,187. FAIR MARKET VALUE ( AUCTION ITEMS ) 25 25,000.FAIR MARKET VALUE ( SEWING SUPPLI ) X 40 Other > 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FORM 990, PART

THE SEWING LABS

I,

ENTREPRENEURSHIP, AND ENRICHMENT.

Employer identification number 81-1057714

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVE AS A RELATED TRAINING INSTITUTE FOR INDUSTRIAL SEWING MACHINE

OPERATOR TRAINING. THIS IS OFFERED AS PART OF OUR SEWING SALON TRAINING

PROGRAM, WHICH RESULTS IN AN APPRENTICESHIP AS PART OF COURSE

COMPLETION. THIS APPRENTICESHIP PROGRAM CLEARLY INCREASES THE

EMPLOYMENT VALUE OF OUR CLIENTS IN OUR WORKFORCE DEVELOPMENT PROGRAM.

IN 2021, THE SEWING LABS SERVED 264 INDIVIDUAL STUDENTS IN 4032 HOURS

OF CLASSROOM INSTRUCTION. WE HAD 193 VOLUNTEERS SERVE THE ORGANIZATION

IN 6990 HOURS THEIR TIME. IN 2021, THE SEWING LABS RECEIVED IN KIND

DONATIONS OF 5355 POUNDS OF FABRIC, NOTIONS AND SEWING MACHINES.

THE SEWING LABS EXPERIENCES FIRSTHAND THE EMOTIONAL DIGNITY: TREMENDOUS HEALTH AND WELLNESS BENEFITS THAT OUR CLIENTS GAIN THROUGH SEWING. EVERY DAY, WE SEE THE REMARKABLE BOOST TO SELF-CONFIDENCE AND THE SENSE OF ACCOMPLISHMENT THAT THIS SKILL BRINGS. SEWING BOOSTS MENTAL HEALTH BY ACTING AS A RELIEF VALVE FROM THE PRESSURES THAT SURROUND US IN OUR WORLD TODAY, ESPECIALLY FOR THOSE WHO FIND THEMSELVES IN AN AT-RISK SITUATION. FOCUSING ON ONE THING, SUCH AS CAN CALM THE MIND, REDUCE STRESS AND ANXIETY, AND LOWER BLOOD PRESSURE AND HEART RATE. THIS SINGULAR FOCUS PUTS US INTO CREATIVE "FLOW" WHICH SOME SAY IS THE KEY TO HAPPINESS. GREEN INITIATIVES: SINCE OUR INCEPTION, REPURPOSING, RE-USE,

RECYCLING, AND UPCYCLING HAVE BEEN A FOUNDATION FOR ALL THAT WE DO. IT

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 81-1057714 THE SEWING LABS IS THROUGH SEWING THAT WE SUPPORT AND ELEVATE SUSTAINABILITY. EVERY DAY WE ARE REPURPOSING MATERIAL, MACHINES, AND NOTIONS. ADDITIONALLY, THE SEWING LABS MAINTAINS THE MINDSET THAT LEARNING MENDING AND REPAIR ADD TREMENDOUS VALUE TO OUR WORLD. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE FORM 990, PART VI, SECTION B, LINE 12C: ANY BOARD MEMBER WITH A CONFLICT IS RECUSED REGARDING ANY DISCUSSION OR DECISION MAKING RELATIVE TO THE CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR INCLUDED A REVIEW OF COMPARABILITY DATA FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
	6 STUDENT MODEL SEWING													
1	MACHINES	08/23/16	200DB	7.00	HY17	1,386.				1,386.	1,076.		124.	1,200.
2	AMAZON	05/19/17	200DB	7.00	НҮ17	645.				645.	444.		57.	501.
3	2 COVERSTITCH MACHINES	03/27/18	200DB	7.00	НУ17	4,390.				4,390.	1,393.		856.	2,249.
4	INDUSTRIAL MACHINES	03/13/19	200DB	7.00	НУ17	2,000.				2,000.	1,727.		78.	1,805.
5	CAPITAL CAMPAIGN EQUIPMENT	05/13/20	200DB	7.00	MQ17	796.				796.	142.		187.	329.
6	EQUIPMENT-BIG PROJECT	06/06/20	200DB	7.00	MQ17	688.				688.	123.		161.	284.
7	SEWING MACHINES	08/20/20	200DB	7.00	MQ17	13,970.				13,970.	1,497.		3,564.	5,061.
8	CUTTING STATION/TABLES	08/25/20	200DB	7.00	MQ17	3,395.				3,395.	364.		866.	1,230.
9	SERGER	09/01/20	200DB	7.00	MQ17	1,550.				1,550.	166.		395.	561.
10	IRONING STATION	09/06/20	200DB	7.00	MQ17	1,587.				1,587.	170.		405.	575.
11	SALON EQUIPMENT	09/02/20	200DB	7.00	MQ17	738.				738.	79.		188.	267.
12	CAMERA	09/22/20	200DB	7.00	MQ17	2,564.				2,564.	275.		654.	929.
13	WORKBENCHES	09/28/20	200DB	7.00	MQ17	1,145.				1,145.	123.		292.	415.
14	CLASSROOM CHAIRS	10/04/20	200DB	7.00	MQ17	2,488.				2,488.	89.		685.	774.
15	CHAIRS/EQUIPMENT	10/07/20	200DB	7.00	MQ17	1,374.				1,374.	49.		379.	428.
16	CLASSROOM TABLES	10/15/20	200DB	7.00	MQ17	1,658.				1,658.	59.		457.	516.
17	SEWING MACHINES	10/16/20	200DB	7.00	MQ17	14,200.				14,200.	507.		3,912.	4,419.

<sup>128111 04-01-21</sup> 

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	LONG ARM QUILTING MACHINE * 990 PAGE 10 TOTAL	09/13/21	200DB	7.00	HY19	35,573.				35,573.			5,082.	5,082.
	MACHINERY & EQUIPMENT					90,147.				90,147.	8,283.		18,342.	26,625.
	OTHER													
18	LEASEHOLD IMPROVEMENTS	06/19/20	SL	39.00	MM17	41,056.				41,056.	570.		1,053.	1,623.
19	VARIOUS FIXTURES/EQUIP	08/05/20	200DB	7.00	MQ17	1,344.				1,344.	144.		343.	487.
20	BUILDING MATERIALS-NEW SPACE	08/12/20	SL	39.00	MM17	1,878.				1,878.	18.		48.	66.
21	VARIOUS BIG PROJECT	08/24/20	200DB	7.00	MQ17	342.				342.	37.		87.	124.
	* 990 PAGE 10 TOTAL OTHER					44,620.				44,620.	769.		1,531.	2,300.
	* GRAND TOTAL 990 PAGE 10 DEPR					134,767.				134,767.	9,052.		19,873.	28,925.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					99,194.			0.	99,194.	9,052.			23,843.
	ACQUISITIONS					35,573.			0.	35,573.	0.			5,082.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					134,767.			0.	134,767.	9,052.			28,925.
	ENDING ACCUM DEPR										28,925.			
	ENDING BOOK VALUE										105,842.			

<sup>128111 04-01-21</sup> 

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### EXTENDED TO NOVEMBER 15, 2022 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization ( Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section THE SEWING LABS 81-1057714 Print E Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 408(e) 526 CAMPBELL 408A ]530(a) City or town, state or province, country, and ZIP or foreign postal code ]529(a) [ KANSAS CITY, MO 64106 529A Check box if 318,131. C Book value of all assets at end of year .... an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► THE ORGANIZATION Telephone number ► 816-888-3051 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2 Reserved 2 3 3 Add lines 1 and 2 0. 4 Charitable contributions (see instructions for limitation rules) 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 10 1,000. Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or 2 3 3 **Proxy tax.** See instructions 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 Tax on noncompliant facility income. See instructions 6 6

LHA

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Form 9		,							Р	age <b>2</b>
Part		Tax and Payments		П. Т						
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116				$\dashv$				
b		credits (see instructions)				-				
C		ral business credit. Attach Form 3800 (see instructions)				$\dashv$				
d		t for prior year minimum tax (attach Form 8801 or 8827)				$\dashv$				
e		credits. Add lines 1a through 1d					le			0.
2		act line 1e from Part II, line 7 amounts due. Check if from: Form 4255 Form 8611				<del>     </del>	2			<u> </u>
3	Other						,			
4	Total	tax. Add lines 2 and 3 (see instructions). Check if include:				·	3			
4		on 1294. Enter tax amount here	-				4			0.
5		nt net 965 tax liability paid from Form 965-A or Form 965-B, Part II, co					5			0.
6a		ents: A 2020 overpayment credited to 2021								<del></del>
b		estimated tax payments. Check if section 643(g) election applies		6b		$\dashv$				
c		eposited with Form 8868				$\dashv$				
d		gn organizations: Tax paid or withheld at source (see instructions)				$\dashv$				
e		up withholding (see instructions)				$\neg$				
f		t for small employer health insurance premiums (attach Form 8941)				$\neg$				
g		credits, adjustments, and payments: Form 2439								
•		Form 4136 Other								
7		payments. Add lines 6a through 6g				.TL	7			
8						$\neg$ ı	8			
9	Tax d	ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount				▶ ∐	9			
10	Over	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amo	ount ove	rpaid	<b>&gt;</b>	▶	10			
11		the amount of line 10 you want: Credited to 2022 estimated tax			Refunded	<u> </u>	11			
Part	IV :	Statements Regarding Certain Activities and Other In	ntorma	tion (see inst	ructions)					
1	At an	y time during the 2021 calendar year, did the organization have an inte	erest in c	or a signature or	other authorit	:y			Yes	No_
		a financial account (bank, securities, or other) in a foreign country? If "		· ·	•					
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,	" enter th	ne name of the	foreign country	У				
	here							—— l		_X_
2		g the tax year, did the organization receive a distribution from, or was	_							37
		n trust?						····· }		_X_
•		s," see instructions for other forms the organization may have to file.			• •					
3		the amount of tax-exempt interest received or accrued during the tax available pre-2018 NOL carryovers here \$\bigs\\$								
4		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown								
5		2017 NOL carryovers. Enter available Business Activity Code and post	•	•	•	art i, i	1116 4.			
3		mounts shown below by any NOL claimed on any Schedule A, Part II,				ne				
	ti ic ai	Business Activity Code	iiile ii i	_	oost-2017 NOL		vover			
		Business Activity Gode		\$	30312017 1101	_ carr	yovci			
				\$						
6a	Did th	ne organization change its method of accounting? (see instructions)		Ψ						Х
b		s "Yes," has the organization described the change on Form 990, 990								
		in in Part V	,	,	,					
Part		Supplemental Information								
Provide	the ex	xplanation required by Part IV, line 6b. Also, provide any other addition	nal inforn	nation. See inst	ructions.					
		nder penalties of perjury, I declare that I have examined this return, including accompanying so rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information o				vledge :	and beli	ef, it is true	,	
Sign		rices, and complete. Declaration of preparer (office than taxpayer) is based on an information of	willen prej	Jaici nas any knowie	age.	May ti	ne IRS d	iscuss this	return w	rith
Here		<u>B</u>	OARD	PRESIDE	NT	-		hown below		
		Signature of officer Date Title	e			instruc	tions)?	X Ye	s	No
		Print/Type preparer's name Preparer's signature		Date	Check	if	PTIN			
Paid		RHONDA L. CARLSON RHONDA L. CARL			self- employe	ed				
Prepa	arer	CPA CPA		11/08/22	<del>'</del>			0297		
Use C		Firm's name ► KELLER & OWENS, LLC			Firm's EIN	<u> </u>	48	-119!	5228	3
	_	10955 LOWELL AVE, STE 800	U			, .		222	2 -	
		Firm's address ► OVERLAND PARK, KS 66210			Phone no.	(9:				
123711 0	1-31-22						ŀ	Form <b>99</b>	90-T (	2021)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE SEWING LABS 81-1057714 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 526 CAMPBELL return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. KANSAS CITY, MO 64106 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 526 CAMPBELL - KANSAS CITY, MO 64106 Telephone No. ► 816-888-3051 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

# Form **4562**

epartment of the Treasury

Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

990

**2021**Attachment

OMB No. 1545-0172

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179
Identifying number

Name(s) shown on return Business or activity to which this form relates THE SEWING LABS FORM 990 PAGE 10 81-1057714 Part I Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,050,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,620,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 14,791 17 MACRS deductions for assets placed in service in tax years beginning before 2021 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 5-year property b 35,573. 7 YRS. ΗY 200DB 5,082. 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

19,873.

22

23

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Part V	isted Property (Include automobiles, certain other vehicles, certain aircraft, and property used for
	ntertainment, recreation, or amusement.)

	Note: For any 24b, columns										e expens	se, comp	olete <b>o</b> i	nly 24a,		
			on and Other I								nits for	passeng	er autor	nobiles. )		
24	Do you have evidence to	support the bu	siness/investme	nt use cla	aimed?		Yes		No	24b If "Y	es," is tl	ne evide	nce writ	ten?	Yes [	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	le ot	(d) Cost or ther basis		Basis for (busines		ciation tment	(f) Recovery period	Me	( <b>g)</b> thod/ rention	Depr	(h) eciation uction	Elec sectio	(i) cted on 179 ost
 25	Special depreciation alle	owance for q	ualified listed p	roperty	placed i	n ser	vice di	uring t	the ta	x year and	<u>'</u>					
	used more than 50% in	a qualified b	usiness use									25				
26	Property used more that															
		: :	9	6												
		: :	9	6												
		: :	9	6												
27	Property used 50% or le	ess in a qualit	fied business u	se:												
		: :	9	6							S/L -					
		: :	9	6							S/L -					
		: :	9	6							S/L -					
28	Add amounts in column	n (h), lines 25	through 27. Er	nter here	and on	line 2	21, pag	ge 1				28				
29	Add amounts in column	n (i), line 26. E	nter here and	on line 7	7, page 1									29		
			S	ection I	B - Infor	matic	on on	Use o	of Veh	icles						
Со	mplete this section for ve	ehicles used l	ov a sole propr	ietor, pa	artner. or	othe	er "mor	e thai	n 5% (	owner." or	related	person.	If you p	rovided v	ehicles	
	your employees, first ans											•	•			
	, , , , , , , , , , , , , , , , , , , ,							•		•	3					
				(	a)		(b)			(c)	(	d)		(e)	(f	·)
30	Total business/investment	miles driven d	uring the		nicle		Vehicle	,	٧	ehicle	1	nicle		hicle	Veh	-
	year (don't include commu	ear (don't include commuting miles)				vonicio vonicio vo										
31		otal commuting miles driven during the year														
	Total other personal (no															
	driven	-														
33	Total miles driven during															
	Add lines 30 through 32	2														
34	Was the vehicle availab			Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a	more													
	than 5% owner or relate	ed person?														
36	Is another vehicle availa	able for perso	nal													
	use?															
		Section C	- Questions for	or Empl	oyers W	ho P	rovide	<b>V</b> ehi	cles f	or Use by	Their E	mploye	es			
Ans	swer these questions to	determine if y	ou meet an ex	ception	to comp	letin	g Sect	ion B	for ve	hicles use	ed by em	ployees	who a	ren't		
mo	re than 5% owners or rel	ated persons	S													
37	Do you maintain a writte	en policy stat	ement that pro	hibits a	II person	al us	e of ve	hicles	s, incli	uding com	muting,	by your			Yes	No
	employees?															
38	Do you maintain a writte															
	employees? See the ins	structions for	vehicles used	by corp	orate off	icers	, direct	tors, c	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by er	nployees as pe	ersonal u	use?											
40	Do you provide more th															
	the use of the vehicles,															
41	Do you meet the require	ements conc	erning qualified	d autom	obile der	nons	tration	use?								
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	te Se	ection I	B for t	the co	vered veh	icles.					
P	art VI Amortization															
	(a) Description o	of costs	Date	(b) amortization		Amor	<b>c)</b> tizable			<b>(d)</b> Code		(e) Amortiza		An	(f) nortization	
				begins		amo	ount			section		period or per		fo	this year	
<u>42</u>	Amortization of costs th	nat begins du	ring your 2021	tax yea	ır:						1					
_				<u>: : :</u>					$\perp$							
_				<u>: : :</u>												
	Amortization of costs th												43			
<u>44</u>	Total. Add amounts in	column (f). Se	ee the instructi	ons for	where to	repo	ort	<u></u>		<u></u>	<u></u>		44			

Form **4562** (2021)