MARR AND COMPANY, P.C. 1401 EAST 104TH STREET, SUITE 100 KANSAS CITY, MO 64131

THE SEWING LABS
526 CAMPBELL STREET
KANSAS CITY, MO 64106

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CLIENT'S COPY

# MARR AND COMPANY, P.C.

### CERTIFIED PUBLIC ACCOUNTANTS

1401 East 104th Street, Suite 100, Kansas City, MO 64131-1170 Voice (816) 363-8700 Fax (816) 363-7117

January 8, 2025

The Sewing Labs 526 Campbell Street Kansas City, MO 64106

The Sewing Labs:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

My Best Regards,

Austin B. Hill

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2023

Prepared For	, ,
	The Sewing Labs 526 Campbell Street Kansas City, MO 64106
Prepared By:	
	Marr and Company, P.C. 1401 East 104th Street, Suite 100 Kansas City, MO 64131
<b>Amount Due</b>	or Refund:
	Not applicable
Make Check	Payable To:
	Not applicable
Mail Tax Retu	ırn and Check (if applicable) To:
	Not applicable
Return Must	be Mailed On or Before:

# **Special Instructions:**

Not applicable

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

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

and ending

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addre	THE SEWING LABS		
H	chang Name		**-**77	1 4
H	chang Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/		
F	return Final	526 CAMDRET.I. SUPPERU	816-888-	
_	⊥lreturn termir ated		G Gross receipts \$	470,472.
	Amen	ded ranga ctmv mo 6/106	H(a) Is this a group re	
Ē	Applic		for subordinates	
	pendi	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	—
1	Tax-ex	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	1 1	list. See instructions
J	Websi	te: THESEWINGLABS.ORG	H(c) Group exemptio	n number
		organization: X Corporation Trust Association Other L	Year of formation: 2016	M State of legal domicile: MO
P	art I	Summary		
a)	1	Briefly describe the organization's mission or most significant activities: THE SEWI		INCLUSIVE
Activities & Governance		AND WELCOMING COMMUNITY TEACHING THE LEGACY	OF SEWING FOR	
rna	2	Check this box if the organization discontinued its operations or disposed of r	more than 25% of its net ass	1
Š	3		3	9
ر ق	4	Number of independent voting members of the governing body (Part VI, line 1b)		7
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		12
Ξ	6	Total number of volunteers (estimate if necessary)		190
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)	350,631.	371,213.
Revenue	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	70 470	80,793.
Ven	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		00,733.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-53,221.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	420 060	398,785.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0.
"	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		239,398.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	21,372.	0.
per	ь	Total fundraising expenses (Part IX, column (D), line 25) 852.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	229,523.	158,031.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	399,333.	397,429.
	19	Revenue less expenses. Subtract line 18 from line 12	30,935.	1,356.
Net Assets or	g		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	349,507.	422,973.
t As	21	Total liabilities (Part X, line 26)	2,868.	90,411.
횔	22	Net assets or fund balances. Subtract line 21 from line 20	346,639.	332,562.
	art II	Signature Block		
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules and st		knowledge and belief, it is
true	e, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of which pre I	parer has any knowledge.	
<b>.</b>		Signature of officer	l Date	
Sig		CARA VOSS, BOARD PRESIDENT	Buto	
He	re	Type or print name and title		
			Date Check	PTIN
Pai	d	Print/Type preparer's name   Preparer's signature   AUSTIN B. HILL   AUSTIN B. HILL	01/08/25 self-employ	
	u parer	Firm's name MARR AND COMPANY, P.C.	Firm's EIN *	*-***0039
	Only	Firm's address 1401 EAST 104TH STREET, SUITE 100	TIIIII 3 LIIV	
	· · · · · · ·	KANSAS CITY, MO 64131	Phone no (8	16) 363-8700
Ma	v the II	RS discuss this return with the preparer shown above? See instructions	1 Hollo Ho. ( O	X Yes No
	,	Denominate Podustion Act Nation and the constant instructions		Form 990 (2022)

Form	1 990 (2023) THE SEWING LABS **-***	7714	Page 2
	rt III Statement of Program Service Accomplishments		. ugo
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
'	THE SEWING LABS IS AN INCLUSIVE AND WELCOMING COMMUNITY TEACHIN	ים חטים	
	LEGACY OF SEWING FOR EMPLOYMENT, ENTREPRENEURSHIP, AND ENRICHME	INT.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	avnancac	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the control of		. d
		cperises, ai	iu
_	revenue, if any, for each program service reported.	0.2	022
4a			022.
	EVERY INDIVIDUAL DESERVES THE OPPORTUNITY TO ACHIEVE FINANCIAL		
	HERE AT THE SEWING LABS, WE UNDERSTAND HOW TO HELP CREATE VIABL		
	TOWARD THAT FINANCIAL DIGNITY THROUGH THE LEGACY, VOCATION, AND		<u> </u>
	THAT IS SEWING. BY TEACHING THE CORE FUNDAMENTALS OF SEWING, WE	ARE	
	PREPARING A PIPELINE OF STITCHERS FOR OUR GREATER KANSAS CITY		
	COMMUNITY. THROUGHOUT 2023, WE WERE FLOODED WITH EMPLOYERS AND		
	ENTREPRENEURS WHO SOUGHT TO HIRE TRAINED STITCHERS TO FILL THEI	R HIR	ING
	NEEDS.		
	TRAINING: TO HELP MEET THE NEEDS OF BUSINESSES HIRING STITCHERS	TN	
	2023 WE ARE FORMALLY RECOGNIZED WITH THE MISSOURI, KANSAS, AND	-	<u> </u>
	STATES DEPARTMENTS OF LABOR AS A REGISTERED APPRENTICE SPONSOR		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 149,407.		
		Form 9	90 (2023)

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\*\*-\*<u>\*\*7</u>714 Page 3

# Form 990 (2023) THE SEWING LABS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩.
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	1 11 11 11 11 11 11 11 11 11 11 11 11 1	13		X
14a		14a		X
		1 <del>4</del> a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد ا		- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		7.7	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

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Form **990** (2023)

Form 990 (2023) THE SEWING LABS
Part IV Checklist of Required Schedules (continued)

	· (ontinuos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٦,
	"Yes," complete Schedule L, Part IV	28a	37	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<b>5</b> 4		34		х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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			
	(gambling) winnings to prize winners?	1c		
22200	4 12 21 22	Form	990	(2023)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			•					
		(		Yes	No				
	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	12							
	, , , , , , , , , , , , , , , , , , , ,		2b	X					
	• • • • • • • • • • • • • • • • • • •		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	<b>b</b> If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	, , , , , , , , , , , , , , , , , , , ,								
	, , , , , , , , , , , , , , , , , , , ,		5b		Х				
	, , , , , , , , , , , , , , , , , , , ,		5c						
6a			_		7,7				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_	v					
			7a	X					
	, , , , , , , , , , , , , , , , , , , ,		7b	Λ					
С	3 1 1 1 7		_						
	to file Form 8282?		7c		X				
_			7e						
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	ı	7f 7g						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
		190-01	7h						
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
0	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a						
a b			9b						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:		30						
	1								
	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.)								
12a	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	ļ							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С									
			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ļ							
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	ļ							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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Form **990** (2023)

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Page 6 THE SEWING LABS Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line ca, co, ci rob bolow, decembe the encurricances, proceeding on conceans c. coo methodiscine.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
_	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertice Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	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.	.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	3)		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.		Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 816-888-3051			
	526 CAMPBELL STREET, KANSAS CITY, MO 64106			
			222	

Form **990** (2023)

Form 990 (2023) THE SEWING LABS \*\*-\*\*\*7714 Page 7

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

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

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

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

Check this box if neither the organization r		orga T	niza			nper	sate			<b></b>
(A)	(B)		(C) Position		(D)	(E)	(F)			
Name and title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week	box offi	, unle: cer ar	ss pei id a d	rson i irecto	is botl or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc-				, ,		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBYN KERKAERT	40.00	트	=	0	ž	工品	Ĕ			
EXECUTIVE DIRECTOR AND BOARD MEMBER		Х		х				76,019.	0.	0.
(2) CHRISTIAN MICHAEL SHUSTER	20.00									
BOARD MEMBER		Х						16,219.	0.	0.
(3) BARBARA HADLEY	2.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(4) NANCY PETERSEN	2.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(5) KRIS SMITHER	2.00	]								
BOARD SECRETARY		Х		Х				0.	0.	0.
(6) AMY BARICKMAN	1.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(7) CARA VOSS	2.00	ļ		l						
BOARD PRESIDENT	1 00	Х		Х		_		0.	0.	0.
(8) JACQUELINE SHRUM	1.00	l								
BOARD MEMBER	1 00	Х				├		0.	0.	0.
(9) KATELYN PETER	1.00	٠,,							_	_
BOARD MEMBER	1 00	Х				┢		0.	0.	0.
(10) ANN GREENLEAF BOARD MEMBER	1.00	х						0.	0.	_
BOARD MEMBER		^				┢		0.	0.	0.
		1								
		1								
		1								
						┝				
						_				
-	1	<u> </u>		<u> </u>			<u> </u>			<b>5 000</b> (2222)

Form 990 (2023)

\*\*-\*\*<u>\*7714</u> Page 8

	(A)  Name and title	(B) Average hours per	not cl	(C Posi neck r	(C) Position leck more than one is person is both an			(D)  Reportable compensation	(E)  Reportable compensation		(F) Estimated amount of		
		week (list any hours for related organizations below line)	tee or director gig			recto	Highest compensated prize	ee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)		other compensation from the organization and related organizations	
			-										
			-										
											_		
									00.000				
	Subtotal Total from continuation sheets to Part V								92,238.	0			0.
<u>d</u> 2	Total (add lines 1b and 1c)								92,238. eceived more than \$100,0	000 of reportable	•		0.
	compensation from the organization											Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>		,	,	•	,	,	•		•		3	х
4	For any individual listed on line 1a, is the se	um of reportabl	le co	mpe	nsa	tion	and	oth	er compensation from the	ne organization			Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue comper	nsatio	on fr	om a	any	unre	late	ed organization or individ			4	
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedule	∋ <i>J f</i> o	or su	ıch r	oers	on .					5	X
1	Complete this table for your five highest continuous the organization. Report compensation for										satio	n from	
	(A) Name and business			ONE					(B) Description of s		Cor	(C) npensatio	on
					•				·				
								+					
			—					$\dashv$					
								$\dashv$					
	Tabel construction of trade	to all calls and a		- '1					ata a con Vicilia de Contra de Contr	and the same			
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	to t	thos (		ted	above) who received mo	ore than			
											Fo	orm <b>990</b>	(2023)

332008 12-21-23

Form 990 (2023) THE SEWING LABS
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a					
ant	ı a	Membership dues 1b					
je g	D	1	34,990.				
ts, Ar	C .	•	34,550.				
ij Gi	a		129,963.				
ns, Sim	e	- ' '	129,903.				
utio er (	Ť	All other contributions, gifts, grants, and	206 260				
έŧ			206,260.				
Contributions, Gifts, Grants and Other Similar Amounts	g		124,732.	271 212			
<u>0</u> 8	h	Total. Add lines 1a-1f		371,213.			
		ar 1 a a = = = a	Business Code	60.000	60.000		
ce	2 a	CLASS FEES	541900	62,823.	62,823.		
Program Service Revenue	b	SCHOLARSHIP INCOME	541900	16,226.	16,226.		
Se	С	SEWING FACILITY RENTAL	531390	1,744.	1,744.		
ar	d						
ю. Н	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		80,793.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
	-	assets other than inventory 7a					
	h	Less: cost or other basis					
<u>o</u>	-	and sales expenses					
an l	•	Gain or (loss) 7c					
eve		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
Othe	оа	including \$ 34,990 • of					
٥		contributions reported on line 1c). See					
			16,237.				
			71,687.				
			71,007.	-55,450.			-55,450.
		Net income or (loss) from fundraising events		JJ, ±JU•			33, 430.
	э а	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory	I				
Ø		WT.GG	Business Code	4 00=	4 00-		
on e	11 a	MISC REVENUE	900099	1,827.	1,827.		
Miscellaneous Revenue	b	PROJECT INCOME	900099	402.	402.		
cell eve	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		2,229.			
	12	Total revenue. See instructions		398,785.	83,022.	0.	-55,450.

332009 12-21-23

Form **990** (2023)

#### 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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 220,144. 120,613. 99,531. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 19,254. 10,502. 8,752. 10 Payroll taxes Fees for services (nonemployees): 24,110. 24,110. Management Legal 7,425. 7,425 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,957. 4,483. 526. column (A), amount, list line 11g expenses on Sch O.) 2,512. 608. 1,052. 852. Advertising and promotion 12 2,482. 249. 2,233. Office expenses 13 3,386. 3,386. Information technology 14 15 Royalties 64,229. 64,229. 16 Occupancy 1,512. 599. 913. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 15,316. 15,316. Depreciation, depletion, and amortization 22 1,978. 1,978. 23 Other expenses. Itemize expenses not covered 24 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.) 15,397. 1,200. 14,197. SUPPLIES FOOD & GIFTS 6,379. 1,400. 4,979. 4,021. 4,021. DUES/SUBSCRIPTIONS 2,334. 1,821. 513. PRINTING & POSTAGE 2,267. 2,467. 200. e All other expenses 397,429. 149,407. 247,170. 852. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			256,332.	1	198,751
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
.	4	Accounts receivable, net	3,500.	4	34,195		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	these pei	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
1	0a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10k	46,429.	86,196.	10c	107,079
1	1	Investments - publicly traded securities				11	
1	2	Investments - other securities. See Part IV, lin	ne 11			12	
1	3	Investments - program-related. See Part IV, li	ne 11			13	
1	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11			3,479.	15	82,948
1	6	Total assets. Add lines 1 through 15 (must e			349,507.	16	422,973
1	7	Accounts payable and accrued expenses			2,868.	17	4,815
1	8	Grants payable		18			
	9	Deferred revenue				19	
2		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Comple				21	
S 2	22	Loans and other payables to any current or f					
≣		trustee, key employee, creator or founder, su		·			
Liabilities		controlled entity or family member of any of t	-			22	
2	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X	0.		05 506
					2,868.	25	85,596 90,411
-   2	26	Total liabilities. Add lines 17 through 25	- 1 1- 1-	ere X	4,000.	26	30,411
ပ္ပ		Organizations that follow FASB ASC 958, or the second seco	cneck ne	ere 🔼			
۵   م	_	and complete lines 27, 28, 32, and 33.			272,627.	07	233,688
<u>alar</u>					74,012.	27	98,874
8   2	28			and have	74,012.	28	30,074
.≒		Organizations that do not follow FASB AS	C 958, C	neck nere			
힐		and complete lines 29 through 33.	a da			00	
ste 2	9	Capital stock or trust principal, or current fur				29	
SS	80	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			346,639.	31	332,562
_	2				349,507.	32 33	422,973
3	3	Total liabilities and net assets/fund balances			J±3,JU/•	აა	Form <b>990</b> (2022

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3 6,6			
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-1	5,4	33.		
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,						
	coluṃn (B))	10	33	2,5	<u>62.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open
Inst

**2023** 

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*7714 THE SEWING LABS Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 THE SEWING LABS \*\*-\*\*\*7

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

fails to qualify under the tests listed below, please complete Part III.)	(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	zation
	fails to qualify under the tests listed below, please complete Part III.)	

Sec	tion A. Public Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	293,028.	247,172.	272,499.	350,631.	371,213.	1534543.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	293,028.	247,172.	272,499.	350,631.	371,213.	1534543.				
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)										
	Public support. Subtract line 5 from line 4.						1534543.				
Sec	tion B. Total Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
7	Amounts from line 4	293,028.	247,172.	272,499.	350,631.	371,213.	1534543.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	14.	61.	1,135.	2,722.	2,229.	6,161.				
11	<b>Total support.</b> Add lines 7 through 10						1540704.				
	Gross receipts from related activities,	•				12					
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)					
	organization, check this box and stor										
	tion C. Computation of Publi				1	1	00 60				
	Public support percentage for 2023 (I			olumn (f))		14	99.60 %				
	Public support percentage from 2022	Schedule A, Part I				15	70.38 %				
				6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	33 1/3% support test - 2023. If the						T				
	33 1/3% support test - 2023. If the ostop here. The organization qualifies	as a publicly suppo	orted organization				X				
b	33 1/3% support test - 2023. If the ostop here. The organization qualifies 33 1/3% support test - 2022. If the o	as a publicly suppo organization did no	orted organization t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
b	33 1/3% support test - 2023. If the costop here. The organization qualifies 33 1/3% support test - 2022. If the cost and stop here. The organization qual	as a publicly supported as a publicly supported in a publicly sifies as a publicly s	orted organization t check a box on li upported organiza	ne 13 or 16a, and tion	line 15 is 33 1/3%	or more, check thi	s box				
b 17a	33 1/3% support test - 2023. If the open stop here. The organization qualifies 33 1/3% support test - 2022. If the open data stop here. The organization qual 10% -facts-and-circumstances test	as a publicly supporganization did no ifies as a publicly s - 2023. If the organization if the organization if the organization if the organization is a publicly seemed as a publicly seemed as a publicly support of the organization is a pub	orted organization t check a box on li upported organiza anization did not c	ne 13 or 16a, and tion heck a box on line	line 15 is 33 1/3%	or more, check thi	s box				
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### 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
26		
3b		
3c		
00		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b	000	2002

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

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4_	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

**Employer identification number** 

\*\*-\*\*\*7714 THE SEWING LABS Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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
6		\$83,963.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

\*\*-\*\*\*7714

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		I I	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Daga 3

Name of organization Employer identification number

# THE SEWING LABS

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

Name of organization **Employer identification number** \*\*-\*\*\*7714 THE SEWING LABS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE SEWING LABS

Employer identification number \*\*-\*\*\*7714

Par	t I Organizations Maintaining Donor Advised Fund	ds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpos	se conferring
	impermissible private benefit?		
Par	Somprete in the organization		), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (for example, recreation or e	ducation) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
_			
b			I I
C	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included on line 2c acquired after		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by t	he organization during the tax
	year	- 1 1 1	
4	Number of states where property subject to conservation easement i		
5	Does the organization have a written policy regarding the periodic mo		
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	a of violations, and enforcing co	
U	Stan and volunteer riours devoted to monitoring, inspecting, nanding	g of violations, and emoroning co	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations and enforcing conser	vation easements during the year
•	7 thount of expenses mounted in monitoring, inspecting, narraining of v	iolations, and emoroting conser	vation observer to daring the year
8	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)?		
9	In Part XIII, describe how the organization reports conservation easer		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	_	
Pai	t III Organizations Maintaining Collections of Art, F	listorical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for public exhib	oition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its financial state	tements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958, to rep	oort in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public exhibiti	on, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, $\boldsymbol{\alpha}$	or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under FASB ASC 958 $$		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) 2023

	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	ner Si	milar As		° I I I 4		age Z
3	Using the organization's acquisition, accessi							Toomin	<i>100</i> /	
_	collection items (check all that apply).	<b>,</b>	-,,,		· g · · · ·					
а	Public exhibition	c	l Oan or ex	change program						
b	Scholarly research	-		90 p. 09. a						
c	Preservation for future generations	•	<i></i>							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	xempt r	ournose in	Part 1	XIII		
5	During the year, did the organization solicit of						i aic			
_	to be sold to raise funds rather than to be ma		·	•				Yes		No
Par	t IV Escrow and Custodial Arran									,
	reported an amount on Form 990, Pa		gaa			. 555,	,	,		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for contribution	ons or other assets r	not incli	ıded				
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							] .00		,
-	The root, oxplain the arrangement in rate xiii	and complete the re	noving table.		٦			Amount		
С	Beginning balance				T I	1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2а	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•			_		]
Par										
	· ·	(a) Current year	(b) Prior year	(c) Two years bac		Three years	back	(e) Four	years	back
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,	<u> </u>					
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. column (	a)) held as:	ı					
a	Board designated or quasi-endowment	•	%	(d)) 1101d do.						
b	Permanent endowment									
c		<u></u> ,°								
·	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse		ation that are held	and administered fo	r the					
	organization by:	esisii si ure ergame						٦	Yes	No
								3a(i)		
	(m) = 1							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the			•						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Part	X, line	10.				
	Description of property	(a) Cost or o				nulated		(d) Book	value	<del></del>
	,	basis (investr			deprec			,_,		
1a	Land									
b	Buildings	<b>I</b>								
	Leasehold improvements			44,620.	4	1,668		39	, 95	52.
	Equipment	<b>I</b>		08,888.	41	1,761		67	,12	27.
	Other		_			, ,_,				
	Add lines 1a through 1e (Column (d) must o		V line 10e colum	n /D))			1	107	. 0	79.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE SEWING	LABS	**	*-***7714 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
f) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part 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 er	nd-of-vear market value
(1)	(b) Book value	(c) morrow or valuation: each of or	ia or your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a	) Description		(b) Book value
(1) FINANCE LEASE			5,984
(2) OPERATING LEASE			73,485
(3) DEPOSITS			3,479
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, c	ol. (B))		82,948
Part X Other Liabilities			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability			(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FINANCE LEASE	5,888.
(3)	OPERATING LEASE	74,524.
(4)	ACCRUED PAYROLL	5,184.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	85,596.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  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	,293.	446,078.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  2a  47,		446,078.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2a 24 27,	,293.	
b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 47,	,293.	
c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 47,	,293.	
d Other (Describe in Part XIII.)	,293.	
	,293.	
e Add lines 2a through 2d		
	2e	47,293.
3 Subtract line 2e from line 1	3	398,785.
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	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	398,785.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Returr	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	, ,	
1 Total expenses and losses per audited financial statements	1	469,116.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII.)	,687.	
e Add lines 2a through 2d	2e	71,687.
3 Subtract line 2e from line 1	3	397,429.
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		
b Other (Describe in Part XIII.)		_
c Add lines 4a and 4b	4c	0.
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	397,429.
Part XIII Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	t V, line 4; Part X	, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
DIDE W . T. T. T. O		
PART X, LINE 2:		
THE ODGINITATION TO DUTUDE TOOK DEDUDING THOOKE TAKES INDI		
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDI	ER SECTIO	)N
FO1/C//2/ OF MUE INMEDIAL DEVENUE CODE MUE ODCANIZAMION	וואט אחחו	TED MILE
501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION	HAS APPI	TED THE
PROVISIONS OF FASB ASC 740, ACCOUNTING STANDARDS FOR INCO	ገለው ጠአሄውሪ	1
PROVISIONS OF FASE ASC 740, ACCOUNTING STANDARDS FOR INCO	JME IAAES	) •
MANAGEMENT BELIEVES THERE ARE NO SUCH PROVISIONS FOR INCO	ገለው ጠአሄው	TNI MUDCD
MANAGEMENT BELLEVES THERE ARE NO SUCH PROVISIONS FOR INCO	JME IAAES	N TH THESE
FINANCIAL STATEMENTS AS OF DECEMBER 31, 2023, AND ACCORD	TNOT V NO	`
FINANCIAL STATEMENTS AS OF DECEMBER 31, 2023, AND ACCORD	INGLI, N	,
LIABILITY HAS BEEN ACCRUED.		
DIABILITI HAS BEEN ACCRUED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
IIII II, DIND ID CINDI ADOUDINATO.		
AUCTION		47,293.
110011011		- 1 1 A J J •

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

#### **SCHEDULE G** (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

THE SEW	ING LABS				**-***7	714
	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special  or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ENCORE GRANT SERVICES, INC		Yes	No			
2613 SW WINTERVALLEY CIR,,	FUNDRAISING CONSULTING		Х	0.	24,691.	-24,691.
T-1-1					24,691.	-24,691.
Total     List all states in which the organization or licensing.	on is registered or licensed to solicit (		utions	I or has been notified	•	•
MO						

332081 09-13-23

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			AUCTION			col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	001. <b>(0)</b>
Revenue						
eve	1	Gross receipts	51,227.			51,227.
ш						
	2	Less: Contributions	34,990.			34,990.
			46.00			46.00
	3	Gross income (line 1 minus line 2)	16,237.			16,237.
	_					
	4	Cash prizes				
	_	Nanagah prizas				
S	5	Noncash prizes				
nse	6	Rent/facility costs	5,833.			5,833.
Direct Expenses	0	Tient/laolity costs	3,033.			3,033.
H H	7	Food and beverages	12,217.			12,217.
jreć	•	r cod and bovorages				
	8	Entertainment				
	9	Other direct expenses				53,637.
	10					71,687.
		Net income summary. Subtract line 10 from I	ine 3, column (d)			-55,450.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Г	T	Г	
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				biligo/progressive biligo		col. (a) through col. (c))
Rev	_	_				
	1	Gross revenue				
	_	Cook prizos				
ses		Cash prizes				
)en	3	Noncash prizes				
Direct Expenses	۰	Nondan prizes				
ect	4	Rent/facility costs				
₫						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_						
9		ter the state(s) in which the organization condu the organization licensed to conduct gaming a				Yes No
						. L les L No
	"	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
		Yes," explain:				· —
	_					
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 THE SEWING LABS	^^^//14	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	O No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:	
(I) NAME OF FUNDRAISER: ENCORE GRANT SERVICES, INC.		
· · · · · · · · · · · · · · · · · · ·		
2613 SW WINTERVALLEY CIR,, LEES SUMMIT, MO 64081		

Schedule G	(Form 990)	THE	SEWING	LABS	**-***7714	Page 4
Part IV	(Form 990) Supplemental Inform	mation	(continued)			. age .
1 0.111			(continued)			
_						
-						
-						
_						

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

(6)

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	THE SEWING LABS  Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organiz  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part  (b) Relationship between disqualified				
THE SE	WING LABS		**-***771	4	
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organ	izations only)		
Complete if the organization	on answered "Yes" on Form 990, Part IV,	ine 25a or 25b; or Form 990-EZ, Par	t V, line 40b.		
1	1	(a) Description of trans	action	(d) Cori	rected?
(a) Name of disqualified person	person and organization	(c) Description of trans	action	Yes	No
_(1)					
(2)					
(3)					
_(4)					
(5)					

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

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

	reported an amo	unt on Form 990	, Part X, line 5, 6												
	(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?				<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or ittee?	(i) W agreer	ritten nent?
				То	From			Yes	No	Yes	No	Yes	No		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Tota	l					\$									

#### Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedule L (Form 990) 2023 THE SE  Part IV Business Transactions Involv	WING LABS ing Interested Persons		**-***7	714	Page 2
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(d) Description of transaction	(e) Sharing o organization' revenues?		
				Yes	No
(1)LINNCA STEVENS	SISTER OF KRIS SMIT	29,116.	COMPENSATIO		X
(2)					
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(10) Part V Supplemental Information					
Provide additional information for response	onses to questions on Schedule I. See	instructions			
SCH L, PART IV, BUSINESS T		G INTERESTE	D PERSONS:		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANTZATT	ON:		
SISTER OF KRIS SMITHER, BO					
(C) AMOUNT OF TRANSACTION	\$ 29,116.				
(D) DESCRIPTION OF TRANSAC	TION: COMPENSATION F	OR MANAGERI	AL SERVICES		
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				

Schedule L (Form 990) 2023

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

Part   Types of Property		THE SEWING L	ABS				**_*	* * 7	714	
Check of applicable contributions of applicable contributions of items contribution and promote the con	Par	t I Types of Property								
2 Art - Historical triesesures 3 Art - Fictional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Publicity traded 12 Securities - Publicity traded 13 Securities - Publicity traded 14 Securities - Publicity traded 15 Securities - Publicity traded 16 Securities - Publicity traded 17 Securities - Publicity traded 18 Securities - Publicity traded 19 Securities - Publicity traded 19 Securities - Publicity traded 10 Securities - Publicity traded 10 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Publicity traded 12 Securities - Winscellaneous 13 Qualified conservation contribution 14 Historic structures 15 Real estate - Connection 16 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 21 Taxidermy 22 Drugs and medical supplies 23 Scientific specimens 24 Archeological artifacts 25 Other ( SEWING SUPPLIES) X 17, 682 88, 410. PAIR MARKET VALUE 26 Other ( SEWING SUPPLIES) X 120 8, 400. PAIR MARKET VALUE 27 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 28 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 29 Number of Forms 8283 received by the organization during the tax year for contributions 20 Tother ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 20 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 20 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 20 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 21 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 22 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 23 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 24 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 25 Other ( SEWING MACHINES) X 120 8, 400. PAIR MARKET VALUE 26 Other ( SEWING Machines) X 120 8, 400. PAIR MARKET VALUE 27 Other ( SEWING Machines) X 120 8			Check if	Number of contributions or	Noncash contribution amounts reported on	no	Method of de		•	s
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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?  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 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32a X  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,									Yes	No
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contributions?  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,	31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?		31	X	
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	b									
	33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,				
describe in tart ii.		describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

DESCRIPTION OF ORGANIZATION MISSION:

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

I,

THE SEWING LABS

LINE 1,

EMPLOYMENT, ENTREPRENEURSHIP, AND ENRICHMENT.

Employer identification number \*\*-\*\*\*7714

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

TO SERVE AS A RELATED TRAINING INSTITUTE FOR INDUSTRIAL SEWING MACHINE

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

PROGRAM, WHICH RESULTS IN AN APPRENTICESHIP AS PART OF COURSE

COMPLETION. THIS APPRENTICESHIP PROGRAM CLEARLY INCREASES THE

EMPLOYMENT VALUE OF OUR CLIENTS IN OUR WORKFORCE DEVELOPMENT PROGRAM.

IN 2023, THE SEWING LABS SERVED 634 INDIVIDUAL STUDENTS IN 21,424 HOURS

OF CLASSROOM INSTRUCTION. WE HAD 190 VOLUNTEERS SERVE THE ORGANIZATION

GIVING 5,847 HOURS THEIR TIME. IN 2023, THE SEWING LABS RECEIVED IN

KIND DONATIONS OF 17,682 POUNDS OF FABRIC AND NOTIONS AND RECEIVED 70

PLUS DONATED SEWING MACHINES.

EMOTIONAL DIGNITY: THE SEWING LABS EXPERIENCES FIRSTHAND THE TREMENDOUS

HEALTH AND WELLNESS BENEFITS THAT OUR CLIENTS GAIN THROUGH SEWING.

EVERY DAY, WE SEE THE REMARKABLE BOOST TO SELF-CONFIDENCE AND THE SENSE

OF ACCOMPLISHMENT THAT THIS SKILL BRINGS. SEWING BOOSTS MENTAL HEALTH

BY ACTING AS A RELIEF VALVE FROM THE PRESSURES THAT SURROUND US IN OUR

WORLD TODAY, ESPECIALLY FOR THOSE WHO FIND THEMSELVES IN AN AT-RISK

SITUATION. FOCUSING ON ONE THING, SUCH AS

SEWING, CAN CALM THE MIND, REDUCE STRESS AND ANXIETY, AND LOWER BLOOD

PRESSURE AND HEART RATE. THIS SINGULAR FOCUS PUTS US INTO CREATIVE

"FLOW", WHICH SOME SAY IS THE KEY TO HAPPINESS.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization \*\*-\*\*\*7714 THE SEWING LABS GREEN INITIATIVES: SINCE OUR INCEPTION, REPURPOSING, RE-USE, RECYCLING, AND UPCYCLING HAVE BEEN A FOUNDATION FOR ALL THAT WE DO. IT IS THROUGH SEWING THAT WE SUPPORT AND ELEVATE SUSTAINABILITY. EVERY DAY WE ARE REPURPOSING MATERIAL, MACHINES, AND NOTIONS. ADDITIONALLY, THE SEWING LABS MAINTAINS THE MINDSET THAT LEARNING MENDING AND REPAIR ADD TREMENDOUS VALUE TO OUR WORLD. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE. THE FINANCE AND AUDIT COMMITTEE THEN SHARES THEIR REVIEW WITH THE FULL BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: ANY BOARD MEMBER WITH A CONFLICT IS RECUSED REGARDING ANY DISCUSSION OR DECISION MAKING RELATIVE TO THE CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR ALL POSITIONS WITHIN THE ORGANIZATION INCLUDES A REVIEW OF COMPARABILITY DATA, AS IS STATED IN THE SALARY DETERMINATION POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation

328111 04-01-23

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

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