Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For t	he 2023 calen	ıdar year, or ta	x year begin	ıning		, 2023,	and ending	3		,	, 20	
В	Check	if applicable:	С							D Employ	er ident	ification number	
	A	ddress change	LABORATOR	RTA INC.						81-	5071	835	
	_	ame change	61 GREEN		VENUE #	114			Ī	E Telepho			
	_	-	BROOKLYN,							E 71	42E	0222	
	_	nitial return	,						-	5/1	-425	-0323	
	_	nal return/terminated								_		.	
	-	mended return	<u> </u>					1.		G Gross r			5,189.
	A	pplication pending			officer: GA	BRIELA R	OCHA		H(a) Is this a				
			SAME AS C	: ABOVE			_		H(b) Are all su If "No," a	ubordinates attach a list	included . See ins	d? Yes	s No
<u> </u>	Tax-	-exempt status:	X 501(c)(3)	501(c) () ((insert no.)	4947(a)(1) or	527					
J	We	bsite: Ww	W.LABORAT	ORIA.LA				ı	H(c) Group ex	kemption n	umber		
K	Forn	n of organization:	X Corporation	Trust	Association	Other	LY	ear of formation	n: 2017	Ms	State of I	egal domicile: CZ	A
Pa	art I	Summar	ry			<u></u>	•						
	1		ibe the organiz	ation's miss	ion or most	significant a	activities:LAB	BORATORI	A, INC	. SUP	PORT	S WORLD-C	CLASS
a		ORGANIZA	ATIONS ACR	OSS LAT	IN AMER	ICAN THA	T PROVID	E ACCES	S TO OU	JALIT	EDU	JCATION I	N
ဋ			OGY, DIGIT										. – – – –
E			AREERS. <c< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>. – – – –</td></c<>										. – – – –
Governance	2	Check this bo					ations or dispo	osed of mo	re than 25	% of its	net as	sets.	. – – –
ਠੁ	3	Number of vo	oting members	of the gover	rning body	(Part VI, line	a 1a)				3		7
∞ర	4		ndependent voti	-	-		•				4		6
Ei	5		r of individuals								5		1
Activities &	6		r of volunteers								6		11
¥			ed business re								7a		0.
	b	Net unrelated	d business taxa	ible income	from Form	990-T, Part	I, line 11				7b		0.
										or Year		Current Y	
<u>a</u>	8	Contributions	and grants (P	art VIII, line	1h)				6,	589,5	86.	1,751	L,195.
Revenue	9	Program serv	vice revenue (F	art VIII, line	e 2g)								
ě	10		ncome (Part VI							1,2	262.	213	3,015.
ш	11		ie (Part VIII, co							F00 6		1 064	
	12		e – add lines 8						- /	590,8			4,210.
	13		imilar amounts				-			000,0	000.	1,250	0,000.
	14	•	d to or for mem	-									
S	15	Salaries, oth	er compensation	on, employe	e benefits (Part IX, colu	ımn (A), lines	5-10)		192,5	534.	154	1,691.
Expenses	16a	Professional	fundraising fee	es (Part IX, d	column (A),	line 11e)							
ē	b	Total fundrais	sing expenses	(Part IX, co	lumn (D), li	ne 25)	5	0,425.					
й	17		ses (Part IX, co			· · · · · · · · · · · · · · · · · · ·				58,3	222	13/	1,372.
	18	•	ses. Add lines 1							250,8			9,063.
	19	•	s expenses. Su	•	•					339,9		•	5,147.
- Jo 8		revenue less	s expenses. ou	btract line i	o mont inte	12				•		End of Y	,
13 0	20	Total accets	(Part X, line 16	5)					Beginning				
Bala	21		es (Part X, line	•					11,	362,9 939,6		11,856	7,218.
Net Assets	21		,	,					1.0	•			•
			r fund balances	3. Subtract II	ine 21 from	line 20			10,	423,2	295.	11,849),551.
	art II	Signatui											
Unde	er penal	Ities of perjury, I de	eclare that I have ex arer (other than office	camined this return is based on	urn, including a	ccompanying scl	nedules and staten	ments, and to the	ne best of my	knowledge	and beli	ief, it is true, correc	ct, and
		1						-9					
٥.		Signature of	f officer						Date				
Sig	gn			~									
He	re	MARIAI	NA COSTA (CHECA				P.	RESIDEN	VT.			
		71 1.			I Daniel Control			In-t-	1	1.	z	DTIN	
			preparer's name	_	Preparer's si		_	Date		Check	<u>-</u>	PTIN	_
Pa			DORAN, CPA		LISA D	ORAN, CE	PA		s	self-employ	ed	P00791709	<u>) </u>
	epar		e <u>DORAN</u>	I & ASSO	CIATES								
Us	e Or	ily Firm's addr	ess 70 MI	TCHELL 1	BLVD, S'	TE. 102			F	Firm's EIN	262	2769279	
			SAN R	RAFAEL, (CA 9490				F	Phone no.		-491-1130	
Ma	y the	IRS discuss th	nis return with t				tructions					. X Yes	No

Par	t III	Statement of Program Service A		Г	_
	D : (1		e or note to any line in this Part III		_
1		y describe the organization's mission:		TAMEN AMPRECANT MUAM	
			RLD-CLASS ORGANIZATIONS ACROSS		_
			CATION IN TECHNOLOGY, DIGITAL S	KILLS AND SKILLS FOR	_
	WOR	K, TO WOMEN SEEKING TO TRA	NSFORM THEIR CAREERS.		_
2	Did th	e organization undertake any significant prod	ram services during the year which were not listed on	the prior	_
_		990 or 990-EZ?			
	If "Ye	s," describe these new services on Schedule	0.		
3	Did th	ne organization cease conducting, or make	e significant changes in how it conducts, any prog	ram services? Yes X No	
	If "Ye	s," describe these changes on Schedule O.			
4	Descr	ribe the organization's program service ac	complishments for each of its three largest progra	am services, as measured by expenses.	
	Section and r	on 501(c)(3) and 501(c)(4) organizations a evenue, if any, for each program service r	are required to report the amount of grants and all	locations to others, the total expenses,	
	unu i	evenue, if any, for each program service i	oported.		
4a	(Code	e:) (Expenses \$ 1,404	,256. including grants of \$ 1,250,00	O) (Revenue \$)
Tu			ABLISHED LONG-TERM PARTNERSHIPS		,
			ANTS TOTALING \$1,250,000 USD TO		-
			IATIVES THAT PROVIDE WOMEN WHO		_
			RTUNITIES IN THE TECH INDUSTRY.		_
	2011				-
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4b	(Code	e:) (Expenses \$	including grants of \$) (Revenue \$)
	`				•
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					_
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4c	(Code	e:) (Expenses \$	including grants of \$) (Revenue \$)
					_
					_
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					_
Δd	Other	program services (Describe on Schedule	0.)		_
-tu	(Ехре		ing grants of \$) (Rever	nue \$	
/10			1 404 256	, ,	_

Form 990 (2023) LABORATORIA INC. 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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? <i>If "Yes," complete Schedule D, Part IV.</i>	9		Х
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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 257 If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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

Form 990 (2023) LABORATORIA INC. 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? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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? <i>If "Yes," complete Schedule M.</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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	X	
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		Vaa	. Na
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		•	
D A A	(gambling) winnings to prize winners?	1c	X 000 ((0000

Form 990 (2023) LABORATORIA INC.

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		
	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7f		Λ
·	as required?	7g		
	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 sponsoring	7h		
Ū	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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		
	and the first an			

Form 990 (2023) LABORATORIA INC. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain on Schedule O) SEE SCH. O Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

114 BROOKLYN NY 11222 571-425-0323

GABRIELA ROCHA 61 GREEN POINT AVENUE STE

BAA

Form 990 (2023)

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-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

See the instructions for the order in which to list the persons above.										
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	ou organiz			(C			,		.,	
(A) Name and title	(B) Average hours	box,	unles	Posi neck i ss pei	ition more rson i	than c is both ir/trust	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	$-\frac{40}{0}$			Х				106,431.	0.	23,170.
(2) JUAN PABLO BURITICA	8			Λ				100,431.	0.	23,170.
MEMBER	0	Х					V	25,090.	0.	0.
(3) MARIANA COSTA CHECA PRESIDENT	_ <u>1.5</u> _	X	• (X	1			0.	0.	0.
(4) RAFAEL DE LA GUIA SECRETARY	0.75	X		Х				0.	0.	0.
(5) JULIE T. KATZMAN	0.75								0.	
TREASURER	0	Х		Χ				0.	0.	0.
	0.75 0	Х						0.	0.	0.
(7) ISADORA KIMURA MEMBER	0.75	Х						0.	0.	0.
(8) JOSE ANTONIO FERNANDEZ	0.75									
MEMBER (9)	0	X						0.	0.	0.
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										

TEEA0107L 08/23/23

Form 990 (2023) LABORATORIA INC.									81-507183	5	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours	box,	unles	Posi heck i ss pei d a d	more rson is irecto	than on s both a r/trustee	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimate	(F) ed amount other sation from
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the org	adion from janization related jizations
<u>(15)</u>											
(16)											
(17)											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)					C		<				
(25)		C	"	J	1						
1b Subtotal								131,521.	0.	2	23,170.
c Total from continuation sheets to Part VII, Secti							-	0.	0.		0.
d Total (add lines 1b and 1c)								131,521.	0.	2 consortion	23,170.
from the organization 1	i to those i	isicu	abu	ve) v	WIIO	ieceiv	cu	more than \$100,00	o of reportable com		V N
3 Did the organization list any former officer, direct on line 1a? <i>If "Yes,"complete Schedule J for suc</i>	tor, truste h individu	ee, ke ial	ey e	mplo	oyee	e, or h	iigh	nest compensated	employee	. 3	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,0	00?	If "	Yes,	" com	ple	ete Schedule J for	•	. 4	Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e comper s." comple	nsatio ete S	on fr Sche	om : dule	any • <i>J fo</i>	unrela or suc	ate h p	d organization or	individual	. 5	Х
Section B. Independent Contractors										L L	l e
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indestant in the sation for th	epen the c	den alen	t cor dar <u>y</u>	ntrad year	ctors t endin	that g w	t received more the tith or within the or	han \$100,000 of ganization's tax yea	r.	
(A) Name and business add	ress							Description (of services	(C) Compen) sation
Total number of independent contractors (including the \$100,000 of compensation from the organization).		ited t	o the	ose I	istec	d abov	e) v	who received more	than		

		0 (2023) LABORATORIA IN	С.				81-5071835	Page 9
Par	τνι							
		Check if Schedule O contains	a respo	onse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants, and Other Similar Amounts	b c d e f	Federated campaigns		1,751,195. 270,167. Business Code	1,751,195.			
Progra	f g	Total. Add lines 2a-2f						
		Investment income (including divide other similar amounts)	xempt	bond proceeds	221,951.	1		221,951.
	d 7a	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b 3 . 781	rities	(ii) Other	;0 ^P			
		. 0/10=	936.	,	-8,936.			-8,936.
Other Revenue	b c	Gross income from fundraising events (not including \$_ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundra Gross income from gaming activities. See Part IV, line 19	8a 8b ising e	vents				
		Less: direct expenses Net income or (loss) from gamin	9b					
	10a b	Gross sales of inventory, less returns and allowances	10a	a)				
	С	Net income or (loss) from sales	ו ות invei	Business Code				
eous	11a			24311033 0040				

d All other revenue. e Total. Add lines 11a-11d.

12 Total revenue. See instructions......

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1,250,000. 1,250,000 Compensation of current officers, directors, trustees, and key employees 0. 154,691 139,222. 15,469 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11 Fees for services (nonemployees): <u>3,2</u>67 3,267 c Accounting...... 51,162 51,162 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... 2,539 2,539 Other. (If line 11g amount exceeds 10% of line 25, column 63,791 45,000. 862 5,929 (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion..... 5,268 5,268 Information technology..... 14 15 Royalties..... 17 1,970 1,803 167 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 1,000 1,000 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization. . . . 23 369 1,330. 961 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.)..... 2,750 157. BANK FEES 2,593 b TAXES AND FEES 1,295 1,295 С d e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 1,539,063. 1,404,256 84,382 50,425 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

_		Check if Schedule O contains a response or note to	o any line in this Part $X \ldots$	<u></u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,069,002.	1	414,802.
	2	Savings and temporary cash investments		10,033,685.	2	1,765,328.
	3	Pledges and grants receivable, net		255,721.	3	250,124.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer, director, I contributor, or 35%			
			<u> </u>		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
ts	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		4,524.	9	9,671.
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments – publicly traded securities			11	9,416,844.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	11,362,932.	16	11,856,769.	
	17	Accounts payable and accrued expenses		24,637.	17	7,218.
	18	Grants payable		·	18	·
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability. Complete Part			21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35%		22	
コ	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, applete Part X of Schedule D.	915,000.	25	
	26	Total liabilities. Add lines 17 through 25		939,637.	26	7,218.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e X	·		·
ılar	27	Net assets without donor restrictions		9,593,295.	27	10,356,551.
Ba	28	Net assets with donor restrictions		830,000.	28	1,493,000.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here	·		
ō	29	Capital stock or trust principal, or current funds			29	
sts	30	Paid-in or capital surplus, or land, building, or equipn			30	
SS	31	Retained earnings, endowment, accumulated income	, or other funds		31	
t A	32	Total net assets or fund balances		10,423,295.	32	11,849,551.
Ne	33	Total liabilities and net assets/fund balances	<u> </u>	11,362,932.	33	11,856,769.
BA	A		TEEA0111L 08/23/23	, - ,,		Form 990 (2023)

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		1,9	64,2	210.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			39,0	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		4	25,1	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		10,4	23,2	295.
5	Net unrealized gains (losses) on investments.	. 5			86,1	.09.
6	Donated services and use of facilities	. 6			•	
7	Investment expenses					
8	Prior period adjustments	. 8		9	15,0	000.
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		11,8	49.5	551.
Par	rt XII Financial Statements and Reporting		-1	, -		
	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 O.					
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ewed or	n a			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both.	arate				
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit, 		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	e Unifo	orm	3a		Х
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
BAA	TEEA0112L 08/23/23			Form	990 ((2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name	ame of the organization Employer identification number									
LAB	ORATORIA INC.					81-507183	5			
	I Reason for Public Cha						ctions.			
The o	organization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1	A church, convention of church	•		,	b)(1)(A)((i).				
2	A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)						
3	A hospital or a cooperative h	nospital service organ	ization described in sec	tion 170	0(b)(1)(<i>A</i>	۸)(iii).				
4	A medical research organiza	ntion operated in conju	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the hospital's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in			
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described	l in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9	An agricultural research organ				onjunctio	on with a land-grant colle	ege			
	or university or a non-land-gra university:									
10	An organization that normall	v receives (1) more th	han 33-1/3% of its supr	ort from		outions membership fe	es and gross receipts			
	An organization that normall from activities related to its investment income and unre	lated business taxabl	e income (less section	ns; and 511 tax)	(2) no i	more than 33-1/3% of its usinesses acquired by	ts support from gross the organization after			
-1-1	June 30, 1975. See section	,,,,,	•			- 500/->/4>				
11	An organization organized a		,	,		· / /				
12	An organization organized a or more publicly supported or lines 12a through 12d that d	organizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one (3). Check the box on			
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	on operated, supervise					the supported on. You must			
b				مان مالانيي		had avaanimatian(a) lav	havina aantual au			
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	the same persons that c	ontrol or	manage	ted organization(s), by the supported organizat	ion(s). You			
С	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations). You must com	tion operated in connectio	n with, ar A, D, an	nd functi d E.	onally integrated with, its	supported			
d	Type III non-functionally integ functionally integrated. The instructions). You must com	organization generally	must satisfy a distribu	nection tion requ	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see			
е	Check this box if the organiz	zation received a writt	en determination from	the IRS	that it is	s a Type I, Type II, Type	e III functionally			
	integrated, or Type III non-fu Enter the number of supported									
f q	Provide the following information	-								
	(i) Name of supported organization		(iii) Type of organization	G.A.I	s the	(v) Amount of monetary	(vi) Amount of other			
	ty rame of supported organization	(1) =11	(described on lines 1-10 above (see instructions))	organizat	ion listed	support (see instructions)	support (see instructions)			
			above (see manachons))	docur	nent?					
				Yes	No					
(A)										
``										
(B)										
<u> </u>										
<u>(C)</u>										
(D)										
(E)										
Total										
						•	1			

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,737,692.	3,613,835.	981,560.	6,589,586.	1,751,195.	15,673,868.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,	,			0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,737,692.	3,613,835.	981,560.	6,589,586.	1,751,195.	15,673,868.
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)						3,986,114.
6	Public support. Subtract line 5 from line 4						11,687,754.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,737,692.	3,613,835.	981,560.	6,589,586.	1,751,195.	15,673,868.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,565.	2,066,	15,501.	1,262.	221,951.	242,345.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C)r.			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						15,916,213.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						73.43%
15	Public support percentage from	2022 Schedule A,	Part II, line 14				71.25 %
16a	33-1/3% support test—2023. If t and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization did n qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	pox and stop here	e. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	test, check this I	box and stop here	Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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.)

Sac	tion A. Public Support	osto notou bolott,	process compress	,					
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	(b) 2020	(6) 2021	(d) 2022	(e) 2023	(I) Total		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.								
3	Gross receipts from activities that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization'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								
	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.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)			N					
	tion B. Total Support			JVI	T	1			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
-	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)			
	tion C. Computation of Pul								
	Public support percentage for 20	•	.,,		•		%		
	Public support percentage from 2					16	%		
Sec	tion D. Computation of Inv								
17		•		-		—	%		
	Investment income percentage f						%		
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies	as a publicly supp	orted organization.			
	33-1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

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.)

Page 4

Section A. All Supporting Organizations

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 3a		
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.	3b		
С	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.	3c		
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.	4 a		
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.	4b		
С	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.	4c		
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	5a		
b	accomplished (such as by amendment to the organizing document). 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?	5a 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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.	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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 .	9с		
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)? <i>If "Yes,"</i> answer line 10b below.	10a		
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.)	10b		

Pa	rt IV	/ Supporting Organizations (continued)			
11	Lام	s the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A p	person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,	44		
		e governing body of a supported organization?	11a		
ı) A T	family member of a person described on line 11a above?	11b		
		5% 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	ctio	n B. Type I Supporting Organizations		1	
1	Dic	d the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
•	or offi org tha	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's icers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported ganization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more an one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees			
		ere allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers ring the tax year.	1		
2	tha be	d the organization operate for the benefit of any supported organization other than the supported organization(s) at operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such nefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the poporting organization.	2		
200		n C. Type II Supporting Organizations			
360	, (IOI	in C. Type ii Supporting Organizations		Yes	No
1	We	ere 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 pporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tio	n D. All Type III Supporting Organizations			
		,		Yes	No
1	org	If the organization provide to each of its supported organizations, by the last day of the fifth month of the ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	orc	ganization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i> e 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 ice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all	times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played this regard.	3		
Sec		n E. Type III Functionally Integrated Supporting Organizations			
		eck 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.			
	ь <u> </u>	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5),
		tivities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
i	org res	d substantially all of the organization's activities during the tax year directly further the exempt purposes of the opported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported ganizations and explain how these activities directly furthered their exempt purposes, how the organization was sponsive to those supported organizations, and how the organization determined that these activities constituted			
	sul	bstantially all of its activities.	2a		
	mo	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		asons for the organization's position that its supported organization(s) would have engaged in these activities t for the organization's involvement.	2b		
3	Pa	rent of Supported Organizations. Answer lines 3a and 3b below.			
i	a Dic	d the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of ch of the supported organizations? If "Yes" or "No," provide details in Part VI.	За		
		If the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its popported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

SCITE	Edule A (Form 990) 2025 LABORATORIA INC.		81-50	71835 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	Section 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		
Section 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):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
-	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

		1 - 5	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount	-1		
i Carryover from 2018 not applied (see instructions)	TO		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	71		
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

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 B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

OMB No. 1545-0047

	ATORIA INC.		81-5071835			
Organiza	ation type (check one)					
Filers of	:	Section:				
Form 990 or 990-EZ		\overline{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on			
		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				
		red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.			
General	Rule					
	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 Land II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lind from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or			
	contributor, during th literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from e year, total contributions of more than \$1,000 exclusively for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributior, 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.						
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9the filing requirements of Schedule B (Form 990).				

Name of organization LABORATORIA INC. Employer identification number

81-5071835

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>267,120.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$175,000.	Person X Payroll

81-5071835 LABORATORIA INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person Χ **Payroll** 135,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 8 **Payroll** 87,500. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 9 **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP (d) Type of contribution (a) No. (c) Total contributions Person 10 **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Name of organization Employer identification number

LABORATORIA INC.

81-5071835

LABURA	TORIA INC.	81-5071	835
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional specified in the copies of Part II is additional spe	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK DONATION		
		\$267,120.	7/18/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		·	

Schedule B (Form 990) (2023)	1	1	Page
Name of organization	Employer ide	entification n	umber
LABORATORIA INC.	81-507	1835	
Part III Exclusively religious, charitable, etc., contributions to organizations describe	d in section	1 50 1(c)((7), (8),
or (10) that total more than \$1,000 for the year from any one contributor. Comp	lete columns (a) through	(e) and

	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. Se						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
		(e) Transfer of gif	t					
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferration and describe	(e) Transfer of gif						
Transferee's name, address, and ZIP + 4 Relationship of transferor to tran								
		-COP						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, addres	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, addres	(e) Transfer of gif	gift Relationship of transferor to transferee					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

LABORATORIA INC. 81-5071835 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

BAA

Schedule D (Form 990) 2023 LABORATORI				81-5071		Page 2
Part III Organizations Maintaining	Collection	ns of Art, Histor	ical Treasures, or	Other Similar As	sets (continu	ıed)
3 Using the organization's acquisition, accessi items (check all that apply).	on, and other	records, check any c	f the following that mak	e significant use of its	collection	
a Public exhibition		d Loan or e	xchange program			
b Scholarly research		e Other				
c Preservation for future generations						
4 Provide a description of the organization's concern Part XIII.	ollections and	explain how they fur	ther the organization's e	exempt purpose in		
5 During the year, did the organization solid to be sold to raise funds rather than to be	cit or receive maintained	donations of art, hi as part of the orga	storical treasures, or on its ation's collection?.	other similar assets	Yes	No
Part IV Escrow and Custodial Arra	angements	;				
Complete if the organization Form 990, Part X, line 21.				·	n amount on	
1a Is the organization an agent, trustee, cus on Form 990, Part X?	todian, or oth	er intermediary for	contributions or other	assets not included	Yes	No
b If "Yes," explain the arrangement in Part XII	and complete	e the following table.		L		
				,	Amount	
c Beginning balance				. 1c		
d Additions during the year				1d		
e Distributions during the year						
f Ending balance				. 1f		
2a Did the organization include an amount o				_		No
b If "Yes," explain the arrangement in Part	XIII. Check h	ere if the explanati	on has been provided	in Part XIII		
Part V Endowment Funds						
Part V Endowment Funds Complete if the organizatio	n answere	d "Yes" on Forn	n 990 Part IV lin	<u> </u>		
				+		
	urrent year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years b	oack
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities		7.0				
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	current year e	•	g, column (a)) held as	:		
a Board designated or quasi-endowment		 %				
b Permanent endowment	00					
c Term endowment						
The percentages on lines 2a, 2b, and 2c sho	ould equal 100	%.				
3a Are there endowment funds not in the posse	ssion of the or	ganization that are h	neld and administered for	or the		
organization by: (i) Unrelated organizations?					Yes	No
(ii) Related organizations?					3a(i)	
b If "Yes" on line 3a(ii), are the related organizations?					3a(ii)	
4 Describe in Part XIII the intended uses of		•			3D	
		ition's endowment	unus.			
		Form 000 Dort IV	ina 11a Caa Farm 000	Dart V line 10		
Complete if the organization answer		1		, Part X, line 10.		
Description of property		or other basis (vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book valu	ie
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column (d) mu	ıst equal Fori	n 990, Part X, Iine	10c, column (B))			0.

Schedule D (Form 990) 2023

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Part VII	Investments – Other Securities	Farm 000 Part IV line	N/A	, 2000
(a) Decerie	Complete if the organization answered "Yes" on tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of year market value
	I derivatives	(b) book value	(C) Method of Valuation. Cost of end-c	n-year market value
` '	neld equity interests			
(3) Other	leid equity interests			
_				
(A) (B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
Total (Colum	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII			N / A	
T art VIII	Investments — Program Related Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on	Form 000 Part W line	11d Soo Form 000 Part V line 15	
	(a) De	scription	Tru. See Form 330, Fart X, fine 13.	(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	mn (b) must equal Form 990, Part X, line 15, c	olumn (R))		
Part X	Other Liabilities	ошти (<i>Б)).</i>		
I alt A	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.	(a) Descr	iption of liability		(b) Book value
	I income taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
(11)				
	mn (b) must equal Form 990, Part X, line 25, co	olumn (B))		
	incertain tax positions. In Part XIII, provide the text of the fo			liability for uncertain
tax nositions un	der FASB ASC 740. Check here if the text of the footnote has	heen provided in Part XIII	SE	E PART XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1 Total revenue, gains, and other support per audited financial statements	1	2,050,319.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	86,109.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	86,109.
3 Subtract line 2e from line 1		1,964,210.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,964,210.
·		, ,
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	penses per Retu	·
Part XII Reconciliation of Expenses per Audited Financial Statements With Property Per Audited Financial Statements With Property Per Audited Financial Statements Wit	penses per Retu	·
	penses per Retu 12a.	·
Complete if the organization answered "Yes" on Form 990, Part IV, line	penses per Retu 12a.	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	penses per Retu 12a.	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	penses per Retu 12a.	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	penses per Retu 12a.	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	penses per Retu 12a.	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 7 Donated Services and Use of facilities. 8 Donated Services and Use of facilities. 9 Donated Services and Use of facilities.	12a. 1	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	12a 1	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	12a 1	1,539,063.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	12a 1	1,539,063.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	penses per Retu 12a	1,539,063.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	penses per Retu 12a	1,539,063.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 2b and 4b; Part XI, lines 2d and 4b; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

Part XIII Supplemental Information

ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE CORPORATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE CORPORATION. THE CORPORATION HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED THE CORPORATION'S EXPOSURE TO THOSE TAX POSITIONS.

MANAGEMENT BELIEVES THAT THE CORPORATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED (FOUR YEARS FOR CALIFORNIA). ANY INTEREST OR PENALTIES ASSESSED TO THE CORPORATION ARE RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.



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.

Employer identification number

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

LABORATORIA INC. 81-5071835 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.... For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (d) Activities conducted in (e) If activity listed in (a) Region (f) Total employees, offices in the the region (by type) (such (d) is a program expenditures for agents, and as, fundraising, program services, investments, region service, describe and investments independent specific type of in the region contractors grants to recipients service(s) in in the region located in the region) the region (1) SOUTH AMERICA **GRANTS** 1,250,000. (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15) (16)(17)**3a** Subtotal..... 1,250,000. **b** Total from continuation sheets to Part I.....

0

c Totals (add lines 3a and 3b).

1,250,000.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				WOMEN					
			SOUTH AMERICA	EMPOWER.	1,000,000.	WIRE			U.S. DOLLARS
			SOUTH AMERICA	WOMEN EMPOWER.	250,000.	MIDE			U.S. DOLLARS
			SOUTH AMERICA	EMPOWER.	250,000.	WIRE			U.S. DOLLARS
				- 0	PY				
				CC	•				

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..... 3 Enter total number of other organizations or entities

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Schedule F (Form 990) 2023

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form
	990. Part IV. line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book FMV, appraisal other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)			COY,				
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2023

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see the Instructions for Form 926)	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be ged to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt train Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain on Corporations (see the Instructions for Form 5471)	Yes	X No
4	electin <i>Returr</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a qualified g fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information to by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the citions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see the Instructions for Form 8865).	Yes	X No
6	If "Yes	e organization have any operations in or related to any boycotting countries during the tax year? s," the organization may be required to separately file Form 5713, International Boycott Report (see structions for Form 5713; don't file with Form 990).	Yes	X No



BAA Schedule F (Form 990) 2023 TEEA3505L 11/01/23

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 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

TO MONITOR THE USE OF GRANTS BY ORGANIZATIONS OUTSIDE THE US, THE ORGANIZATION REQUIRES GRANTEES TO ENTER INTO A GRANT AGREEMENT THAT LIMITS THE USE OF THE GRANT TO SPECIFIC PROJECTS THAT ARE CHARITABLE WITHIN THE MEANING OF SECTION 501(C)(3) AND WITHIN THE SCOPE OF THE ORGANIZATION'S OWN EXEMPT PURPOSES. THE ORGANIZATION REQUIRES THAT GRANTEES PROVIDE A NARRATIVE WRITTEN AND FINANCIAL REPORT TO ESTABLISH THAT THE GRANT WAS USED FOR SECTION 501C)(3) PURPOSES. IN ADDITION, BOARD MEMBERS CONDUCT SITE VISITS WHEN THEY ARE AVAILABLE AND A VISIT IS FEASIBLE.



BAA TEEA3504L 11/01/23 **Schedule F (Form 990) 2023**

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

LABORATORIA INC. 81-5071835 Types of Property (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 X 270,167. FMV Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Historic structures Qualified conservation contribution — Other. 14 15 Real estate - Commercial..... 16 17 Real estate - Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts.... Scientific specimens..... 23 24 Archeological artifacts..... 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part V, Donee Acknowledgement..... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a **b** If "Yes." describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LABORATORIA INC

Employer identification number

81-5071835

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

ONCE THE FORM IS PREPARED, IT IS REVIEWED BY THE FINANCE COORDINATOR AND FINANCE DIRECTOR. SUBSEQUENTLY, THE FORM IS FORWARDED TO THE TREASURER AND PRESIDENT OF THE BOARD FOR THEIR REVIEW. UPON COMPLETION OF THE REVIEW AND NECESSARY CORRECTIONS, WE PROCEED WITH THE SUBMISSION OF THE FORM.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY INDICATES THAT EVERY YEAR BOARD MEMBERS SHALL SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE DOCUMENT, HAVE READ AND UNDERSTOOD IT, HAVE AGREED TO COMPLY WITH THE POLICY AND UNDERSTOOD LABORATORIA INC IS A 501(C)(3) AND THEY SHOULD TAKE CARE OF MAINTAINING THAT STATUS. ALSO, THE POLICY HAS PROCEDURES TO ACT ON IF A PERSON DISCLOSES OR NOT THAT THEY ARE AN INTERESTED PERSON.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION FEDERAL TAX RETURNS ARE AVAILABLE AT CHARITYNAVIGATOR.ORG.

FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF BUSINESS. THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

PART I, LINE I

<CONTINUED FROM PART 1, LINE 1>

MORE THAN HALF OF WOMEN IN LATIN AMERICA ARE STILL NOT PART OF THE REGION'S WORKFORCE, AND MOST OF THOSE WHO WORK DO SO IN LOW-SKILLED, INFORMAL EMPLOYMENT, OFTEN WITH LOW SALARIES AND IN PRECARIOUS CONDITIONS. FEMALE PARTICIPATION IN THE TECHNOLOGY SECTOR IS PARTICULARLY LOW, WITH WOMEN REPRESENTING A STRIKING MINORITY OF IT PROFESSIONALS.

THE CORPORATION EXISTS TO SUPPORT THOSE ORGANIZATIONS WORKING TO ADDRESS THIS PROBLEM IN THE REGION AND TO SOLVE IT BY LEVERAGING ON THE ENORMOUS NEED FOR TALENT AND DIVERSITY IN THE TECHNOLOGY SECTOR. THE CORPORATION DOES THIS BY SUPPORTING ORGANIZATIONS IN LATIN AMERICA, WITH A LIKE-MINDED MISSION, THAT IDENTIFY AND PREPARE TALENTED WOMEN WHO HAVE NOT HAD ACCESS TO QUALITY EDUCATION OR JOB OPPORTUNITIES AS SOFTWARE DEVELOPERS AND THEN PLACE THEM IN JOBS IN THE TECHNOLOGY THE CORPORATION WANTS TO SUPPORT THOSE ORGANIZATIONS THAT HELP THESE WOMEN TO GO ON TO BUILD TRANSFORMATIONAL CAREERS FOR THEMSELVES WHILE FILLING IN THE ENORMOUS TALENT AND GENDER GAP IN TECHNOLOGY, CONTRIBUTING TO BUILD A MORE DIVERSE AND INCLUSIVE INDUSTRY.

THOSE ORGANIZATIONS SHOULD CREATE ACCESS TO OPPORTUNITIES THAT ENABLE LONG-TERM FINANCIAL STABILITY AND SOCIAL MOBILITY, AND THEREFORE THE QUALITY OF LIFE, THROUGH THE CORPORATION BELIEVES THAT THOSE CONCRETE MEASURABLE IMPACT INDICATORS. ORGANIZATIONS, AND THE WOMEN THAT ARE SUPPORTED, WILL CHANGE THE FACE OF THE ENTIRE TECHNOLOGY SECTOR IN LATIN AMERICA, ENSURING WOMEN ARE INCREASINGLY PREPARED TO TAKE ON THE JOBS OF THE FUTURE.

PART XI, LINE 8, PRIOR PERIOD ADJUSTMENT

DURING THE AUDIT OF LABORATORIA, INC. AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2023, MANAGEMENT IDENTIFIED SEVERAL MULTI-YEAR GRANTS AND AWARDS THAT HAD BEEN CLASSIFIED ACROSS VARIOUS ACCOUNTS, INCLUDING REFUNDABLE ADVANCES AND RESTRICTED FUNDS. AFTER A THOROUGH REVIEW AND DISCUSSION WITH THE AUDIT TEAM, IT WAS AGREED THAT THE APPROPRIATE ACCOUNTING TREATMENT, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES, WAS TO RECOGNIZE THESE GRANTS AS INCOME IN PRIOR PERIODS. THIS ADJUSTMENT INCREASED NET ASSETS BY \$915,000 AS OF DECEMBER 31, 2022. IT IS ALSO WORTH NOTING THAT THE PRIOR AUDIT FIRM HAD ORIGINALLY RECOMMENDED THIS CLASSIFICATION, BUT THE CURRENT AUDIT FIRM HAS REASSESSED THE TREATMENT AND RECOMMENDED RECLASSIFYING THE AMOUNT AS

Schedule O (Form 990) 2023 Page 2

Name of the organization

LABORATORIA INC.

Employer identification number
81-5071835

INCOME.

