** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u> F	or the	2022 calendar year, or tax year beginning	and	l ending				
	Check if applicable	C Name of organization			D Employer ic	lentific	ation number	
	Addre	LABOR MOBILITY PARTNERSHIPS INC						
	Name chang				84-199	1867		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone n	umber		
	 □Final □return/	712 H STREET NE	,	1902	202-800-			
	termin ated	City or town, state or province, country, and a	ZIP or foreign postal code	•	G Gross receipts \$		2,152,770.	
	Ameno return	WASHINGTON, DC 20002			H(a) Is this a gr	oup ret	turn	
	Applic	F Name and address of principal officer: REBEK	AH SMITH		for subord	inates?	Yes X No	
	pendir	g SAME AS C ABOVE			H(b) Are all subord	inates inc	luded? Yes No	
<u> 1 </u>	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," att	tach a l	ist. See instructions	
	Nebsit				H(c) Group exe		number	
			sociation Other	L Year	of formation: 201	9 M	State of legal domicile: DC	
Pa	art I	Summary						
Governance	1	Briefly describe the organization's mission or most DF POVERTY BY INCREASING THE SCALE ANI			NS OF WORKERS	OUT		
rnai	2	Check this box if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its r	net asse	ets.	
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			3	6	
	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)				4	
se Se	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)				6	
Ϋ́		Total number of volunteers (estimate if necessary)					2	
Activities	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12				0.	
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.	
					Prior Year	405	Current Year	
ne	1	Contributions and grants (Part VIII, line 1h)			1,976,		2,152,770.	
Revenue	1				76,	000.	0.	
Be.		Investment income (Part VIII, column (A), lines 3, 4,				0. 5.	0.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2,052,		2,152,770.	
		Total revenue - add lines 8 through 11 (must equal			2,032,	0.	0.	
	1	Grants and similar amounts paid (Part IX, column (A Benefits paid to or for members (Part IX, column (A	\ !! 4 \			0.	0.	
	45	Salaries, other compensation, employee benefits (F			338,		568,334.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			,	0.	0.	
oen	h	Total fundraising expenses (Part IX, column (D), line		619.				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d,	· ·		394,	399.	1,097,142.	
		Total expenses. Add lines 13-17 (must equal Part I)			732,	940.	1,665,476.	
	19	Revenue less expenses. Subtract line 18 from line			1,319,	560.	487,294.	
Net Assets or				Ве	ginning of Current	Year	End of Year	
sets	20	Total assets (Part X, line 16)			2,064,	828.	2,667,628.	
t As	21	Total liabilities (Part X, line 26)				638.	178,144.	
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from	line 20		2,002,	190.	2,489,484.	
	art II	Signature Block						
	-	lties of perjury, I declare that I have examined this return,				-	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge).		
٠.		Signature of officer			I Date			
Sig		REBEKAH SMITH, EXECUTIVE DIRECTOR			Date			
Her	е	Type or print name and title						
			Dranarar'e cianatura	Ti	Date c	heck	PTIN	
Paid	1	Print/Type preparer's name SRILATHA SAIKRISHNAN	Preparer's signature SRILATHA SAIKRISHNAN		1 (1 5 (0)	elf-employe		
	arer	Firm's name CLIFTONLARSONALLEN LLP		<u> </u>	Firm's E		11-0746749	
-	Only	Firm's address 901 NORTH GLEBE ROAD, SUIT	PE 200		Tilli S L			
	,	ARLINGTON, VA 22203			Phone n	0.(571	.) 227-9500	
May	/ the IF	RS discuss this return with the preparer shown above	/e? See instructions		1		. X Yes No	

Pai	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:	
	TO LIFT MILLIONS OF WORKERS AND THEIR FAMILIES OUT OF POVERTY BY	
	INCREASING THE SCALE AND QUALITY OF LABOR MOBILITY, HELPING WORKERS	
	FROM LOW-INCOME COUNTRIES TO ACCESS QUALITY JOBS ACROSS BORDERS AND	
	BUSINESSES IN HIGH-INCOME COUNTRIES TO ADDRESS LABOR SHORTAGES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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 measure	* .
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	ital expenses, and
4-	revenue, if any, for each program service reported.	380,000.)
4a	(Code:) (Expenses \$945,660. including grants of \$) (Revenue \$) LAMP IMPROVES THE QUALITY OF EXISTING LABOR MOBILITY PATHWAYS PRIMARILY	300,000.
	BY PROFESSIONALIZING THE RECRUITMENT INDUSTRY, IMPROVING TRANSPARENCY,	
	AND DRAMATICALLY REDUCING RISKS OF DEBT BONDAGE FOR MIGRANT WORKERS.	
	RESPONSIBLE RECRUITMENT GIVES WORKERS ACCESS TO WELL-PAID,	
	RIGHTS-RESPECTING JOBS ABROAD WHILE MITIGATING THE RISKS THEY FACE IN	
	THE MIGRATION PROCESS. IT FURTHER PROVIDES BUSINESSES WITH ACCESS TO A	
	STEADY POOL OF HIGHLY RELIABLE WORKERS THAT WILL MAKE IT EASIER TO	
	INCREASE PRODUCTIVITY GAINS. HISTORICALLY, HOWEVER, THE RECRUITMENT	
	PRACTICES IN MANY MIGRATION CORRIDORS ARE UNETHICAL AND RIFE WITH	
	FRAUD, FORCING WORKERS INTO SEVERE DEBT OR FORCED LABOR, DRIVEN BY	
	PERVERSE INCENTIVES BUILT INTO THE DESIGN. TO IMPROVE THE QUALITY OF	
	RECRUITMENT, LAMP TAILORS EACH PROJECT TO THE REALITIES OF EACH	
4b	(Code:) (Expenses \$	272,770.)
	LAMP INCREASES THE SCALE OF EXISTING LABOR MOBILITY PATHWAYS PRIMARILY	, ,
	BY DESIGNING NEW AND STRENGTHENING EXISTING MIGRATION PATHWAYS, OPENING	
	UP MILLIONS OF DOLLARS IN INCREASED INCOME FOR WORKERS BORN IN	
	LOW-INCOME COUNTRIES AND THEIR FAMILIES, AND ADDRESSING SEVERE LABOR	
	NEEDS IN HIGH-INCOME COUNTRIES. TRADITIONAL MIGRATION POLICIES IN	
	HIGH-INCOME COUNTRIES OFTEN EXCLUDE WORKERS WHO COULD MEET THE CRITICAL	
	LABOR NEEDS IN TRADE AND SERVICE SECTORS. THIS IS BECAUSE THE CURRENT	
	POLICIES TYPICALLY FOCUS ON HIGHER SKILLED MIGRANTS AND ARE LESS	
	ORIENTED ON CRITERIA THAT REFLECT THE FULL DIVERSITY OF LABOR MARKET	
	NEEDS. LAMP TAKES AN OCCUPATIONAL APPROACH TO CREATING AND IMPROVING	
	MIGRATION PROGRAMS BASED ON THE NEEDS OF EMPLOYING INDUSTRIES IN	
	HIGH-INCOME COUNTRIES.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·	
	Other and the Control of the Control	
4d	Other program services (Describe on Schedule O.)	`
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,241,718.)
40	Total program service expenses 1,241,718.	_ 000 ()

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			
Ŭ	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	١		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a	Х	
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		
D	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	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2022) 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	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		X
	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	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-74		
200	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
L	"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		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	.		
222004	(gambling) winnings to prize winners?	1c	990	(2022)

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Form 990 (2022)

LABOR MOBILITY PARTNERSHIPS INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)		V	NI.
20	Enter the number of employees reported an Earm W.2. Transmittel of Wags and Tay Statements		Yes	No
Za	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (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?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
_		1		
с 14а		14a		Х
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	145		
.0	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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	1a		6		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			
_				2		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					
3						x
			- £1- d0			X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					+
5	Did the organization become aware during the year of a significant diversion of the organization's asse					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 app	•				l
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, 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	r by th	e 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 read					
	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 Rev	/enue	Code)			
	(1110 0001011 210 0001011101110110110110110110110110110	07.10.0			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			133		
~		•	,, armatos,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		\vdash
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Delo	re ming the form:	110		
b 40-				12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b	_ A	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo	,		1.0	v	
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?				X	<u> </u>
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	-	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	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	ient w	vith 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	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	า'ร			
	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 filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990)-T (section 501(c)(3)s onlv	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			. ,		
	Own website Another's website X Upon request Other (explain	on S	chedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	nd finar	ncial	
.5	statements available to the public during the tax year.		or interest policy, a	a iiiai	Jul	
20	State the name, address, and telephone number of the person who possesses the organization's bool	ke an	d records			
20	REBEKAH SMITH - (907)382-8622	no all	4 1500143			
	10001 TASHA COURT, MANASSAS, VA 20111					
	10001 INDIM COURT, MANADORD, VA 20111					

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) REBEKAH SMITH	40.00									
PRESIDENT / ED		Х		Х				149,659.	0.	6,168.
(2) LANT PRITCHETT	8.00	1								
BOARD CHAIR / RESEARCH DIRECTOR		Х		Х				48,960.	0.	0.
(3) HALEY GRAY	40.00	4								
SECRETARY / TREASURER				Х				34,850.	0.	525.
(4) RICHARD JOHNSON	0.25	-						_	_	_
DIRECTOR		Х						0.	0.	0.
(5) JULIA ONSLOW-COLE	0.25	ļ								
DIRECTOR	0.05	Х						0.	0.	0.
(6) JASON WENDLE	0.25	ł								
DIRECTOR	0.05	Х						0.	0.	0.
(7) LILLIAN KIDANE	0.25	.,							_	0
DIRECTOR		Х						0.	0.	0.
		-								
		1								
		1								
		1								
		1								
		1								
		-								

	990 (2022) HIBOR MOBILIT	II IIIKIINDKO	****	U 1.	-110					34 133100	•	Г	aye •
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per	more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	l	(F) stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa rom th ganizat d relat anizati	ation e ion ed
	Subtotal	1	l						233,469.	0.		6.	693.
	Total from continuation sheets to Part VI								0.	0.			0.
	Total (add lines 1b and 1c)								233,469.	0.		6,	693.
	Total number of individuals (including but n compensation from the organization								ceived more than \$100,	000 of reportable			1
	The state of the s											Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•		•		•		•	·	•	3		х
	inio ra. Il res, complete schedule il loi s	ucii iiiuiviuual	• • • • •					• • • • •			Ĕ		

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within		(2)
(A)	(B)	(C)
Name and business address	Description of services	Compensation
GLOBAL DEVELOPMENT INCUBATOR, 155 WEST	INCUBATOR & STRATEGY SUPPORT	
23RD ST, FLOOR SIX, NEW YORK, NY 10011	services	394,838.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization	,	

84-1991867

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule O contains a response or	note to any line				<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Sυ	1 :	a Federated campaigns 1a					
anta							
اج ق							
ts, An		c Fundraising events 1c					
ig ig		d Related organizations 1d					
S.		e Government grants (contributions)					
r io	1	f All other contributions, gifts, grants, and					
ig #		similar amounts not included above 1f	2,152,770.				
벌	9	g Noncash contributions included in lines 1a-1f 1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	h Total. Add lines 1a-1f		2,152,770.			
		<u> </u>	Business Code				
g.	2 8	a					
έ	ı	b					
Ser		c					_
E S		d					
P		e					
Program Service Revenue		f All other program service revenue					
_		g Total. Add lines 2a-2f					
\rightarrow	3	Investment income (including dividends, interest					
	3	• • •					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro	1				
	5	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersoriai				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	b Less: cost or other basis					
ne		and sales expenses 7b					
e l	(c Gain or (loss)7c					
Be		d Net gain or (loss)					
Other Revenue	8 8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ı	b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	a [
ane Duc	ŀ	b					
	(c					
lisc Be	(d All other revenue					
_	•	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,152,770.	0.	0.	0.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 104,728 trustees, and key employees 327,275. 212,729. 9,818. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 169,316. 112,144. 52,513 4,659. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,232 9,381 719 132 17,647 10,613. 6,755 279. 9 Other employee benefits 43,864 28,350. 14,651 863. 10 Payroll taxes Fees for services (nonemployees): Management а 82,786. 13,008. 69,778. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 853,619 737,349 116,113 157. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,071. 5,046. 1,905 120. 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 126,980, 102,410, 24,450 120. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 683 447 216 20. 22 Depreciation, depletion, and amortization 15,468. 10,121. 4,896. 451. 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) MISCELLANEOUS EXPENSE 9,566. 114. 9.452 RECRUITING EXPENSE 975 975 EXCHANGE GAIN/LOSS -6. 6. -12 С d All other expenses 407,139 16,619. Total functional expenses. Add lines 1 through 24e 1,665,476, 1,241,718 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022) Part X Balance Sheet

Pai	t X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,996,053.	1	632,514
	2	Savings and temporary cash investments				2	2,000,00
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			52,500.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	alified per				
		under section 4958(f)(1)), and persons describ		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	B			16,275.	9	11,20
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		24,590.			
	b	Less: accumulated depreciation		683.	0.	10c	23,90
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			2,064,828.	16	2,667,62
	17	Accounts payable and accrued expenses	62,638.	17	168,42		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ا م	22	Loans and other payables to any current or fo					
E		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
֡֞֞֜֞֞֡֞֞֡֞֞֞֡֡֞֡֡	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D			0.	25	9,71
	26	Total liabilities. Add lines 17 through 25			62,638.	26	178,14
		Organizations that follow FASB ASC 958, c	heck her	e X			
ès		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,109,559.	27	1,390,410
Ба	28	Net assets with donor restrictions			892,631.	28	1,099,074
ם		Organizations that do not follow FASB ASC					
r		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,002,190.	32	2,489,484
-	33	Total liabilities and net assets/fund balances			2,064,828.	33	2,667,628

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	,152,	770.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,665,	476.
3	Revenue less expenses. Subtract line 2 from line 1	3		487,	294.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,002,	190.
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	,489,	484.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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	basis,			
	consolidated basis, or both:				
	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 Sch	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2022)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			792,722.	1,976,495.	2,152,770.	4,921,987.
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.	2,152,770.	4,921,987.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,538,625.
6	Public support. Subtract line 5 from line 4.						1,383,362.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4			792,722.	1,976,495.	2,152,770.	4,921,987.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
_	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						4,921,992.
	Gross receipts from related activities,	etc. (see instruction	nns)			12	158,967.
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop	_					X
Se	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the					ore, check this box	and
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	•		•		·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
ŀ	10% -facts-and-circumstances test	-					
•	more, and if the organization meets the	-					-, - - ,
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization						
<u></u>	roundation in the organization	sid not oncon a	257 511 1110 10, 10	<u>., 100, 110, 01 110,</u>	S. CON LINE BOX BI		Form 990) 2022

Schedule A (Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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 acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Т.,

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
	3c		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	46:		
_	10b	- 000\	

Pa	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		
	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	1.10		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
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. etion C. Type II Supporting Organizations	2		
000	tion of Type it oupporting organizations		.,	· ·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			l
			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			
0	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 instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	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 "Vas " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	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					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations _{(contin}	ued)		
Secti	ion D - Distributions					Current Year	
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported				
	organizations, in excess of income from activity	•			2		
3	Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instruc		6				
7	Total annual distributions. Add lines 1 through 6.				7		
8	Distributions to attentive supported organizations to	9					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line		9				
10	Line 8 amount divided by line 9 amount				10		
			(i)	(ii)	1	(iii)	
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6	6					
2	Underdistributions, if any, for years prior to 2022 (re	eason-					
	able cause required - explain in Part VI). See instruc	ctions.					
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
ī	Carryover from 2017 not applied (see instructions)						
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.					
4	Distributions for 2022 from Section D,						
	line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
5	Remaining underdistributions for years prior to 2022	2. if			\neg		
-	any. Subtract lines 3g and 4a from line 2. For result						
	than zero, explain in Part VI. See instructions.	J					
6	Remaining underdistributions for 2022. Subtract line	es 3h					
•	and 4b from line 1. For result greater than zero, exp						
	Part VI. See instructions.	лан н					
7	Excess distributions carryover to 2023. Add lines						
•	and 4c.	, o _j					
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021 Excess from 2022						
е	EAUGOO HUHI ZUZZ						

Schedule A (Form 990) 2022

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ICONIQ CAPITAL	1,000,000.	901,560.
WALMART FOUNDATION	836,495.	738,055.
WESTERN UNION FOUNDATION	140,000.	41,560.
HOWARD BUFFET FOUNDATION	152,770.	54,330.
SCHMIDT FUTURES	500,000.	401,560.
ICONIQ CAPITAL	1,500,000.	1,401,560.
Total Excess Contributions to Schedule A, Part II, Line 5		3,538,625.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

LABOR MOBILITY PARTNERSHIPS INC 84-1991867

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hume, dudi ess, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	* 1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1331	Training additions, unto Em 1 1	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, address, and Zir T T	\$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) 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. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Schedule B (Form 990) (2022) 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

Inspection

Name of the organization

LABOR MOBILITY PARTNERSHIPS INC

Employer identification number 84-1991867

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the
	, , , , _{, , , , , , , , , , , , , , ,}	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes"	on Form 990, 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, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributi	on in the form of a co	nservation 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				2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ten	minated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservatio	n easements during the year
_	 			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	rcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements (of section 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		
9	In Part XIII, describe how the organization reports conservation			
Ū	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o m	idioidi otatoriiorito tri	at describes the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958		ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea-			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			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

complete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part Y, line 10

Complete in the organization answered the off-commission, Fart IV, line that See Form 950, Fart X, line to.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other		24,590.	683.	23,907.			
Total. Add lines 1a through 1e. (Column (d) must equa	23,907.						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LABOR MOBILITY F	PARTNERSHIPS INC		84-1991867	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	- end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	<u>.</u>			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)) Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		.	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) OTHER CURRENT LIABILITIES				9,717.
(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) 2022

9,717.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

84-1991867

	Complete if the organization answered "Yes" on Form 990, Part IV, line				2,165,125.
1				1	2,165,125.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains (losses) on investments		12 255		
b	Donated services and use of facilities		12,355.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			10 255
е	Add lines 2a through 2d			2e	12,355.
3	Subtract line 2e from line 1			3	2,152,770.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State	amente With F	vnenses ner E	5 Return	2,152,770.
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		expenses per i	ictuiii.	
1	Total expenses and losses per audited financial statements			1	1,677,831.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	12,355.		
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	12,355.
3	Subtract line 2e from line 1			3	1,665,476.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
а		4 a		-	
h	Other (Describe in Part VIII.)	4b			
b	Other (Describe in Part XIII.)	·		40	0
С	Add lines 4a and 4b			4c	0. 1 665 476.
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TABLE Supplemental Information.			5	1,665,476.
5 Par Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b ar	nd 2b; Part V, line 4	5	1,665,476.
5 Par Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TABLE Supplemental Information.	Part IV, lines 1b ar	nd 2b; Part V, line 4	5	1,665,476.
5 Par Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b ar	nd 2b; Part V, line 4	5	1,665,476.
5 Par Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b ar	nd 2b; Part V, line 4	5	1,665,476.
5 Par Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ladded and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b ar	nd 2b; Part V, line 4	5	1,665,476.
Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2:	Part IV, lines 1b ar	nd 2b; Part V, line 4	5	1,665,476.
Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2:	Part IV, lines 1b ar additional informa	nd 2b; Part V, line 4	5	1,665,476.
Prov lines PART	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2:	Part IV, lines 1b ar additional informa	nd 2b; Part V, line 4	5	1,665,476.
Prov lines PART	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN	Part IV, lines 1b ar additional informa	nd 2b; Part V, line 4	5	1,665,476.
Prov lines PART	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN	Part IV, lines 1b ar additional informa	nd 2b; Part V, line 4	5	1,665,476.
C 5 Pau Prov lines PART UNDE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON INCOME. NO PROVISION FOR FEDERAL OR	Part IV, lines 1b ar additional informa NIZATION IS	nd 2b; Part V, line 4	5	1,665,476.
C 5 Pau Prov lines PART UNDE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON IN	Part IV, lines 1b ar additional informa NIZATION IS	nd 2b; Part V, line 4	5	1,665,476.
PARTIUNDE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAL NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON II NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE	Part IV, lines 1b ar additional informa NIZATION IS	nd 2b; Part V, line 4	5	1,665,476.
PARTIUNDE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON INCOME. NO PROVISION FOR FEDERAL OR	Part IV, lines 1b ar additional informa NIZATION IS	nd 2b; Part V, line 4	5	1,665,476.
PARTIUNDE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAL NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON II NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE	Part IV, lines 1b ar additional informa NIZATION IS	nd 2b; Part V, line 4	5	1,665,476.
PARTIUNDE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAL NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON II NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE	Part IV, lines 1b ar additional informa NIZATION IS	nd 2b; Part V, line 4	5	1,665,476.
C 5 Pac 5 Pac 7 Prov lines PART UNDE A NO THAN INCO ORG#	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON IN NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE NIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME.	Part IV, lines 1b ar additional informa NIZATION IS NCOME OTHER R STATE	nd 2b; Part V, line 4	5	1,665,476.
C 5 Pac 5 Pac 7 Prov lines PART UNDE A NO THAN INCO ORG#	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAL NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON II NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE	Part IV, lines 1b ar additional informa NIZATION IS NCOME OTHER R STATE	nd 2b; Part V, line 4	5	1,665,476.
C 5 Pac 5 Pac 7 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON IN NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE NIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME.	Part IV, lines 1b ar additional information IS NIZATION IS NCOME OTHER R STATE E	nd 2b; Part V, line 4	5	1,665,476.
C 5 Pac 5 Pac 7 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 12d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON IN NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THIS NIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME. ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO	Part IV, lines 1b ar additional information IS NIZATION IS NCOME OTHER R STATE E	nd 2b; Part V, line 4	5	1,665,476.
PARTUNDE A NO THAN INCO ORGE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 12d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON IN NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THIS NIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME. ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO	Part IV, lines 1b ar additional information IS NIZATION IS NCOME OTHER R STATE E	nd 2b; Part V, line 4	5	1,665,476.
PARTUNDE A NO THAN INCO ORGE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIANT OF THE UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR THE UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR THE IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE INIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME. ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARS.	Part IV, lines 1b ar additional information IS NIZATION IS NCOME OTHER R STATE E	nd 2b; Part V, line 4	5	1,665,476.
C 5 Party lines PARTY UNDER A NO THAN INCO ORGA THE FOR	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIANT OF THE UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR THE UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL OR THE IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE INIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME. ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARS.	Part IV, lines 1b ar additional informa NIZATION IS NCOME OTHER R STATE	nd 2b; Part V, line 4	5	1,665,476.
C 5 Party lines PARTY UNDER A NO THAN INCO ORGE THE CODI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGAN NPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON IN NET UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL ON ME IS REQUIRED FOR THE YEAR ENDED DECEMBER 31, 2022, AS THE NIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME. ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARS FICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVI	Part IV, lines 1b ar additional information IS NIZATION IS NCOME OTHER R STATE E D ACCOUNTING DS IDE ME TAXES	nd 2b; Part V, line 4	5	1,665,476.
C 5 Party lines PARTY UNDER A NO THAN INCO ORGE THE CODI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL TAXES ON INTERPORT OF THE VEAR ENDED DECEMBER 31, 2022, AS THE NIZATION HAD NO TAXABLE NET UNRELATED BUSINESS INCOME. ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARS. FICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVI	Part IV, lines 1b ar additional information IS NIZATION IS NCOME OTHER R STATE E D ACCOUNTING DS IDE ME TAXES	nd 2b; Part V, line 4 tion.	5 ; Part X, lir	1,665,476.

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867 Part I 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 record	ds to substantiate the amount of its gra	ints and other assistance,	
	the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
		· ·	,			
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outside	de the
	United States.			3	3	
3		ne following Part	I. line 3 table ca	ın be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	() 0	offices	èmployees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
					LAMP IN EUROPE UNDERTOOK	
					A SCOPING OF	
EURO	OPE (INCLUDING				OPPORTUNITIES TO IMPROVE	
CEI	LAND & GREENLAND)	0	7	PROGRAM SERVICES	THE SCALE AND QUALITY OF	108,886.
	·				LAMP LED BACKGROUND	, , , , ,
					TECHNICAL RESEARCH AND	
IOR!	TH AMERICA (NON				CONSULTATIONS ON	
JS)		0	2	 PROGRAM SERVICES	MIGRATION REFORMS UNDER	19,143.
				· ·	LAMP COMMISSIONED WORK	
					THROUGH INDEPENDENT	
					CONTRACTORS BASED IN THE	
יווס	TH ASIA	0	1	PROGRAM SERVICES	REGION TO SUPPORT	15,000.
				I ROCKERT SERVICES	LAMP DEVELOPED A	13,000.
					PIPELINE OF	
					PROOF-OF-CONCEPT	
COLL	TH AMERICA	0	2		PROJECTS IN THE	34,692.
	III AMERICA	0		ROGRAM BERVICES	LAMP COMMISSIONED WORK	34,032.
					THROUGH INDEPENDENT	
3 A C C	n acta and mile					
	r ASIA AND THE	0	2	DDOGDAM GEDVIGEG	CONTRACTORS BASED IN THE	F 100
AC.	IFIC	U	2	PROGRAM SERVICES	REGION TO SUPPORT	5,100.
					LAMP CONDUCTING SCOPING	
					EFFORTS TO DESIGN NEW	
	TRAL AMERICA AND	_	_		PROGRAMS IN NORTHERN	4.6
PHE	CARIBBEAN	0	1	PROGRAM SERVICES	CENTRAL AMERICA TO	10,744.
						400 757
	Subtotal	0	15			193,565.
b	Total from continuation					_
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3h)	0	15			193 565.

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

Schedule F (Form 990) 2022

<u>e</u>	F (FORM 990) 2022 HADOK MODILI	III TAKINEKSHIIS INC		04 1001	1007		
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							
	recipient who received more than \$5,000. I	Part II can be duplicated if additional space is need	eded.				
_	(b) IRS code section	(d) Purpose of	(a) Amount	(f) Manner of	(g) Amount of	(h) Description	(i

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)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax example 501(c)(3) organization by the IPS, or for which the grantee or counsel has provided a section 501(c)(4) organization.								

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 grantee or counsel has provided a section 501(c)(3) equivalency letter	
2	Enter total number of other examinations or entities	

3 Enter total number of other organizations or entities

Part III Grants and Other Assistan Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(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)

Page 4

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) 2022

Page 5

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: LAMP IN EUROPE UNDERTOOK A

SCOPING OF OPPORTUNITIES TO IMPROVE THE SCALE AND QUALITY OF LABOR

MOBILITY PATHWAYS IN EUROPE - FOCUSING ON GERMANY AND SPAIN - AND ENGAGED

EUROPEAN STAKEHOLDERS' ON LAMP'S BEHALF. ADDITIONALLY, LAMP COMMISSIONED

WORK THROUGH INDEPENDENT CONTRACTORS BASED IN THE REGION TO SUPPORT

VARIOUS ASPECTS OF LAMP'S GLOBAL MISSION.

REGION: NORTH AMERICA (NON US)

(E) SPECIFIC TYPES OF SERVICES IN REGION: LAMP LED BACKGROUND TECHNICAL

RESEARCH AND CONSULTATIONS ON MIGRATION REFORMS UNDER CONSIDERATION IN

CANADA. IN MEXICO, LAMP CONTINUED ON A PORTFOLIO OF WORK TO IMPROVE

RESPONSIBLE RECRUITMENT FOR THE U.S. H-2A SEASONAL AGRICULTURAL WORKER

VISA PROGRAM.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: LAMP COMMISSIONED WORK THROUGH

INDEPENDENT CONTRACTORS BASED IN THE REGION TO SUPPORT VARIOUS ASPECTS OF

LAMP'S GLOBAL MISSION. INCLUDING ASSESSMENT OF SUSTAINABLE AND

IMPACT-ORIENTED FINANCE SOLUTIONS FOR MIGRATION,

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: LAMP DEVELOPED A PIPELINE OF

PROOF-OF-CONCEPT PROJECTS IN THE IBERO-AMERICAN REGION THAT WOULD

DEMONSTRATE QUALITY LABOR MOBILITY WITH THE POTENTIAL TO MATURE INTO

LONG-TERM, LARGE-SCALE PATHWAYS.

Schedule F (Form 990) 2022

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
(
REGION: EAST ASIA AND THE PACIFIC
(E) SPECIFIC TYPES OF SERVICES IN REGION: LAMP COMMISSIONED WORK THROUGH
INDEPENDENT CONTRACTORS BASED IN THE REGION TO SUPPORT VARIOUS ASPECTS OF
LAMP'S GLOBAL MISSION, INCLUDING SURVEY DEVELOPMENT FOR WORKERS AND
ADVISORY SERVICES FOR RESPONSIBLE RECRUITMENT.
REGION: CENTRAL AMERICA AND THE CARIBBEAN
(E) SPECIFIC TYPES OF SERVICES IN REGION: LAMP CONDUCTING SCOPING
EFFORTS TO DESIGN NEW PROGRAMS IN NORTHERN CENTRAL AMERICA TO SUPPORT
INCREASED JOBS/MOBILITY.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

LABOR MOBILITY PARTNERSHIPS INC

Employer identification number 84-1991867 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REBEKAH SMITH	(i)	149,659.	0.	0.	4,663.	1,505.	155,827.	0.
PRESIDENT / ED	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LABOR MOBILITY PARTNERSHIPS INC.

Employer identification number 84-1991867

EMBON MODIBITI TANTABROHITO INC	04 1331007
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
CORRIDOR AND SECTOR WHERE WE WORK. IN SOME CASES, WE SUPPORT BY WORKING	
WITH EXISTING MARKET PLAYERS ON COST-EFFECTIVE WAYS TO ADOPT	
RESPONSIBLE PRACTICES OR INCENTIVIZE THE TRANSITION. IN OTHER CASES, WE	
HELP SEED A NEW INDUSTRY OF RESPONSIBLE ACTORS OR BOLSTER THE DELIVERY	
CAPACITY AND MARKET SHARE OF EXISTING ONES. IN ALL CASES, WE SEEK	
SOLUTIONS THAT ACKNOWLEDGE AND HELP FURTHER THE INTERESTS OF EVERYONE	
AT THE TABLE BUYERS, EMPLOYERS, RECRUITERS, AND WORKERS SO THAT	
RESPONSIBLE RECRUITMENT CAN BE SUSTAINED IN THE LONG RUN.	
FORM 990, PART VI, SECTION A, LINE 8B:	
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 HAS BEEN PROVIDED A COPY OF THE 990 FOR ANY	
COMMENTS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS SHARED ELECTRONICALLY WITH THE FULL BOARD FOR THEIR	
REVIEW. TIME WAS DEDICATED DURING A BOARD MEETING FOR MEMBERS TO RAISE ANY	
CONCERNS.	

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

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

Schedule O (Form 990) 2022

D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** LABOR MOBILITY PARTNERSHIPS INC 84-1991867 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: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE BOARD IN THE Q4 BOARD MEETING. WHICH INFORMS THE DECISION THROUGH MARKET COMPARABILITY DATA. SALARIES FOR OTHER EMPLOYEES ARE DETERMINED BY PRE-SET BANDS WHICH MAP TO POSITIONS AND YEARS OF EXPERIENCE, AS INFORMED BY COMPARABILITY DATA, AND THE ORGANIZATION DOES NOT NEGOTIATE OUTSIDE OF THESE BANDS IN SALARY NEGOTIATIONS. THIS DATA CAME FROM ANALYSES OF SIMILARLY SITUATED NON-PROFITS IN THE US. FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	WEBSITE			.000	НУ1	24,590.				24,590.	683.		0.	683.
	* TOTAL 990 PAGE 10 DEPR					24,590.				24,590.	683.		0.	683.

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR FEDERAL -

LABOR MOBILITY PARTNERSHIPS INC

Asset No.	Description	Acc	Date quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	WEBSITE * TOTAL 990 PAGE 10				.000	16	24,590.			24,590.	683.		0.
	DEPR						24,590.		0.	24,590.	683.		0.
222422 24 2													

- NEXT YEAR FEDERAL -

LABOR MOBILITY PARTNERSHIPS INC

Asset No.	Description	Ac	Date quire	d	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	WEBSITE		\Box			.000	24,590.	_	24,590.	683.	0.
	* TOTAL 990 PAGE 10 DEPR						24,590.		24,590.	683.	0.
							,		, .		

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone