

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

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

2021
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change LABOR MOBILITY PARTNERSHIPS INC Name change 84-1991867 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1902 712 H STREET NE 202-800-9251 2,052,500. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20002 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: REBEKAH SMITH Yes X No for subordinates? L SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) () **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► HTTPS://LAMPFORUM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2019 M State of legal domicile; DC Part I Summary Briefly describe the organization's mission or most significant activities: IMPLEMENT SAFE AND RELIABLE Governance PATHWAYS WHICH CREATE VALUE FOR WORKERS, EMPLOYERS, AND ECONOMIES if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 3 4 Activities & 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 792,722, 1,976,495. Contributions and grants (Part VIII, line 1h) 8 Revenue 82,967. 76,000. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 0 . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5. 11 875 689. 2,052,500. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 170,980. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 338,541. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 26,894. 394,399. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 197.874. 732,940. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 677,815. 1,319,560. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 682 921 2,064,828. Total assets (Part X, line 16) 291 62,638. 21 Total liabilities (Part X, line 26) 三年 682,630. 2,002,190. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign REBEKAH SMITH, EXECUTIVE DIRECTOR Here Type or print name and title

Preparer's signature

SRILATHA SAIKRISHNAN

Form 990 (2021)

No

PTIN

41-0746749

P00874373

Yes

Check

Firm's EIN ▶

self-employed

Phone no. (571) 227-9500

Date

11/08/22

Print/Type preparer's name

Paid

Preparer

Use Only

SRILATHA SAIKRISHNAN

Firm's name CLIFTONLARSONALLEN LLP

Firm's address > 901 NORTH GLEBE ROAD, SUITE 200

ARLINGTON, VA 22203

May the IRS discuss this return with the preparer shown above? See instructions

_	1990 (2021) LABOR MOBILITY PARTNERSHIPS INC		Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CATALYZE A FUNCTIONAL ECOSYSTEM OF ACTORS IMPLEMENTING SAFE AND		
	RELIABLE LABOR MOBILITY PATHWAYS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	-	l
	prior Form 990 or 990-EZ?	X	Yes No
	If "Yes," describe these new services on Schedule O.		l 📆
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expens	es, and
	revenue, if any, for each program service reported.		76 000
4a		\$	76,000.
	LAMP DELIVERS ON ITS MISSION THROUGH EFFORTS IN TWO MUTUALLY-BENEFICIAL		
	AND REINFORCING VERTICALS OF WORK: SOLVING PROBLEMS AND BUILDING EVIDENCE. THE FIRST INCLUDES DESIGNING AND ADVISING ON THE		
	IMPLEMENTATION OF HEALTHY LABOR MOBILITY ECOSYSTEMS CHARACTERIZED BY		
	WELL-REGULATED MIGRATION CHANNELS AND A RESPONSIBLE RECRUITMENT		
	INDUSTRY, IN COLLABORATION WITH PUBLIC AND PRIVATE SECTOR STAKEHOLDERS.		
	THE SECOND INCLUDES POLICY RESEARCH, OUTREACH, AND COALITION-BUILDING		
	TO REPLICATE AND SCALE SUCCESSFUL MOBILITY MODELS AND POLICY		
	FRAMEWORKS. IN 2021, LAMP'S PROGRAMS WERE LARGELY CONCENTRATED IN THE		
	BUILDING EVIDENCE VERTICAL, IN PARTICULAR PRODUCING A SERIES OF NOTES		
	AND EVENTS ON THE CASE FOR LABOR MOBILITY FROM THE LENS OF DIFFERENT		
	ACTORS, LAMP ALSO ENGAGED IN TECHNICAL ASSISTANCE ACTIVITIES FOR THE		
4b	(Code:) (Expenses \$	\$	0.)
	UNLOCKING THE VALUE OF QUALITY RECRUITMENT IN THE H-2A VISA PROGRAM AND		
	BEYOND: LAMP IS IMPLEMENTING A TWO-YEAR PROGRAM TO BUILD AND		
	PROFESSIONALIZE A QUALITY RECRUITMENT INDUSTRY SERVING THE H-2A		
	PROGRAM. OUR GOAL IS TO MAKE QUALITY RECRUITMENT PRACTICES PROFITABLE.		
	WE WORK ALONGSIDE LEADING H-2A RECRUITMENT AGENCIES TO STRENGTHEN THEIR		
	DELIVERY CAPACITY AND VALUE PROPOSITION TO EMPLOYERS. WE ALSO WORK WITH		
	STAKEHOLDERS DOWN THE SUPPLY CHAIN INCLUDING GROWERS AND RETAILERS TO		
	FIGURE OUT HOW TO SUPPORT QUALITY RECRUITMENT WHILE MAINTAINING A		
	COMPETITIVE ADVANTAGE. OUR AIM IS TO BUILD THE FOUNDATION FOR A		
	RECRUITMENT INDUSTRY THAT RESPONSIBLY SERVES ALL H-2A STAKEHOLDERS AND		
	ENSURES A WIN-WIN-WIN FOR WORKERS, EMPLOYERS, AND CONSUMERS. IN 2021,		
	LAMP'S WORK ON H-2A RECRUITMENT INDUSTRY WAS SUPPORTED BY THE WALMART		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 507,921.		

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Form 990 (2021) 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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			🖫
40	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,"	ا		🖫
00	complete Schedule G, Part III	19		X
20a	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a		Х
b 21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	admoded government on that it, dolaring ty, into 1: If ites, comblete otherwise I. Parts Fano II	4	ì	

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Form 990 (2021)

Part IV Checklist of Required Schedules (continued) LABOR MOBILITY PARTNERSHIPS INC Page 4 84-1991867

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	INU
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive more than \$25,000 in nor-cash contributions: 11 Yes, complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No

	Check it Schedule O contains a response or note to any line in this Part v						
					Yes	No	
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1				
b	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	х		

Form	990 (2021) LABOR MOBILITY PARTNERSHIPS INC	84-199186	7	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			
	· · · · · · · · · · · · · · · · · · ·		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a		Х
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 Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		1		
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	114	1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1		
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.		iou		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
_	Enter the amount of reserves on hand	13c	1		
			140		х
14a			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
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 a				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the order the tax year	5		
	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 flamber of voting members included of fine 14, above, who are independent	3		
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		Х
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		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		.,,	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
800	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.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b 40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes." describe</i>	120	21	
С		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
		15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	REBEKAH SMITH - 202-800-9251			
	712 H STREET NE 1902 WASHINGTON DC 20002			

2006 12-09-21 Form **990** (2021)

Form 990 (2021) LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Page 7

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.

X X X X X X X X X X	Check this box if neither the organization ne	or any related	d organization compensate				npen	sate	ed any current officer, d	irector, or trustee.	
hours per week (list any hours for related organizations below line) AVERTICAL PROPERTY OF THE PROPERTY OF TH		(B)	(C)						1 ' '	(F)	
hours per week (list any hours for related organizations below line) 1) REBEKAH SMITH PRESIDENT / SECRETARY / ED 2) ZUZANA CEPLA PREASURER / SENIOR ASSOCIATE 3) LANT PRITCHETT 40.00 3) LANT PRITCHETT 50 CARD CHAIR / RESEARCH DIRECTOR 4) RICHARD JOHNSON 0. 25 0. 4) RICHARD JOHNSON 0. 25 0. 50 0. 6, 196 0. 6, 196 0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name and title		(do								
Week (list any hours for related organizations below line)			box	, unle	ss pei	rson i	s both	n an	1		
1 REBEKAH SMITH				Cei ai	lu a u	II ecto	ii/ii us	(66)			
1 REBEKAH SMITH		1 '	irecto								
1 REBEKAH SMITH			or di	ee.			sated				
1 REBEKAH SMITH			ustee	trust		ee	ubeus			1099-NEC)	
1 REBEKAH SMITH			lual tr	tional		nploy	st con	_	1039-1120)		
1 REBEKAH SMITH			ndivic	nstitu	Hicer	ey en	lighe	orme			organizations
A	(1) REBEKAH SMITH						T 9	4			
X	PRESIDENT / SECRETARY / ED		х		х				101,983.	0.	6,957.
SOARD CHAIR / RESEARCH DIRECTOR	(2) ZUZANA CEPLA	40.00									
SOARD CHAIR / RESEARCH DIRECTOR	TREASURER / SENIOR ASSOCIATE				Х				74,189.	0.	6,196.
(4) RICHARD JOHNSON	(3) LANT PRITCHETT	8.00									
X	BOARD CHAIR / RESEARCH DIRECTOR		Х		Х				48,923.	0.	0.
(5) JULIA ONSLOW-COLE		0.25	-								
DIRECTOR X 0. 0. 0 (6) JASON WENDLE 0.25			Х						0.	0.	0.
(6) JASON WENDLE 0.25		0.25									•
		0.05	Х						0.	0.	0.
		0.25							0	_	0
	DIRECTOR		Λ						0.	0.	0.
			1								
			1								
			-								
				_							
			$\left\{ \right.$								
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			1								
			1								

Form	990 (2021) LABOR MOBILIT	IY PARTNERS.	нть	SI	NC					84-15	99180	/	Pa	age c	
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	j Hi	ghes	st C	ompensated Employee	s (continued)					
	(A)	(B)				C)			(D)	(E)			(F)		
	Name and title	Average	(-1-			ition			Reportable	Reportable		Es	stimate	d	
		hours per	hours per (do not check more the box, unless person is						compensation	compensation		ar	amount of		
		week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	d		other		
		(list any	ctor						the	organization	าร	com	pensa	tion	
		hours for	r dire				- G		organization	(W-2/1099-MI	SC/	fı	om the	Э	
		related	tee o	ıstee			susat		(W-2/1099-MISC/	1099-NEC)	org	anizati	on	
		organizations	trus	la tr)yee	l m		1099-NEC)			an	d relate	ed	
		below	Individual trustee or director	In stit utio nal tru stee	ē	Key employee	Highest compensated employee	Je.				orga	anizatio	ons	
		line)	Indiv	Insti	Officer	Key 6	High	Former							
							1								
							<u> </u>								
			ļ												
							<u> </u>								
									100						
			1			Ш									
				_			-								
1b	Subtotal							ightharpoons	225,095.		0.		13,	153.	
С	Total from continuation sheets to Part VI								0.		0.			0.	
d	Total (add lines 1b and 1c)							▶	225,095.		0.		13,	153.	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	е				
	compensation from the organization						-			•				1	
	•												Yes	No	
3	Did the organization list any former officer,	director truste	e k	ev e	emp	love	e or	hic	nhest compensated emp	lovee on					
•	,	•	-	•		•		_		•		3		Х	
4	line 1a? If "Yes," complete Schedule J for s											-			
4	For any individual listed on line 1a, is the su	•		-					•	-		_		v	
	and related organizations greater than \$150											4		X	
5	Did any person listed on line 1a receive or a														
	rendered to the organization? If "Yes." com	plete Schedule	J f	or st	ıch į	oers	on .					5		Х	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	mpensated ind	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of com	pensat	tion fro	om		
	the organization. Report compensation for	the calendar ye	ear e	<u>ndi</u> r	ng w	<u>ith</u> c	o <u>r w</u> i	<u>thi</u> r	the organization's tax y	ear.					
	(A)								(B)			((
	Name and business	address							Description of s	services	C		nsatio:	n	
GLOF	AL DEVELOPMENT INCUBATOR, 155 WE	ST							INCUBATOR AND STRA	TEGY SUPPORT					
-											1				

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL DEVELOPMENT INCUBATOR, 155 WEST	INCUBATOR AND STRATEGY SUPPORT	
23RD ST, FLOOR SIX, NEW YORK, NY 10011	SERVICES,	221,927.
2 Total number of independent contractors (including but not limited to those listed		

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Page 9 Form 990 (2021) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,976,495. 1f g Noncash contributions included in lines 1a-1f 1,976,495. h Total. Add lines 1a-1f **Business Code** 76,000. 76,000. 2 a CONTRACT INCOME 900099 Program Service Revenue b f All other program service revenue 76,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS REVENUE 900099

12 T 132009 12-09-21

b

Form **990** (2021)

2,052,500.

e Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

76,000

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in t			(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	נם) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	238,248.	133,419.	90,534.	14,295
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	71,402.	40,690.	27,406.	3,306
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	727.	409.	277.	41.
9	Other employee benefits	3,746.	2,138.	1,439.	169
10	Payroll taxes	24,418.	13,732.	9,301.	1,385
11	Fees for services (nonemployees):				
а	Management	222			
b	Legal	34,231.	6,821.	27,410.	
С	• · · · · · · · · · · · · · · · · · · ·	23,400.		23,400.	
d	, , E				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,	200 055	005 015	5 660	10.000
	column (A), amount, list line 11g expenses on Sch 0.)	302,877.	287,215.	5,662.	10,000
12	Advertising and promotion	1 140	0.77	242	20
13	Office expenses	1,148.	875.	243.	30
14	Information technology				
15	Royalties	264		264	
16	Occupancy	264. 15.060.	11 505	264.	
17	Travel	15,060.	11,585.	3,475.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,582.	8,200.	5,555.	827
23 24	Insurance Other expenses, Itemize expenses not covered	14,302.	0,200.	3,333.	027
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	RECRUITING EXPENSE	2,837.	2,837.		
b		,	, -		
c					
d					
e					
25	Total functional expenses. Add lines 1 through 24e	732,940.	507,921.	194,966.	30,053
26	Joint costs . Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

84-1991867

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		659,972.	1	1,996,053.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,000.	4	52,500.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, s	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disc				
		under section 4958(f)(1)), and persons descri		6		
ß	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Donate del como con estado de forma de deconocidado como con		8,949.	9	16,275.
	10a	Land, buildings, and equipment: cost or oth	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, I		12		
	13	Investments - program-related. See Part IV,		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must	equal line 33)	682,921.	16	2,064,828.
	17	Accounts payable and accrued expenses .		291.	17	62,638.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Compl	ete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or	former officer, director,			
Liabilities		trustee, key employee, creator or founder, s	ubstantial contributor, or 35%			
iabi		controlled entity or family member of any of	these persons		22	
	23	Secured mortgages and notes payable to ur	nrelated third parties		23	
	24	Unsecured notes and loans payable to unre	lated third parties		24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on	lines 17-24). Complete Part X			
					25	
	26	Total liabilities. Add lines 17 through 25		291.	26	62,638.
"		Organizations that follow FASB ASC 958,	check here ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.				
<u>la</u>	27			682,630.	27	1,109,559.
B	28				28	892,631.
ů		Organizations that do not follow FASB AS	SC 958, check here			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fu			29	
Se	30	Paid-in or capital surplus, or land, building, or			30	
t As	31	Retained earnings, endowment, accumulate	ed income, or other funds		31	
Se	32			682,630.	32	2,002,190.
	33	Total liabilities and net assets/fund balances	S	682,921.	33	2,064,828. Form 990 (2021)

Forn	1990 (2021) LABOR MOBILITY PARTNERSHIPS INC	84-199186	7	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	052,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		732,	940.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	319,	560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		682,	630.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	002,	190.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	ı			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?	,	За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► 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 **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

84-1991867

Page 2

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) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				792,722.	1,976,495.	2,769,217.
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				792,722.	1,976,495.	2,769,217.
	The portion of total contributions				,	, ,	
Ŭ	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,						
	(6)						1,810,343.
6	Public support. Subtract line 5 from line 4.			266	100		958,874.
	etion B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(u) 2011	(10) 1010	(6) 2010	792,722.	1,976,495.	2,769,217.
	Gross income from interest.				,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	•					5.	5.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10					3.	2,769,222.
	• • •	ata (aga inatu satis	 			12	158,967.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		fourth or fifth tox			130,307.
13		•	, , ,				▶ X
Sec	organization, check this box and stop ction C. Computation of Public	_					
	Public support percentage for 2021 (lin			column (f))		14	%
	Public support percentage from 2020		•	***		15	/ 0 %
	33 1/3% support test - 2021. If the o						
104	stop here. The organization qualifies a	-					. \Box
h	33 1/3% support test - 2020. If the o		•				
	and stop here. The organization quali						
179	10% -facts-and-circumstances test						
11 a		_					
	and if the organization meets the facts					_	. □
I.	meets the facts-and-circumstances test	_	•	*	-	70 and line 15 is 1	
О	10% -facts-and-circumstances test	_					U70 UI
	more, and if the organization meets the				· ·		▶□
10	organization meets the facts-and-circu						\
ΙÖ	Private foundation. If the organization	i did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box ar		

Schedule A (Form 990) 2021

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.)

	the tests listed be	low, please comp	lete Part II.)				
Section A. Public S							
Calendar year (or fiscal yea	· F	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contrib							
membership fees red	,						
include any "unusua	······ F						
2 Gross receipts from							
merchandise sold or formed, or facilities f							
any activity that is re	I						
organization's tax-ex	· · · · F						
3 Gross receipts from							
are not an unrelated	trade or bus-						
iness under section s	513						
4 Tax revenues levied	for the organ-						
ization's benefit and	either paid to						
or expended on its b	ehalf						
5 The value of services	or facilities						
furnished by a gover	nmental unit to						
the organization with	out charge						
6 Total. Add lines 1 th	rough 5						
7a Amounts included or	n lines 1, 2, and				100		
3 received from disq	ualified persons		4				
b Amounts included on lines 2							
from other than disqualified exceed the greater of \$5,000	·						
amount on line 13 for the ye	I						
c Add lines 7a and 7b							
8 Public support. (Subtr							
Section B. Total Su	pport				_		
Calendar year (or fiscal yea		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6							
10a Gross income from in							
dividends, payments securities loans, rent							
and income from sin	nilar sources						
b Unrelated business tax	able income						
(less section 511 taxes) from businesses						
acquired after June 30,	1975						
c Add lines 10a and 10)b						
11 Net income from unr	elated business						
activities not include whether or not the b							
regularly carried on							
12 Other income. Do no							
or loss from the sale assets (Explain in Pa					<u> </u>		
13 Total support. (Add lines	, ,						
14 First 5 years. If the I	· · · · -	organization's fir	rst, second, third. 1	ourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
check this box and		· ·		ŕ			
Section C. Computa							,
15 Public support perce	entage for 2021 (lin	ne 8, column (f), di	ivided by line 13, c	column (f))		15	%
16 Public support perce	•					16	%
Section D. Comput							
17 Investment income p				ne 13, column (f))		17	%
18 Investment income p						18	%
19a 33 1/3% support tes							
more than 33 1/3%,							ightharpoons
b 33 1/3% support tes							nd
line 18 is not more th							. —
20 Private foundation			-	· ·		-	

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		
За		
3b		
Зс		
4a		
16		
4.		
4b		
4c		
40		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
406		
10b ule A (Forn	n 990)	2021

Sche	edule A (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC	84-1991867	Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	e		
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one so organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the power to appoint and/or remove officers.	s officers, n(s) supported		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization.	2		
	- Type in supporting organizations		V	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	S	Yes	No
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tayear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ах		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1 a b		instructions).		
c		entity (see instruction	ıs)	
2	Activities Test. Answer lines 2a and 2b below.	strate (See mondered)	Yes	No
– a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	25		
а				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	•			
~	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

2025 01-04-22 Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC			84-1991867 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations	<u>u</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Schedule A (Form 990) 2021 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2017

Schedule A (Form 990) 2021

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A	(Form 990) 2021	LABOR MOBIL:	TY PARTNERSHI	PS INC	84-1991867	Page 8
Part VI	Supplemental Information Part IV, Section A, lines Information 1; Part IV, Section D.	I, 2, 3b, 3c, 4b, 4c , lines 2 and 3; Pai	, 5a, 6, 9a, 9b, 9c, t IV, Section E, line	11a, 11b, and 11c; Part I\ s 1c, 2a, 2b, 3a, and 3b; F); Part II, line 17a or 17b; Part III, line 7, Section B, lines 1 and 2; Part IV, Se Part V, line 1; Part V, Section B, line 1 part for any additional information.	12; ection C,
		In	P	roc	ess	

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867

	LABOR MOBILITY PARTNERSHIPS INC	04-1331007
Organization type (chec	k one):	•
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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	
Check if your organization	on is covered by the General Rule or a Special Rule.	
	1 (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	• • • • • • • • • • • • • • • • • • • •
Special Rules		
sections 509(a) contributor, du	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i-EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, du	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, stational purposes, or for the prevention of cruelty to children or animals. Complete Parts In (b) instead of the contributor name and address), II, and III.	scientific,
year, contributi is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled are here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P	

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021) organization		I	Emplo	Pa yer identification numb
1441110 01 0	ngameaton			Linpio	yer raemimoation name
LABOR MO	DBILITY PARTNERSHIPS INC			8	4-1991867
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space	is needed.		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribution	s	(d) Type of contribution
1		\$_	140,	000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribution	s	(d) Type of contribution
2		\$_	836,	495.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribution	s	(d) Type of contribution
3		\$_	1,000,	000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	,	(c) Total contribution	s	(d) Type of contribution
		\$			Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribution	s	(d) Type of contribution
		\$			Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribution	s	(d) Type of contribution
					Person

123452 11-11-21

Payroll
Noncash
(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

LABOR MOBILITY PARTNERSHIPS INC

84-1991867

Part II			
(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
	To Dr	\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2021)

Page 4 Name of organization **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Open to Pu

Name of the organization

LABOR MOBILITY PARTNERSHIPS INC

Employer identification number 84-1991867

Pai			Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advi	sod funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advi	sed fullus	(b) Fullus and other accounts
1 2	Total number at end of 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 wr	riting that the assets	neld in donor advise	ed funds
_	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Y	'es" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contr	ibution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not o	on a historic structui	
	listed in the National Register			•
3	Number of conservation easements modified, transferred, release	ased, extinguished, o	r terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the perio			□ v □ v.
•	violations, and enforcement of the conservation easements it h		and anfavoing conc	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations,	and emorcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and a	enforcing conservati	ion essements during the year
•	\$ \$	ig or violations, and t	siliording conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		•	
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno		·	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	Art, Historical Tr	easures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its re	venue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, educatio	n, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that de	escribes these items	3.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its reven	ue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education,	or research in furth	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas	sures, or other similar	assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.		Schedule D (Form 990) 2021

Sche	34416 B (1 61111 666) E6E 1	ITY PARTNERSHIP					84-199			age 2
Par	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or Othe	er Sii	milar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that make	signifi	cant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d		change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	· · · · · · · · · · · · · · · · · · ·	-	-			e in Part I	XIII.		
5	During the year, did the organization solicit or		,	*				7.,		٦
Dar	to be sold to raise funds rather than to be maintain IV Escrow and Custodial Arrangement							Yes		<u>No</u>
ı aı	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organization	on answered "Yes" o	n Forr	11 990,	Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custodia	· ·	any for contribution	s or other assets not	t inclu	ded				
ıa	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	Too, explain the arrangement in rate will a	ina complete the following	owning table.		Γ			Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance				[1f				
	Did the organization include an amount on Fo				ility?		\square	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete if									
	1	(a) Current year	(b) Prior year	(c) Two years back	(d) 1	Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance		4							
b	Contributions				-					
С	Net investment earnings, gains, and losses				-					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
g	End of year balance	ent voor and balance	(line 1a column (a)) hold oo:	<u> </u>					
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance	%	ij) rielu as.						
b	Permanent endowment	%								
c	Term endowment > 9									
Ū	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	tion that are held a	nd administered for t	the or	ganizat	ion			
	by:	J			`	•			Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	See Form 990, Part X	(, line	10.				
	Description of property	(a) Cost or ot		t or other (c)	Accur	nulated	i	(d) Boo	k valu	е
		basis (investm	ent) basis	(other) d	eprec	iation				
1a	Land									
b	Buildings									
	Leasehold improvements									
	1 1	I					_			
	Other									

132053 10-28-21

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC			84-199	1867 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				2,240,931.
1				1	2,240,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
a b	Net unrealized gains (losses) on investments Donated services and use of facilities		188,431.		
C	Recoveries of prior year grants				
d		1			
				2e	188,431.
3	Subtract line 2e from line 1			3	2,052,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b					
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,052,500.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	921,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	188,431.		
b	Prior year adjustments			-	
С	Other losses				
d	, , , , , , , , , , , , , , , , , , , ,				100 421
_	9			2e	188,431.
3	Subtract line 2e from line 1			3	732,940.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
_	, , , , , , , , , , , , , , , , , , , ,			-	
b		•		40	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.			4c 5	732,940.
	rt XIII Supplemental Information.)		1 5 1	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1b an	d 2b: Part V line 4	Ŀ Part X lir	ne 2· Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			r, r art 7, m	10 2, 1 art /11,
	Za ana 15, ana 1 arrini, inice za ana 15.7100 compiete ane part to provide any	additional informa			
PART	T X, LINE 2:				
UNDE	ER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGA	NIZATION IS			
A NC	ONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON I	NCOME OTHER			
	A NEW VINES AND DUGINESS INCOME. NO DOCUMENTON FOR DEPORTS	D (M1 MD			
THAN	N NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL O	R STATE			
TNCC	NE TO DESTITUED ESD MUE VEND ENDED DESEMBED 21 2021 NO MU	T.			
INCC	OME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2021, AS TH	. <u></u>			
ORGA	ANIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME.				
OI(GI	MIZHION HID NO IMMIDIL NII OMNIBILID DODINIDO INCOME.				
THE	ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING T	O ACCOUNTING			
FOR	UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDAR	DS			
CODI	FICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROV	IDE			
CONS	SISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCO	ME TAXES			
RECC	OGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A	THRESHOLD			
132054	4 10-28-21			Schedule	D (Form 990) 2021

Schedule D (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC	84-1991867	Page 5
Part XIII Supplemental Information (continued)		
OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX		
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE		
ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO		
UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.		
THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR		
THE YEAR ENDED DECEMBER 31, 2021 AND DETERMINED THAT THERE WERE NO MATTERS		
THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY		
THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS ON THAT MAT		
HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUE OF LIMITATIONS		
GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S. FEDERAL		
JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISTICTIONS IN WHICH THE		
TH FLOCES		
ORGANIZATION FILES TAX RETURNS.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization					Employer identific	cation number
LABOR MOBILITY PARTNERS	SHIPS INC				84-1991867	
		ctivities Out	side the United States. Comple	ete if the organ		es" on
Form 990, Part IV			33 ,p	515 II II 15 5 9 9		
		maintain record	ds to substantiate the amount of its gra	ints and other	assistance,	
<u> </u>	•		he selection criteria used to award the			Yes No
	-					
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.						
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	1	gram service,	expenditures for and
	in the region	agents, and independent contractors	gram services, investments, grants to recipients located in the region)	1	specific type (s) in the region	investments
		in the region	recipients located in the region)	Of Service	(s) in the region	in the region
				UNDERTAKING	A SCOPING OF	
				OPPORTUNITI	ES TO IMPROVE	
EUROPE (INCLUDING				THE SCALE A	ND QUALITY OF	
ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	LABOR MOBII	ITY PATHWAYS	6,369.
			Proc	BACKGROUND	TECHNICAL	
				RESEARCH AN		
NORTH AMERICA (NON					ONS TO INFORM	
US)	0	1		LAMP'S INPU		5,500.
				INDIVIDUAL		
				CONSULTANT		
				TECHNICAL 1		
SOUTH ASIA	0	2	PROGRAM SERVICES	LAMP'S WORE	ON	20,000.
3 a Subtotal	0	6				31,869.
b Total from continuation						,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
J I Otal S (add iii les da	ام	_				31 060

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

Part II

LABOR MOBILITY PARTNERSHIPS INC

84-1991867

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 15, for any
recipient who received more than \$5.000. Part II can be duplicated if additional space is n	needed.		

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		T	n Pi	000	205	S		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the graptoe or counsel has provided a section 501(c)(3) organization by the IRS, or for which the graptoe or counsel has provided a section 501(c)(3) organization.								

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2021

LABOR MOBILITY PARTNERSHIPS INC

84-1991867

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

SCHEDULE O (Form 990)

Department of the Treasury

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.

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: LAMP LAUNCHED ONE NEW PROGRAM IN 2021: UNLOCKING THE VALUE OF QUALITY RECRUITMENT IN THE H-2A VISA PROGRAM AND BEYOND: LAMP IS IMPLEMENTING A TWO-YEAR PROGRAM TO BUILD AND PROFESSIONALIZE A QUALITY RECRUITMENT INDUSTRY SERVING THE H-2A PROGRAM. OUR GOAL IS TO MAKE QUALITY RECRUITMENT PRACTICES PROFITABLE. WE WORK ALONGSIDE LEADING H-2A RECRUITMENT AGENCIES TO STRENGTHEN THEIR DELIVERY CAPACITY AND VALUE PROPOSITION TO EMPLOYERS. WE ALSO WORK WITH STAKEHOLDERS DOWN THE SUPPLY CHAIN INCLUDING GROWERS AND RETAILERS TO FIGURE OUT HOW TO SUPPORT QUALITY RECRUITMENT WHILE MAINTAINING A COMPETITIVE ADVANTAGE. OUR AIM IS TO BUILD THE FOUNDATION FOR A RECRUITMENT INDUSTRY THAT RESPONSIBLY SERVES ALL H-2A STAKEHOLDERS AND ENSURES A WIN-WIN-WIN FOR WORKERS, EMPLOYERS, AND CONSUMERS. IN 2021 LAMP'S WORK ON H-2A RECRUITMENT INDUSTRY WAS SUPPORTED BY THE WALMART FOUNDATION AND THE WESTERN UNION FOUNDATION, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CENTER FOR GLOBAL DEVELOPMENT ON THE LABOR MOBILITY SYSTEM IN ETHIOPIA AND WITH THE GLOBAL FORUM ON MIGRATION AND DEVELOPMENT IN FACILITATING THEIR EFFORTS TOWARDS PARTNERSHIPS FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FOUNDATION AND THE WESTERN UNION FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 8B:

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

Schedule O (Form 990) 2021

Name of the organization	Employer identification number
LABOR MOBILITY PARTNERSHIPS INC	84-1991867
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING	
BODY - THE ORGANIZATION'S GOVERNING BODY CURRENTLY MEETS AS A FULL BODY	
PACH TIME	
EACH TIME.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S PRESIDENT AND EXECUTIVE DIRECTOR ARE ACTIVELY INVOLVED	
IN THE PRODUCTION OF THE 990, WHICH WILL ALSO BE REVIEWED BY THE TREASURER.	
THE ENTIRE GOVERNING BODY WILL BE PROVIDED A COPY OF THE 990 FOR ANY	
COMMENTS PRIOR TO FILING.	
In Proces	S
FORM 990, PART VI, SECTION B, LINE 12C:	
DUTY TO DISCLOSE:	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN	
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND	
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS	
AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE	
PROPOSED TRANSACTION OR ARRANGEMENT.	
DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:	
AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND	
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE	
BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF	
INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE	
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	
PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:	
A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE	
MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING 132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization LABOR MOBILITY PARTNERSHIPS INC	Employer identification number 84-1991867
THE DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING	
THE POSSIBLE CONFLICT OF INTEREST.	
B) THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT	
A PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED	
TRANSACTION OR ARRANGEMENT.	
C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE	
WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE	
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD	
NOT GIVE RISE TO A CONFLICT OF INTEREST.	
D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE	S
BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED	
DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S	
BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE.	
IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO	
WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:	
A) IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS	
FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL	
INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN	
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	
B) IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER	
INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE	
DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT	
OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990 PART VI SECTION R LINE 15A	

FORM 990, PART VI, SECTION B, LINE 15A:

Schedule O (Form 990) 2021		Page 2
Name of the organization LABOR MOBILITY PARTNERSHIPS INC		Employer identification number 84-1991867
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE BOA	ARD IN THE Q4	
BOARD MEETING, WHICH INFORMS THE DECISION THROUGH MARKET COM	IPARABILITY	
DATA. THE PROCESS LAST OCCURRED IN 2020.		
SALARIES FOR OTHER EMPLOYEES ARE DETERMINED BY PRE-SET BANDS	WHICH MAP TO	
POSITIONS AND YEARS OF EXPERIENCE, AS INFORMED BY COMPARABIL	ITY DATA, AND	
THE ORGANIZATION DOES NOT NEGOTIATE OUTSIDE OF THESE BANDS I	N SALARY	
NEGOTIATIONS. THIS DATA CAME FROM ANALYSES OF SIMILARLY SITU	JATED	
NON-PROFITS IN THE US. THE PROCESS LAST OCCURRED IN 2020.		
To Dr	0000	
FORM 990, PART VI, SECTION C, LINE 19:	UCES	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY	
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PAYROLL FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	1,862.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,862.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	287,215.	
	·	
MANAGEMENT AND GENERAL EXPENSES	3,800.	
FUNDRAISING EXPENSES	10,000.	
TOTAL EXPENSES	301,015.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	302,877.	
	, <u> </u>	

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization LABOR MOBILITY PARTNERSHIPS INC	Employer identification number 84-1991867
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS	
NOT CHANGED FROM THE PRIOR YEAR.	
In Proces	S

Schedule O (Form 990) 2021

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STATE COPY

In Process

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

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

2021
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change LABOR MOBILITY PARTNERSHIPS INC Name change 84-1991867 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1902 712 H STREET NE 202-800-9251 2,052,500. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20002 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: REBEKAH SMITH Yes X No for subordinates? L SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) () **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► HTTPS://LAMPFORUM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2019 M State of legal domicile; DC Part I Summary Briefly describe the organization's mission or most significant activities: IMPLEMENT SAFE AND RELIABLE Governance PATHWAYS WHICH CREATE VALUE FOR WORKERS, EMPLOYERS, AND ECONOMIES if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 3 4 Activities & 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 792,722, 1,976,495. Contributions and grants (Part VIII, line 1h) 8 Revenue 82,967. 76,000. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 0 . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5. 11 875 689. 2,052,500. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 170,980. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 338,541. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 26,894. 394,399. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 197.874. 732,940. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 677,815. 1,319,560. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 682 921 2,064,828. Total assets (Part X, line 16) 291 62,638. 21 Total liabilities (Part X, line 26) 三年 682,630. 2,002,190. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign REBEKAH SMITH, EXECUTIVE DIRECTOR Here Type or print name and title

Preparer's signature

SRILATHA SAIKRISHNAN

Form 990 (2021)

No

PTIN

41-0746749

P00874373

Yes

Check

Firm's EIN ▶

self-employed

Phone no. (571) 227-9500

Date

11/08/22

Print/Type preparer's name

Paid

Preparer

Use Only

SRILATHA SAIKRISHNAN

Firm's name CLIFTONLARSONALLEN LLP

Firm's address > 901 NORTH GLEBE ROAD, SUITE 200

ARLINGTON, VA 22203

May the IRS discuss this return with the preparer shown above? See instructions

_	1990 (2021) LABOR MOBILITY PARTNERSHIPS INC		Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CATALYZE A FUNCTIONAL ECOSYSTEM OF ACTORS IMPLEMENTING SAFE AND		
	RELIABLE LABOR MOBILITY PATHWAYS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	-	l
	prior Form 990 or 990-EZ?	X	Yes No
	If "Yes," describe these new services on Schedule O.		l 📆
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expens	es, and
	revenue, if any, for each program service reported.		76 000
4a		\$	76,000.
	LAMP DELIVERS ON ITS MISSION THROUGH EFFORTS IN TWO MUTUALLY-BENEFICIAL		
	AND REINFORCING VERTICALS OF WORK: SOLVING PROBLEMS AND BUILDING EVIDENCE. THE FIRST INCLUDES DESIGNING AND ADVISING ON THE		
	IMPLEMENTATION OF HEALTHY LABOR MOBILITY ECOSYSTEMS CHARACTERIZED BY		
	WELL-REGULATED MIGRATION CHANNELS AND A RESPONSIBLE RECRUITMENT		
	INDUSTRY, IN COLLABORATION WITH PUBLIC AND PRIVATE SECTOR STAKEHOLDERS.		
	THE SECOND INCLUDES POLICY RESEARCH, OUTREACH, AND COALITION-BUILDING		
	TO REPLICATE AND SCALE SUCCESSFUL MOBILITY MODELS AND POLICY		
	FRAMEWORKS. IN 2021, LAMP'S PROGRAMS WERE LARGELY CONCENTRATED IN THE		
	BUILDING EVIDENCE VERTICAL, IN PARTICULAR PRODUCING A SERIES OF NOTES		
	AND EVENTS ON THE CASE FOR LABOR MOBILITY FROM THE LENS OF DIFFERENT		
	ACTORS, LAMP ALSO ENGAGED IN TECHNICAL ASSISTANCE ACTIVITIES FOR THE		
4b	(Code:) (Expenses \$	\$	0.)
	UNLOCKING THE VALUE OF QUALITY RECRUITMENT IN THE H-2A VISA PROGRAM AND		
	BEYOND: LAMP IS IMPLEMENTING A TWO-YEAR PROGRAM TO BUILD AND		
	PROFESSIONALIZE A QUALITY RECRUITMENT INDUSTRY SERVING THE H-2A		
	PROGRAM. OUR GOAL IS TO MAKE QUALITY RECRUITMENT PRACTICES PROFITABLE.		
	WE WORK ALONGSIDE LEADING H-2A RECRUITMENT AGENCIES TO STRENGTHEN THEIR		
	DELIVERY CAPACITY AND VALUE PROPOSITION TO EMPLOYERS. WE ALSO WORK WITH		
	STAKEHOLDERS DOWN THE SUPPLY CHAIN INCLUDING GROWERS AND RETAILERS TO		
	FIGURE OUT HOW TO SUPPORT QUALITY RECRUITMENT WHILE MAINTAINING A		
	COMPETITIVE ADVANTAGE. OUR AIM IS TO BUILD THE FOUNDATION FOR A		
	RECRUITMENT INDUSTRY THAT RESPONSIBLY SERVES ALL H-2A STAKEHOLDERS AND		
	ENSURES A WIN-WIN-WIN FOR WORKERS, EMPLOYERS, AND CONSUMERS. IN 2021,		
	LAMP'S WORK ON H-2A RECRUITMENT INDUSTRY WAS SUPPORTED BY THE WALMART		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 507,921.		

SEE SCHEDULE O FOR CONTINUATION(S)

16181108 131839 064-218948

84-1991867

Form 990 (2021)

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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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			🚜
40	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,"	ا		🖫
00	complete Schedule G, Part III	19		X
20a	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a		Х
b 21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	admoded government on that it, dolaring ty, into 1: If ites, comblete otherwise I. Parts Fano II	4	ì	

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Form **990** (2021)

Form 990 (2021)

LABOR MOBILITY PARTNERSHIPS

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		Х					
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								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		Х					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x					
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2 5a							
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete								
	, ,	25b		x					
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"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					
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
0.4	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		^					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x					
33	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	- 00							
٠.	Part V, line 1	34		x					
35 a	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		х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?								
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х						
rai									
	Check if Schedule O contains a response or note to any line in this Part V		V	<u> </u>					
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
·	(gambling) winnings to prize winners?	1c	Х						
132004	1 12-09-21		990	(2021)					

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)												
				Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return	2a 5											
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?												
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.												
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?												
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O												
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a												
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?												
b	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 Ac	counts (FBAR).											
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?												
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the												
	any contributions that were not tax deductible as charitable contributions?		6a		Х								
b	If "Yes," did the organization include with every solicitation an express statement that such contribution												
	were not tax deductible?		6b										
7	Organizations that may receive deductible contributions under section 170(c).												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required											
	to file Form 8282?		7c		Х								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h										
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the												
	sponsoring organization have excess business holdings at any time during the year?		8										
9	Sponsoring organizations maintaining donor advised funds.												
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b										
10	Section 501(c)(7) organizations. Enter:												
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-										
11	Section 501(c)(12) organizations. Enter:	i i											
	Gross income from members or shareholders	11a	-										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against												
	amounts due or received from them.)	11b											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40										
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.												
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401											
	organization is licensed to issue qualified health plans	13b	-										
	Enter the amount of reserves on hand	13c	44-		Х								
14a			14a										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		х								
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		13										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х								
10	If "Yes," complete Form 4720, Schedule O.	income?	10										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv											
••	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) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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	5											
	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	b Enter the number of voting members included on line 1a, above, who are independent 1b 3												
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		Х									
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?												
4													
5													
6	Did the organization have members or stockholders?	6		Х									
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		Х									
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		Х									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
а	The governing body?	8a	Х										
b	Each committee with authority to act on behalf of the governing body?	8b		Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the												
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,												
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
	on Schedule O how this was done	12c	Х										
13	Did the organization have a written whistleblower policy?	13	Х										
14	Did the organization have a written document retention and destruction policy?	14	Х										
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official	15a	Х										
b	Other officers or key employees of the organization	15b		Х									
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
	taxable entity during the year?	16a		Х									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ▶												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ble									
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request Other (explain on Schedule O)												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial										
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books and records												
	REBEKAH SMITH - 202-800-9251												
	712 H STREET NE, 1902, WASHINGTON, DC 20002												

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Form 990 (2021) LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Page 7

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.

X X X X X X X X X X	Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
hours per week (list any hours for related organizations below line) AVERTICAL PROPERTY OF THE PROPERTY OF TH		(B)			_ ((C)				1 ' '	(F)
hours per week (list any hours for related organizations below line) 1) REBEKAH SMITH PRESIDENT / SECRETARY / ED 2) ZUZANA CEPLA PREASURER / SENIOR ASSOCIATE 3) LANT PRITCHETT 40.00 3) LANT PRITCHETT 50 CARD CHAIR / RESEARCH DIRECTOR 4) RICHARD JOHNSON 0. 25 0. 4) RICHARD JOHNSON 0. 25 0. 50 0. 6, 196 0. 6, 196 0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name and title		(do								
Week (list any hours for related organizations below line)			box	, unle	ss pei	rson i	s both	n an	1		
1 REBEKAH SMITH				Cei ai	lu a u	II ecto	ii/ii us	(66)			
1 REBEKAH SMITH		1 '	irecto								
1 REBEKAH SMITH			or di	ee.			sated				
1 REBEKAH SMITH			ustee	trust		ee	ubeus			1099-NEC)	
1 REBEKAH SMITH			lual tr	tional		nploy	st con	_	1039-1120)		
1 REBEKAH SMITH			ndivic	nstitu	Hicer	ey en	lighe	orme			organizations
A	(1) REBEKAH SMITH						T 9	4			
X	PRESIDENT / SECRETARY / ED		х		х				101,983.	0.	6,957.
SOARD CHAIR / RESEARCH DIRECTOR	(2) ZUZANA CEPLA	40.00									
SOARD CHAIR / RESEARCH DIRECTOR	TREASURER / SENIOR ASSOCIATE				Х				74,189.	0.	6,196.
(4) RICHARD JOHNSON	(3) LANT PRITCHETT	8.00									
X	BOARD CHAIR / RESEARCH DIRECTOR		Х		Х				48,923.	0.	0.
(5) JULIA ONSLOW-COLE		0.25	-								
DIRECTOR X 0. 0. 0 (6) JASON WENDLE 0.25			Х						0.	0.	0.
(6) JASON WENDLE 0.25		0.25									•
		0.05	Х						0.	0.	0.
		0.25							0	_	0
	DIRECTOR		Λ						0.	0.	0.
			1								
			1								
			-								
				_							
			$\left\{ \right.$								
			1								
			1								
			1								

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	1000 (2021)													age -
Pai	T VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	compensated Employee	s (continued)				
	(A)	(B) (C)							(D)	(E)		(F)		
	Name and title	Average	(do			itior	1 than d	one	Reportable	Reportable	,	E	stimate	ed
		hours per	box	, unle	ss pe	rson	is both	n an	compensation	compensation	วท	ar	nount	of
		week		cer an	nd a d	lirecto	or/trus	tee)	from	from related	t l		other	
		(list any	rector						the	organization		l	pensa	
		hours for related	or di	e e			ated		organization	(W-2/1099-MIS		l	rom th	
		organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/	1099-NEC)	'	ı `	janizat d rolet	
		below	ual tr	tional		ploye	t con	_	1099-NEC)			l	d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					ainzan	0113
		-	=	=	0	<u> </u>	Τ 60	ш.			-			
											-			
								L	225 005				1.2	152
	Subtotal								225,095.		0.		13,	153.
	Total from continuation sheets to Part VII								225,095.		0.		1 2	153.
	Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 () 11			13,	155.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ar	oove	e) wn	o re	eceived more than \$100,	000 of reportable	Э			1
	compensation from the organization												Yes	No
2	Did the expenientian list any former officer	director twicts	a			lovo		hio	wheat campanacted amp	lavaa an	ſ		163	140
3	Did the organization list any former officer,	·		•	•	•	•	_		•				Х
	line 1a? If "Yes," complete Schedule J for su											3		Λ
4	For any individual listed on line 1a, is the su	•		•					•	O				Х
_	and related organizations greater than \$150											4		Λ
5							ed organization or individ			_		Х		
Sec	rendered to the organization? If "Yes." com	plete Schedule	9 <i>J t</i>	or st	ıch į	pers	on .					5		Λ
	Section B. Independent Contractors													
'	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) (B) Name and business address Description of services						ervices	С		رد nsatio	n				
GLOE	BAL DEVELOPMENT INCUBATOR, 155 WES								INCUBATOR AND STRA		-			
	ST, FLOOR SIX, NEW YORK, NY 1001								SERVICES,				221.	927.

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2021)

\$100,000 of compensation from the organization

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LABOR MOBILITY

Part VIII | Statement of Revenue

Pa	I L V	/ 111									
			Check if Schedule O	contai	ins a r	esponse	or note to any lin		(B)	(C)	<u> </u>
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total levellue	function revenue	business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
ra M		b	Membership dues			1b					
Ω, Ħ		С	Fundraising events			1c					
ifts ar A						1d					
Ji,G			Government grants (contr			1e					
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,								
iti Je			similar amounts not included	-		1f	1,976,495.				
Q특		g	Noncash contributions included in			1g \$, , ,				
Š		_	Total. Add lines 1a-1f		_			1,976,495.			
O 10		<u>'''</u>	Total: Add lines 1a-11				Business Code	_,,			
-	_	_	CONTRACT INCOME				900099	76,000.	76,000.		
ice	2	a	CONTINUED INCOME				300033	70,000.	70,000.		
Program Service Revenue		b									
n S		С									
ar Be		d	-								
jo_		е									
<u> </u>			All other program service					7.5 000			
			Total. Add lines 2a-2f					76,000.			
	3		Investment income (include	•		· ·					
			other similar amounts)								
	4		Income from investment of		•	•	-				
	5		Royalties								
				-	(1)	Real	(ii) Personal				
	6		Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	····			<u></u>				
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
Revenue		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
Jer	8	а	Gross income from fundraising	ng eve	nts (no	ot					
			including \$			of					
			contributions reported on	line 1	c). Se	e					
			Part IV, line 18			8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fundra	aising	events_					
	9	а	Gross income from gamin	g acti	ivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamir	ng acti	ivities					
	10	а	Gross sales of inventory, less returns								
			and allowances			10a	9				
		b	Less: cost of goods sold								
			Net income or (loss) from				>				
,							Business Code				
ous	11	а	MISCELLANEOUS REVEN	UE			900099	5.			5.
ane Pue		b									
Miscellaneous Revenue		С									
lisc B		d	All other revenue								
2	_		Total. Add lines 11a-11d				>	5.			
	12		Total revenue. See instruction					2,052,500.	76,000.	0.	5.

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LABOR MOBILITY PARTNERSHIPS INC

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Part IX Statement of Functional Expenses

	501(1/0) (501(1/1)				
Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons			(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	238,248.	133,419.	90,534.	14,295.
6	Compensation not included above to disqualified	·	·	·	· · ·
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	71,402.	40,690.	27,406.	3,306.
8	Pension plan accruals and contributions (include	_,	, , , , , , ,	,	,
-	section 401(k) and 403(b) employer contributions)	727.	409.	277.	41.
9	Other employee benefits	3,746.	2,138.	1,439.	169.
10		24,418.	13,732.	9,301.	1,385.
11	Payroll taxes Fees for services (nonemployees):				
a	Management	34,231.	6,821.	27,410.	
b	Legal	23,400.	0,021.	23,400.	
	Accounting	25, 400.		25, 400.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	302,877.	287,215.	5,662.	10,000.
	column (A), amount, list line 11g expenses on Sch O.)	302,077.	207,213.	3,002.	10,000.
12	Advertising and promotion	1 140	875.	243.	30.
13	Office expenses	1,148.	0/5.	243.	30.
14	Information technology				
15	Royalties	264		264	
16	Occupancy	264.	11 505	264.	
17	Travel	15,060.	11,585.	3,475.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			<u> </u>	
23	Insurance	14,582.	8,200.	5,555.	827.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RECRUITING EXPENSE	2,837.	2,837.		
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	732,940.	507,921.	194,966.	30,053.
26	Joint costs. Complete this line only if the organization	-	-		·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-	· · · · · · · · · · · · · · · · · · ·	L.			000

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 659,972. 1,996,053. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 14,000. 52,500. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 8,949. 9 16,275. 10a Land, buildings, and equipment: cost or other _____10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 682,921. 2,064,828. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 62,638. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 291. 62,638. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 682,630. 1,109,559. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 892,631. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,002,190. Total net assets or fund balances 682,630. 32 32

2,064,828. Form **990** (2021)

33

682,921.

33

Total liabilities and net assets/fund balances

Forn	n 990 (2021) LABOR MOBILITY PARTNERSHIPS INC	84-1991867	<u>'</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,052,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		732,	940.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,319,	560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		682,	630.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2 ,	,002,	190.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		_		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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	ar audite explain why an Cabadula O and describe any stone taken to undergo such audite		O.		ı

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Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► 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 **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

84-1991867

Page 2

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				792,722.	1,976,495.	2,769,217.
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				792,722.	1,976,495.	2,769,217.
	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)						1,810,343.
6	Public support. Subtract line 5 from line 4.			266			958,874.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	, ,		, ,	792,722.	1,976,495.	2,769,217.
	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.)					5.	5.
11	Total support. Add lines 7 through 10						2,769,222.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	158,967.
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax	vear as a section 50		
	organization, check this box and stop	-					X
Sed	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the c					-	
	stop here. The organization qualifies						
b	. 33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te						▶ □
b	10% -facts-and-circumstances test	-			-		
~	more, and if the organization meets th	-					-, - - ,
	organization meets the facts-and-circu						
18	Private foundation. If the organization						.
		sig not oncore	20/ 01/ 11/0 10, 10	<u>, 100, 174, 01 171</u>	, shook allo box al		Form 990) 2021

Schedule A (Form 990) 2021

84-1991867

Page 3

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.)

qualify under the tests listed be Section A. Public Support	low, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and		, ,	, ,			,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	T	Da		100		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
Section C. Computation of Public	Support Per	centage				
15 Public support percentage for 2021 (lin	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Invest	ment Income	Percentage				
17 Investment income percentage for 202	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						

132023 01-04-22 Schedule A (Form 990) 2021

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")? |f "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? |f "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).
- 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		
Зс		
4a		
4b		
4.		
4c		
5a		
5b 5c		
00		
6		
7		
8		
0-		
9a		
9b		
- 12		
9с		
40		
10a		
10b		
ıle A (Forr	n 990)	2021

Sched

16181108 131839 064-218948

Sche	dule A (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC			84-1991867	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d	NARG		
e	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4 unless subject to				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Schedule A (Form 990) 2021 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i and 4c.

Schedule A (Form 990) 2021

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A	(Form 990) 2021	LABOR	MOBILITY	PARTNERSHIPS	S INC			84-1991867	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c lines 2 an	, 4b, 4c, 5a d 3; Part IV,	, 6, 9a, 9b, 9c, 1 Section E, lines	1a, 11b, and 1c, 2a, 2b, 3	11c; Part IV, Sect 3a, and 3b; Part V.	tion B, lines 1 a , line 1; Part V,	and 2; Part IV, Sectio Section B, line 1e; P	n C,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		I	n	P	K C		155		

2028 01-04-22 Schedule A (Form 990) 2021

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867

	LABOR MODILITY PARTNERSHIPS INC	04-1331007
Organization type (chec	k one):	•
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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	
Check if your organization	on is covered by the General Rule or a Special Rule.	
	1 (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	• • • • • • • • • • • • • • • • • • • •
Special Rules		
sections 509(a) contributor, du	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i-EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, du	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, stational purposes, or for the prevention of cruelty to children or animals. Complete Parts In (b) instead of the contributor name and address), II, and III.	scientific,
year, contributi is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled are here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P	

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021) organization		Page 2 Employer identification number
IADOD W	ODITION DADWING THE		04 1001067
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l enace is needed	84-1991867
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
1		\$140,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2	There	\$836,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$1,000,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

\$ _____ \$ ____ | \$ _____ | Payroll Noncash (Complete Part II for noncash contributions.)

Name, address, and ZIP + 4

Type of contribution

Person

No.

123452 11-11-21

Total contributions

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

LABOR MOBILITY PARTNERSHIPS INC

84-1991867

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
	In Pro	\$	
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _	

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

_	LABOR MOBILITY PARTNERSHIPS			84-1991867
Pai			unds or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds c	an be used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	rpose conferring	
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	tion of a historically	important land area
	Protection of natural habitat	Preserva	tion of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register	·	I	
3	Number of conservation easements modified, transferred, rele			during the tax
	year >	3	, 3	3
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	•	na of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>	3	3	3
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing cor	nservation easemen	its during the vear
	▶ \$			5 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	n 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other Simila	ır Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958		ment and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			•
h	If the organization elected, as permitted under FASB ASC 958			t works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	Sample of the second of the se	aranoranoc or pu	2 Ooi 1100,
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	400 A		_	· ———
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	peuroe or other similar assets for fir		
2			iai iciai gairi, provid	c
_	the following amounts required to be reported under FASB AS			¢
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		>	\$ Schedule D (Form 990) 2021
$\Box\Box$	i oi i apei work neudolion Act Nolice, see lile ilisti uctions	IUI I UI III JJU.		Concurred IFOHII 3301 202 I

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

Sche	dule D (Form 990) 2021 LABOR MOBIL	ITY PARTNERSHIE	S INC			84-199	1867	Page 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	easures, or Oth	ner Sir	nilar Assets	(contin	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	e signific	cant use of its		
	collection items (check all that apply):							
а	Public exhibition	d		change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's e	xempt p	urpose in Part	XIII.	
5	During the year, did the organization solicit or		,	*			_	
_	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organization	on answered "Yes"	on Forn	n 990, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia		•			_	7	
	on Form 990, Part X?					L	⊻ Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		г	ı		
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	7	
	Did the organization include an amount on Fo				-		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if			(c) Two years back		hree years back	(a) Four	vears back
	, , ,	(a) Current year	(b) Prior year	(C) Two years back	(a) i	illee years back	(e) Foul	years back
-	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
	Administrative expenses							
_	End of year balance		. (l'a a d a a a b a a a f)) In a Lab and a				
2	Provide the estimated percentage of the curre	ent year end balance		i)) neid as:				
_	Board designated or quasi-endowment	0/	_%					
b	Permanent endowment	%						
С		%						
2-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages of the percentage of the percent	•	tion that are hold a	nd administered fo	, tha ara	·oni-otion		
Sa	Are there endowment funds not in the posses	SSION OF THE ORGANIZA	ilion inal are nelu a	na administered for	r trie org	jai iizatiori	Г	Yes No
	by: (i) Unrelated organizations						3a(i)	100 110
							3a(ii)	
h	(ii) Related organizations	tions listed as requir	od on Schodulo P2				3b	
4	Describe in Part XIII the intended uses of the						SU	
	t VI Land, Buildings, and Equipme		one lunus.					
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990, Part	X, line	10.		
	Description of property	(a) Cost or o) Accum	I	(d) Book	value
	Becomption of property	basis (investn		1 '	depreci		(4) 500.	value
1a	Land	,		. ,	•			
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1	10c)				0.

Schedule D (Form 990) 2021

(a) Description 1) Financial d 2) Closely hele 3) Other (A) (B) (C) (D) (E) (F) (G)	complete if the organization answered "Yes" of security or category (including name of security) derivatives Identity interests	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-year market value
(a) Description I) Financial d C) Closely hel S) Other (A) (B) (C) (D) (E) (F) (G)	n of security or category (including name of security) derivatives			of-year market value
(A) (B) (C) (D) (E) (F) (G)	derivatives	(b) Book value	(c) Method of Valuation: Cost or end	-or-year market value
(A) (B) (C) (D) (E) (F) (G)				•
(A) (B) (C) (D) (E) (F) (G)	a equity interests			
(A) (B) (C) (D) (E) (F) (G)				
(B) (C) (D) (E) (F) (G)				
(C) (D) (E) (F) (G)				
(D) (E) (F) (G)				
(E) (F) (G)				
(F) (G)				
/ L \				
(H)				
otal . (Col. (b) r	must equal Form 990, Part X, col. (B) line 12.)			
	nvestments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			00088	
(6)			96699	
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.) > Other Assets.			
	Complete if the organization answered "Yes"	on Form 900 Part IV line	11d See Form 990 Part Y line 15	
		Description	Tru. dee Form 990, Fart X, line 13.	(b) Book value
(1)	(4)	Besonption		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X C	Other Liabilities.		<u> </u>	
с	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
	(a) Description of liability			(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedule D (Form 990) 2021

132053 10-28-21

LABOR MOBILITY PARTNERSHIPS INC Page **4** Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,240,931. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 188,431 **b** Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) 188,431. Add lines 2a through 2d 2e 2,052,500. Subtract line **2e** from line **1** Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 2 052 500. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 921,371. 1 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 188,431 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c d Other (Describe in Part XIII.) 188,431. Add lines 2a through 2d 2e 732,940. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 732,940. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR STATE INCOME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2021, AS THE ORGANIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME, THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10. INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC	84-1991867	Page 5
Part XIII Supplemental Information (continued)		
OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX		
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE		
ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO		
UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.		
THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR		
THE YEAR ENDED DECEMBER 31, 2021 AND DETERMINED THAT THERE WERE NO MATTERS		
THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY		
THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS ON THAT MAT		
HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUE OF LIMITATIONS		
GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S. FEDERAL		
JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISTICTIONS IN WHICH THE		
TH FLOCES		
ORGANIZATION FILES TAX RETURNS.		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

RESEARCH AND

AMP'S INPUTS TO

INDIVIDUAL SENIOR
CONSULTANT GIVING
TECHNICAL INPUTS INTO
LAMP'S WORK ON

CONSULTATIONS TO INFORM

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

OMB No. 1545-0047

2021

Open to Public Inspection

5,500.

20,000.

Name of the organization

NORTH AMERICA (NON

US)

SOUTH ASIA

Employer identification number

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (f) Total (c) Number of (d) Activities conducted in the region employees. expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region UNDERTAKING A SCOPING OF OPPORTUNITIES TO IMPROVE EUROPE (INCLUDING THE SCALE AND QUALITY OF ICELAND & GREENLAND) 0 PROGRAM SERVICES ABOR MOBILITY PATHWAYS 6,369. BACKGROUND TECHNICAL

PROGRAM SERVICES

PROGRAM SERVICES

3 a Subtotal	0	6		31,869.
b Total from continuation sheets to Part I	0	0		0.
c Totals (add lines 3a and 3b)	0	6		31,869.

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

0

0

1

2

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			n Di	200	700	S		
			44 44					
			ecognized as charities by the for counsel has provided a secti			>		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

LABOR MOBILITY PARTNERSHIPS INC

84-1991867

Page 3

	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		In	P	roce	SS		

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes."	
-	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Internal Revenue Service Name of the organization

Employer identification number

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: LAMP LAUNCHED ONE NEW PROGRAM IN 2021: UNLOCKING THE VALUE OF QUALITY RECRUITMENT IN THE H-2A VISA PROGRAM AND BEYOND: LAMP IS IMPLEMENTING A TWO-YEAR PROGRAM TO BUILD AND PROFESSIONALIZE A QUALITY RECRUITMENT INDUSTRY SERVING THE H-2A PROGRAM. OUR GOAL IS TO MAKE QUALITY RECRUITMENT PRACTICES PROFITABLE. WE WORK ALONGSIDE LEADING H-2A RECRUITMENT AGENCIES TO STRENGTHEN THEIR DELIVERY CAPACITY AND VALUE PROPOSITION TO EMPLOYERS. WE ALSO WORK WITH STAKEHOLDERS DOWN THE SUPPLY CHAIN INCLUDING GROWERS AND RETAILERS TO FIGURE OUT HOW TO SUPPORT QUALITY RECRUITMENT WHILE MAINTAINING A COMPETITIVE ADVANTAGE. OUR AIM IS TO BUILD THE FOUNDATION FOR A RECRUITMENT INDUSTRY THAT RESPONSIBLY SERVES ALL H-2A STAKEHOLDERS AND ENSURES A WIN-WIN-WIN FOR WORKERS, EMPLOYERS, AND CONSUMERS. IN 2021 LAMP'S WORK ON H-2A RECRUITMENT INDUSTRY WAS SUPPORTED BY THE WALMART FOUNDATION AND THE WESTERN UNION FOUNDATION, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CENTER FOR GLOBAL DEVELOPMENT ON THE LABOR MOBILITY SYSTEM IN ETHIOPIA AND WITH THE GLOBAL FORUM ON MIGRATION AND DEVELOPMENT IN FACILITATING THEIR EFFORTS TOWARDS PARTNERSHIPS FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FOUNDATION AND THE WESTERN UNION FOUNDATION. FORM 990, PART VI, SECTION A, LINE 8B:

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 LABOR MOBILITY PARTNERSHIPS INC	Employer identification number 84-1991867
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING	
BODY - THE ORGANIZATION'S GOVERNING BODY CURRENTLY MEETS AS A FULL BODY	
EACH TIME.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S PRESIDENT AND EXECUTIVE DIRECTOR ARE ACTIVELY INVOLVED	
IN THE PRODUCTION OF THE 990, WHICH WILL ALSO BE REVIEWED BY THE TREASURER.	
THE ENTIRE GOVERNING BODY WILL BE PROVIDED A COPY OF THE 990 FOR ANY	
COMMENTS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	S
DUTY TO DISCLOSE:	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN	
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND	
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS	
AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE	
PROPOSED TRANSACTION OR ARRANGEMENT.	
DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:	
AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND	
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE	
BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF	
INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE	
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	
PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:	
A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE	
MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING	

Name of the organization LABOR MOBILITY PARTNERSHIPS INC	Employer identification number 84-1991867
THE DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING	-
THE POSSIBLE CONFLICT OF INTEREST.	
B) THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT	
A PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED	
TRANSACTION OR ARRANGEMENT.	
C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE	
WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE	
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD	
NOT GIVE RISE TO A CONFLICT OF INTEREST.	
<u> </u>	
D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	3.5
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE	
BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED .	
DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S	
BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE.	
IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO	
WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:	
A) IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS	
FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL	
INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN	
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	
B) IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER	
INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE	
DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT	
OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15A:	

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2		
Name of the organization LABOR MOBILITY PARTNERSHIPS INC		Employer identification number 84-1991867		
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE	BOARD IN THE Q4			
BOARD MEETING, WHICH INFORMS THE DECISION THROUGH MARKET	COMPARABILITY			
DATA. THE PROCESS LAST OCCURRED IN 2020.				
SALARIES FOR OTHER EMPLOYEES ARE DETERMINED BY PRE-SET B	ANDS WHICH MAP TO			
POSITIONS AND YEARS OF EXPERIENCE, AS INFORMED BY COMPARA	ABILITY DATA, AND			
THE ORGANIZATION DOES NOT NEGOTIATE OUTSIDE OF THESE BANK	OS IN SALARY			
NEGOTIATIONS. THIS DATA CAME FROM ANALYSES OF SIMILARLY	SITUATED			
NON-PROFITS IN THE US. THE PROCESS LAST OCCURRED IN 2020				
	8000			
FORM 990, PART VI, SECTION C, LINE 19:	roces	S		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY			
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.				
FORM 990, PART IX, LINE 11G, OTHER FEES:				
PAYROLL FEES:				
PROGRAM SERVICE EXPENSES	0.			
MANAGEMENT AND GENERAL EXPENSES	1,862.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	1,862.			
CONSULTING:				
PROGRAM SERVICE EXPENSES	287,215.			
MANAGEMENT AND GENERAL EXPENSES	3,800.			
FUNDRAISING EXPENSES	10,000.			
TOTAL EXPENSES	301,015.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 302,877.				

132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization LABOR MOBILITY	TY PARTNERSHIPS INC	Employer identification number 84-1991867
FORM 990, PART XII, LINE 2C		
THE PROCESS FOR OVERSEEING AND SE	LECTING AN INDEPENDENT ACCOUNTANT HAS	
NOT CHANGED FROM THE PRIOR YEAR.		
	n Proc	ess

2212 11-11-21 Schedule O (Form 990) 2021

Sche	edule A (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC	84-1991867	Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	g the 1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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		100	110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructions).		
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 ent	tity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If IIVes II describe in Part VI the relevant by the agreement in this regard	3h		

Sche	dule A (Form 990) 2021 LABOR MOBILITY PARTNERSHIPS INC			84-1991867	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must c		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (options	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				

Schedule A (Form 990) 2021

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

instructions).

emergency temporary reduction (see instructions).

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Schedule A (Form 990) 2021 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 **c** From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

Schedule A (Form 990) 2021

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A	(Form 990) 2021	LABOR	MOBILITY PARTNERSHIPS INC	84-1991867	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c lines 2 an	Provide the explanations required by Part II, line 10; Part II, line 17a of the state of the sta	1 and 2; Part IV, Section : V, Section B, line 1e; Par	C,
		T	n Proces	S	

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