DLN: 93493252004139 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable THE LABOURE SOCIETY INC ☐ Address change 41-2001751 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1365 CORPORATE CENTER CURVE NO 104 ☐ Amended return □ Application pending (651) 452-1160 City or town, state or province, country, and ZIP or foreign postal code EAGAN, MN  $\,$  55121  $\,$ G Gross receipts \$ 2,067,878 Name and address of principal officer H(a) Is this a group return for WILLIAM S BOJAN JR □Yes ☑No subordinates? 1365 CORPORATE CENTER CURVE NO 104 H(b) Are all subordinates EAGAN, MN 55121 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW LABOURESOCIETY ORG L Year of formation 2002 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO MUST ELIMINATE PERSONAL DEBT IN ORDER TO PURSUE THEIR VOCATION TO PRIESTHOOD OR RELIGIOUS LIFE IN THE CATHOLIC CHURCH Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 37 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,995,643 2,034,885 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 6,881 32,767 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 226 2,002,524 2,067,878 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 672,929 466,106 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 676,510 618,041 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶295,404 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 694,758 742,594 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,044,197 1,826,741 19 Revenue less expenses Subtract line 18 from line 12 . -41,673 241,137 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,742,966 3,242,061 21 Total liabilities (Part X, line 26) . 2,280,476 2,316,132 925,929 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-08-23 Signature of officer Sign Here WILLIAM S BOJAN JR PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-08-23 P00187534 Paid self-employed Firm's name 

BOECKERMANN GRAFSTROM & MAYER LLC Firm's EIN ▶ 20-0472826 **Preparer** Use Only Firm's address ▶ 4470 W 78TH ST CIRCLE STE 200 Phone no (952) 844-2500 BLOOMINGTON, MN 554355416 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

orm	990 (2018)					Page <b>2</b>
Pa	t III Stateme	nt of Program Service	Accomplis	hments		
	Check if So	chedule O contains a respor	nse or note to a	any line in this Part III .		🗆
1		e organization's mission				
PROV PRIE	IDE FINANCIAL AS STHOOD OR RELIGI	SISTANCE TO INDIVIDUAL: IOUS LIFE IN THE CATHOLI	S WHO MUST E C CHURCH	LIMINATE PERSONAL D	EBT IN ORDER TO PURSUE THEIR \	OCATION TO
2	-	on undertake any significar			nich were not listed on	
	the prior Form 990	0 or 990-EZ?				☐ Yes 🗹 No
	· ·	these new services on Sch				
3	Did the organization	on cease conducting, or ma	ike significant i	changes in how it condu	cts, any program	
		these changes on Schedule				☐ Yes 🗹 No
4	Section $501(c)(3)$		ns are required	to report the amount of	argest program services, as measu f grants and allocations to others, t	
4a	(Code	) (Expenses \$	1.480.966	including grants of \$	466,106 ) (Revenue \$	2,289,951 )
Tu	See Additional Data	) (Expenses ¢	1,100,300	morading grants or \$	, co, 200 y (Note Inde	2,263,361 /
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$		ıncluding grants of \$	) (Revenue \$	)
4d	Other program se	rvices (Describe in Schedul	e O ) ding grants of	¢	) (Revenue \$	)
4.	• • •	ervice expenses >		•	, (Nevenue p	,
4e	_ rotar program s	eivice expenses >	1,480,9	00		

Form	990 (2018				Page <b>3</b>
Par	tIV Ch	necklist of Required Schedules			
		·		Yes	No
1	Is the org	anization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete A 🐪	1	Yes	
2	Is the org	anization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🕏	2	Yes	
3		ganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates office? If "Yes," complete Schedule C, Part I	3		No
4	Did the or	io1(c)(3) organizations.  ganization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  omplete Schedule C, Part II	4		No
5	assessme	anization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, nts, or similar amounts as defined in Revenue Procedure 98-19?  omplete Schedule C, Part III	5		No
6	to provide	ganization maintain any donor advised funds or any similar funds or accounts for which donors have the right advice on the distribution or investment of amounts in such funds or accounts?  Somplete Schedule D, Part I	6		No
7		ganization receive or hold a conservation easement, including easements to preserve open space, inment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	If "Yes," c	ganization maintain collections of works of art, historical treasures, or other similar assets?  omplete Schedule D, Part III 🐕	8		No
9	for amour	ganization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian lits not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation f "Yes," complete Schedule D, Part IV	9		No
10		ganization, directly or through a related organization, hold assets in temporarily restricted endowments, t endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the orga or X as ap	anization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, plicable			
а	Did the or If "Yes," c	ganization report an amount for land, buildings, and equipment in Part X, line 10?  omplete Schedule D, Part VI 🐕	11a	Yes	
b		ganization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total ported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
С		ganization report an amount for investments—program related in Part X, line 13 that is 5% or more of its ts reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d		ganization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported line 16? If "Yes," complete Schedule D, Part IX 🥦	11d	Yes	
e	Did the or	ganization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f		ganization's separate or consolidated financial statements for the tax year include a footnote that addresses ization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	

12a

12b

13

14a

14b

15

16

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20a

20b

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Yes

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Yes

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

12a Did the organization obtain separate, independent audited financial statements for the tax year?

If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Part V

Form	990 (2018)			Page <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

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 in line 1a Enter -0- if not applicable

Yes

Yes

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No

38

11

0

1a

1b

15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . Nο Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Form **990** (2018)

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	,		lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1		Yes	No_
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	<b>8</b> a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
40-	Delthe consequence have been been been been been seen off between	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
-6-	ection C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	<u>MN</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOHN FLANAGAN 1365 CORPORATE CENTER CURVE SUITE EAGAN, MN 55121 (651) 452-1160			

(A)

(F)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

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

(C)

(D)

(E)

- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(B)

Name and Title	Average hours per week (list any hours	Position than on is b	ne b	ox, ι n of tor/t	unle: ficer	ss pers	son	Reportable compensation from the organization	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
(1) FR ERIK LUNDGREN DIRECTOR	1 00	Х						0	0	0
(2) CASEY REGAN TREASURER	1 00	Х		х				0	0	0
(3) SCOTT OSTERLING DIRECTOR	1 00	Х						0	0	0
(4) ROSA CUMARE SECRETARY	1 00	Х		х				0	0	0
(5) SHIRLEY SEYFRIED DIRECTOR	1 00	х						0	0	0
(6) WILLIAM S BOJAN PRESIDENT	1 00	х		х				0	0	0
(7) SCOTT HUSSEY DIRECTOR	1 00	X						0	0	0
(8) JOHN FLANAGAN EXECUTIVE DIRECTOR	40 00			×				70,495	0	0
			l				l	1		

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Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
	1		l	l	1	l	l			

1b	Sub-Total						•					
c '	Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶					
ď	Total (add lines 1b and 1c)						▶		70,495		0	
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more than	\$100,000	•	

Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

line 1a? If "Yes," complete Schedule J for such individual . 3 No

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

4 4 No Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Νo

5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

# (A) (B) (C)

Name and business address Description of services Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

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Part		ement of R									
	Check	: If Schedule	O contains	a respo	nse or note to ar	i (	(A) revenue	(B) Related or exempt function		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federate	d campaigns		1a				revenue			512 - 514
nts nts		ship dues .		1b		-					
<u>isa</u>		ing events .		1c		-					
s, G Am		_				-					
重		organizations		1d		-					
S, E	_	ent grants (con		1e		-					
Contributions, Gifts, Grants and Other Similar Amounts	f All other c and simila above	ontributions, g ir amounts not	ifts, grants, included	1f	2,034,885	5_					
agin di	g Noncash in lines 1	contribution: .a - 1f \$	s included	36,	<u>,737</u>						
S E	h Total. Ad	dd lines 1a-1	f		🕨		2,034,885				
I					Busine	ss Code	2,031,003				
Program Service Revenue	2a										
<u>خ</u>				_							
3	ь ——			_							
er K	d ———										
ري ح	e ———			_							
grar	<b>f</b> All other p	rogram serv	ice revenue	<u> </u>							
ě	<b>9Total.</b> Add				<b>&gt;</b>						
					nterest, and othe	<u> 1</u>		Ī			<u> </u>
		unts)			nterest, and othe	* <u> </u>	32,767	'			32,767
	<b>4</b> Income from	m investmen	t of tax-exe	empt bo	ond proceeds	<b>•</b>					
	<b>5</b> Royalties .	<u>.</u>		•		<b>&gt;</b>					
			(ı) Rea	ıl	(II) Personal						
	<b>6a</b> Gross rent	ts									
	<b>b</b> Less renta	al expenses				$\dashv$					
	c Rental inco	ome or				_					
	(loss)	,,,,,,									
	<b>d</b> Net renta	l income or (	(loss)								
			(ı) Securi	ties	(II) Other						
	7a Gross amou from sales of	int of									
	assets other than invente										
	<b>b</b> Less cost	or				_					
	other basis sales expe	and									
	C Gain or (lo.	<u> </u>									
	<b>d</b> Net gain	or (loss)		•	<b>•</b>	.					
	8a Gross Inco	me from fun	draising ev								
ıne	contribution	ding \$ ons reported	on line 1c)	of							
Ş	See Part IV	V, line 18	'.	. a[	•						
Other Revenue		ct expenses		L							
ler		e or (loss) fr			ents <b>&gt;</b>						
<b>\$</b>	9a Gross inco See Part IV	ome from gar V, line 19	ming activit	ies							
		,		а							
	<b>b</b> Less dire	ct expenses		ь							
	<b>c</b> Net ıncom	e or (loss) fr	om gaming	actıvıtı	es <b>&gt;</b>						
	10aGross sale	es of inventor nd allowances	y, less								
	returns an	iu allowances		a							
	<b>b</b> Less cost	of goods sol	d	Ь							
		e or (loss) fr		ı f ınvent	ory <b>&gt;</b>						
ŀ		cellaneous R			Business Code	, [					
	11a <sub>MISCELL</sub>	ANEOUS			9000	099	226	i	226		
	b				•	$\neg$			$\top$		
	с										
	<b>d</b> All other r	evenue .				+-			$\dashv$		
		d lines 11a–1			>				$\dashv$		
	12 Total rev						226		+		1
			40000113		• • • •		2,067,878	:	226		0 32,767

Forr	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	plete column (A)	
	Check if Schedule O contains a response or note to any	_	•		🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		САРСПОСО	general enpenees	
2	Grants and other assistance to domestic individuals See Part IV, line 22	466,106	466,106	ļ	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	· Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,948	31,166	2,973	13,809
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	570,093	370,562	35,344	164,187
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
s	a Management				
ŀ	<b>b</b> Legal				
c	c Accounting				
	d Lobbying				
	f Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	260,281	207,042	489	52,750
12	Advertising and promotion	268,671	234,250	,	34,421
13	Office expenses	45,086	33,685	2,167	9,234
14	Information technology				
15	Royalties				
16	Occupancy	15,640	10,166	970	4,504
17	Travel	47,539	29,456	4,751	13,332
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,630	23,630		
23	Insurance	8,350	6,338	1,355	657
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
4	- ACDIDANT TRAINING	E1 1E1	E1 1E1		

51,151

11,723

6,143

3,620

760

1,826,741

51,151

9,965

4,915

2,534

1,480,966

586

614

362

760

50,371

1,172

614

724

295,404

Form **990** (2018)

a ASPIRANT TRAINING

**b** WEBSITE EXPENSE

e All other expenses

c TELECOMMUNICATIONS

d DUES AND SUBSCRIPTIONS

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part IX			<u> </u>
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,435,860	1	2,942,217
	2	Savings and temporary cash investments .		[		2	
	3	Pledges and grants receivable, net		,		3	
	4	Accounts receivable, net			62	4	1,860
Assets	5	Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L	ated em	ployees Complete		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and f section 501(c)(9) structions) Complete		6		
Se	7	Notes and loans receivable, net		-			
As	8 9	Inventories for sale or use		•	6.180	9	16.011
	_	Prepaid expenses and deferred charges		· · ·	0,100	9	10,011
	ıua	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	110,830			
	b	Less accumulated depreciation	<b>10</b> b	83,869	50,591	<b>10</b> c	26,961
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		[	250,273	15	255,012
	16	Total assets.Add lines 1 through 15 (must equ	ial line 3	34)	2,742,966	16	3,242,061
	17	Accounts payable and accrued expenses			48,525	17	52,374
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV o	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
jab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	2,231,951	25	2,263,758
	26	Total liabilities. Add lines 17 through 25 .	_		2,280,476	26	2,316,132

462,490

462,490

2,742,966

27

28

29

30

31

32

33

34

925.929

925,929

3,242,061 Form **990** (2018)

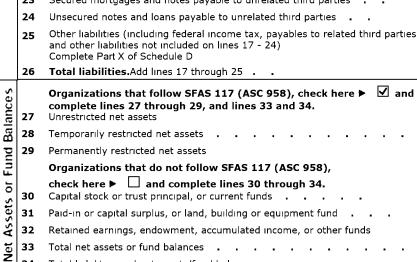
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	250,273	15	
i	16	Total assets.Add lines 1 through 15 (must equal line 34)	2,742,966	16	3
	17	Accounts payable and accrued expenses	48,525	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances



31

32

33

34

Form 990 (2018)

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Tabel account (month arrial Bort/IIII aslumer (A) line 12)			2	067.070
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,067,878
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,826,741
3	Revenue less expenses Subtract line 2 from line 1	3			241,137
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			462,490
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			222,300
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			925,929
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	•
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2018)

### Additional Data

Software ID:

THE LABOURE SOCIETY WAS ESTABLISHED TO PROVIDE SPIRITUAL SUPPORT AND MATERIAL ASSISTANCE TO RESOLVE STUDENT LOANS FOR THOSE ENTERING

Software Version:

**EIN:** 41-2001751

Name: THE LABOURE SOCIETY INC.

Form 990 (2018)

FORMATION FOR PRIESTHOOD OR RELIGIOUS LIFE

Form 990, Part III, Line 4a:

efile	GR/	APHIC pri	nt - DO NOT P	ROCESS	As Filed Data -			DLN: 9	3493252004139
SCH	lED	ULE A		Public (	Charity Statu	e and Pul	hlic Sunn	ort	OMB No 1545-0047
/E000					ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization o		2018
•		the Treasury		► Go to	www.irs.gov/Form			•	Open to Public Inspection
lame	of th	ue Service ne organiza						Employer identific	<u> </u>
пец	DOURE	SOCIETY INC						41-2001751	
	tΙ				<b>ıs</b> (All organızatıon			See instructions.	
те о	ganız	ation is not	a private foundati	on because	it is (For lines 1 thro	ough 12, check o	nly one box )		
1		A church, c	onvention of chur	rches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>sectio</b>	n 170(b)(:	<b>l)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3	П	A hospital o	or a cooperative h	ospital serv	ice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r		tion operate	ed in conjunction with	a hospital descri	bed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for (iv). (Complete P		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local gov	ernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(#	۱)(v).	
7			ation that normall 'O(b)(1)(A)(vi).			s support from a	governmental ι	ınıt or from the gener	al public described in
8		A communi	ty trust described	ın <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in <b>170(b)(1)</b> ee instructions Enter			with a land-grant coll college or university	ege or university or a
0	$\checkmark$	from activit	ies related to its	exempt fun- lated busin	ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	pport from gross
1		An organiza	ation organized ar	nd operated	exclusively to test fo	r public safety S	ee <b>section 509</b>	(a)(4).	
2		more public	ly supported org	anızatıons d		09(a)(1) or se	ction 509(a)(2	s of, or to carry out th  ). See section 509(a	
а		<b>Type I.</b> A sorganization	supporting organi	zation opera regularly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting organ	nization supe ing organiza	tion vested in the sar			organization(s), by ha ge the supported orga	
С		Type III f	unctionally inte	<b>grated.</b> A s				nd functionally integra	ted with, its
d		functionally	integrated The	organizatıor		fy a distribution	requirement and	th its supported organ I an attentiveness req	
е							RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-f of supported org	•	integrated supporting	organization			
g			-		pported organization(	<b>5</b> )			
		lame of support	oorted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
_									
otal			tion Act Notice,						

	(Complete only if you che	cked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	fy under Part
	III. If the organization fai						•
9	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization'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						
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)						
6	Public support. Subtract line 5 from						
	line 4						
	Section B. Total Support					,	
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) ► Amounts from line 4						
7							
8	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							
	loss from the sale of capital assets						
11	(Explain in Part VI ) <b>Total support.</b> Add lines 7 through						
тт	10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶□	]
	Section C. Computation of Public	• •	_				
14	Public support percentage for 2018 (line	e 6, column (f) dı	vided by line 11, o	olumn (f))		14	
15	Public support percentage for 2017 Sch	edule A, Part II, I	ine 14			15	

Page 2

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶□ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶□ supported organization

instructions Schedule A (Form 990 or 990-EZ) 2018

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

54,054

10,096,528

10,150,582

46,886

46,886

10,197,468

99 010 %

98 970 %

0 460 %

0 160 %

▶□

(f) Total

Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 2,223,563 1,271,030 3,121,457 1,500,347 2,034,185 10,150,582 membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,271,030 3,121,457 1,500,347 2,223,563 2,034,185 10,150,582 **Total.** Add lines 1 through 5 7a Amounts included on lines 1, 2, and 31,780 11,874 10,400 54,054 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified 0

11,874

3,121,457

2,526

2,526

3,123,983

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

(b) 2015

the organization fails to qualify under the tests listed below, please complete Part II.)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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 31,780 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year

(or fiscal year beginning in) ▶

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business

activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

Gross income from interest,

Amounts from line 6

Add lines 10a and 10b

regularly carried on

11, and 12)

10a

C

11

14

15

16

17

20

1975

(a) 2014 1,271,030 dividends, payments received on

Part III Support Schedule for Organizations Described in Section 509(a)(2)

455

455

1,271,485

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(c) 2016 1,500,347

10,400

4,257

4,257

1,504,604

(d) 2017

2,223,563

6,881

6,881

2,230,444

(e) 2018

2,034,185

32,767

32,767

2,066,952

Schedule A (Form 990 or 990-EZ) 2018

15

16

17

18

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents?

If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) 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. 6

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in 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

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			-9			
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
	governing body of a supported organization?						
b	<b>b</b> A family member of a person described in (a) above?						
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.						
		1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2					
	-						
S	ection C. Type II Supporting Organizations		Yes	No			
1	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors or trustees of		162	140			
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)						
S	ection D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3					
_	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)					
_	The organization satisfied the Activities Test. Complete line 2 below	,					
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below						
	c  The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınctru	ctions)				
	The organization supported a governmental entity Describe in Part VI now you supported a government entity (see	ii isti ui	ctions)				
2	Activities Test Answer (a) and (b) below.	I	Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.	20					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h					

instructions)

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	<b>Distributable Amount.</b> 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-functionally-in	tegrat	ed Type III supporting or	ganızatıon (see

Page **6** 

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014. . . . . .

Schedule A (Form 990 or 990-EZ) (2018)

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

d Excess from 2017. e Excess from 2018.

#### **Additional Data**

#### Software ID: Software Version:

**EIN:** 41-2001751

Name: THE LABOURE SOCIETY INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**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. OMB No 1545-0047

DLN: 93493252004139

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** THE LABOURE SOCIETY INC 41-2001751 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D Schedule D (Form 990) 2018

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection teems (check all that apply)  a	Par	t III	Organizations M	aintaining Col	lections o	of Art, F	listori	cal Tı	reası	ıres, oı	Other	Similar A	Assets (	continue	<del>1</del> )	
Scholarly research    Dought exemptor of future generations	3			quisition, accessioi	n, and other	records,	check a	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collectio	n	
Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part XII  Borrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is If "Yes," explain the arrangement in Part XIII and complete the following table  Is Individual account liability?  Is Admount   Is   Is   Is   Is   Is   Is   Is   I			Public exhibition						Loan	or excha	ange prog	rams				
Preservation for future generations  A provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part XV Excove and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Ia Is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Ia Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No    If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Ia Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Trice years back   (e) Four years back	b		Scholarly research				е		Othe	r						
Part XII  5 During the year, clid the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	С		Preservation for future	e generations												
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21.    Ia   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No	4			organization's col	lections and	explain l	how the	y furth	ner the	e organız	ation's ex	kempt purp	ose in			
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No	5											ılar	□ <b>Y</b> •	es 🗆	No	
b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance  11	Pai	rt IV	Complete if the or			" on For	m 990	, Part	IV, lı	ne 9, oi	reporte	ed an amo			0, Pa	art
d Additions during the year    Distributions during the year   1d   1d	1a				an or other	ıntermed	ıary for	contril	bution	s or othe	er assets i	not	□ <b>Y</b>	es 🗆	No	
d Additions during the year  Distributions during the year  Distributions during the year  Ending balance  Distributions during the year  Finding balance  Distributions during the year  Finding balance  Distributions during the year  Finding balance  Distributions during the year  Distribution during the year distribution during the personal part XIII distribution during the year balance distribution during the years back distribution during the year back distribution during the	b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table		[			Amount		_	
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c				•						1c				_	
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Addıt	ions during the year								1d					
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Dıstrı	butions during the yea	r							1e				_	
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	f	Endın	ng balance								1f					
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Calcument year   Calcu	<b>2</b> a	Dıd th	he organization include	an amount on Fo	orm 990, Par	t X, line	21, for	escrow	or cu	ıstodıal a	ccount lia	bility?	. 🗆 Y	es 🗆	No	
1a Beginning of year balance (a)Current year (c)Two years back (d)Three years back (e)Four years back   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as   a Board designated or quasi-endowment ▶   b Permanent endowment ▶   The percentages on lines 2a, 2b, and 2c should equal 100%   Are there endowment funds not in the possession of the organization that are held and administered for the organization by   (i) unrelated organizations <th>b</th> <td>If "Ye</td> <td>es," explain the arrange</td> <td>ement in Part XIII</td> <td>Check here</td> <td>e if the ex</td> <td>kplanatı</td> <td>on has</td> <td>been</td> <td>provided</td> <td>d in Part )</td> <td>KIII</td> <td>. 🗆</td> <td></td> <td></td> <td></td>	b	If "Ye	es," explain the arrange	ement in Part XIII	Check here	e if the ex	kplanatı	on has	been	provided	d in Part )	KIII	. 🗆			
1a Beginning of year balance	Pa	rt V	Endowment Fun	<b>ds.</b> Complete If												
b Contributions	4	D			(a)Curren	it year	<b>(b)</b> Pi	rior yea	r	(c)Two ye	ears back	(d)Three y	ears back	(e)Four y	/ears	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance		_							-							
d Grants or scholarships									-							
e Other expenditures for facilities and programs									-							
and programs			·													
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶  b Permanent endowment ▶  c Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations		and pro	ograms	es												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment ▶  Permanent endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations			·													
a Board designated or quasi-endowment ▶  b Permanent endowment ▶  c Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	g		•													
Permanent endowment ►  C Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	2				ent year end	balance	(line 1g	g, colu	mn (a	)) held a	s					
Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	а			endowment <b>&gt;</b>												
The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	b	Perm	anent endowment 🕨													
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	C		•													
organization by  (i) unrelated organizations	_	•	<del>-</del>		•											
(i) unrelated organizations	3a			not in the posses	ssion of the o	organizat	ion that	are n	eld an	d admini	stered foi	r the		Ye	<u>s   r</u>	No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?		_	·										3		+	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value		(ii) re	elated organizations .										3.	a(ii)	十	
Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	b			<del>-</del>		•			?.					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value						n's endov	vment f	unds								
Description of property  (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Pai	rt VI				" on For	m 001	Dart	T\/ li	no 11a	See For	-m 000 D	art V Iu	na 10		
1a Land		Descri		(a) Cost or oth	ner basıs										alue	
		Land														
b Buildings			as .													
c Leasehold improvements			-										1			
d Equipment			·													
								11	10,830			83.869	1			26,961
				l olumn (d) must e	qual Form 9	90, Part .	X, colur						+			26,961

	Francisco Char Constitute Constitute of the			warrand IIVaall on Farms (	Page 3
	<b>Investments—Other Securities.</b> Complete if the of See Form 990, Part X, line 12.	organizai	ion ansi	wered "Yes" on Form !	990, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial (2) Closely-h (3)Other	derivatives eld equity interests	: :			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Forn	n 990, P	art IV, l	ine 11c. See Form 990	D, Part X, line 13.
	(a) Description of investment	<b>(b)</b> Bo	ook value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>			
Part IX	Other Assets. Complete if the organization answered 'Ye (a) Description	s' on For	m 990, Pa	art IV, line 11d See Forn	n 990, Part X, line 15 (b) Book value
(1) CERTIFICA (2)	ATES OF DEPOSIT				255,012
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 15 )				<b>▶</b> 255,012
	<b>Other Liabilities.</b> Complete if the organization ansv See Form 990, Part X, line 25.	vered 'Y	es' on Fo	orm 990, Part IV, line	11e or 11f.
1.	(a) Description of liability		(b) E	Book value	
(1) Federal ın					
	VARDS, NET OF CURRENT PORTION			575,466	
(3)	VARDS, NET OF CURRENT PORTION			1,688,292	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25 )			2,263,758	
2. Liability for	r uncertain tax positions In Part XIII, provide the text of the			rganization's financial sta	
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740)	Check h	ere if the	text of the footnote has	been provided in Part XIII

Page 4

2,290,177

1.826.741

Schedule D (Form 990) 2018

1

4c 5

d 2d Add lines 2a through 2d . . . . . . e 2e 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . .

Investment expenses not included on Form 990, Part VIII, line 7b . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

**Supplemental Information** 

Schedule D (Form 990) 2018

Part XI

1

b c

5

Part XIII

Return Reference

See Additional Data Table

222,300 2,067,877 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII ) . . . . . . 4h

Add lines **4a** and **4b** . . . . . . . . . . . 40 c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . 2,067,877 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 

1 1,826,741 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . 2a

2b Prior year adjustments . . . . . .

2c c Other (Describe in Part XIII ) . 2d d Add lines 2a through 2d . 2e e

3 Subtract line 2e from line 1 . 3 1,826,741 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

4a 4h

Explanation

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	nation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

## **Additional Data**

Software Version: EIN: 41-2001751

Name: THE LABOURE SOCIETY INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIA L STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES F OR THE YEARS BEFORE DECEMBER 31, 2014 INTEREST AND PENALTIES ARE CLASSIFIED AS EXPENSE AS INCURRED

Software ID:

DLN: 93493252004139 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE LABOURE SOCIETY INC. 41-2001751 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

WHO MUST RESOLVE STUDENT LOANS IN ORDER TO PURSUE THEIR VOCATION TO PRIESTLY AND/OR RELIGIOUS LIFE IN THE CATHOLIC CHURCH			
(2)			
(3)			

(4) (5) (6)

FOR THEIR STUDENT LOANS IMMEDIATELY

Schedule I (Form 990) 2018

DROVIDE ACCICTANCE TO INDIVIDUALS

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation

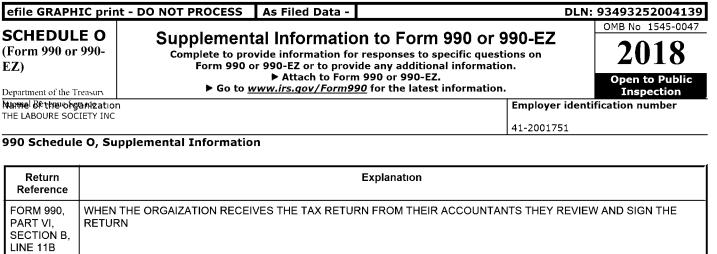
ASPIRANTS PROVIDE GRANT APPLICATIONS AND REQUEST RESOLUTION OF STUDENT LOANS. THE BOARD OF DIRECTORS REVIEWS THE GRANT APPLICATIONS AND ALLOCATES FUNDS BASED ON THEIR GRANT SELECTION PROCESS. THE LABOURE SOCIETY REPAYS THE STUDENT LOANS WHILE THEY ARE IN FORMATION FOR PRIESTLY LIFE AND ANY REMAINING STUDENT LOANS ARE RESOLVED AT THE TIME OF VOS OR ORDINATION IN THE RARE CASE THAT THE INDIVIDUAL DISCERNS

Return Reference PART I, LINE 2 THEY ARE NOT CALLED TO BE A PRIEST, THEY BRING THEIR FORMATION TO BEAR IN RAISING HOLY FAMILIES AND BUILDING UP OUR CATHOLIC COMMUNITIES THESE INDIVIDUALS DO NOT REPAY THE LABOURE SOCIETY FOR THE PAYMENTS MADE DURING THEIR FORMATION, BUT THEY DO RESUME FULL RESPONSIBILITY

Page **2** 

DLN: 93493252004139 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ 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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number THE LABOURE SOCIETY INC 41-2001751 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property . . . 36,737 FAIR MARKET VALUE Securities—Publicly traded . Χ 10 Securities—Closely held stock . **11** Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 26 27 Other ► ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>								
Supplemental Information.  Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete part for any additional information.									
Return Reference	Explanation								
	Schedule M (Form 990) (2018)								



Return Explanation
Reference

LINE 15A

FORM 990, COMPENSATION IS DETERMINED BY THE ACTIONS OF THE BOARD OF DIRECTORS
PART VI,
SECTION B.

Return Explanation
Reference
FORM 990. GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

PART VI, SECTION C, LINE 19

Return Explanation

.890

FORM 990, CONSULTANT PROGRAM SERVICE EXPENSES 201,913 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISI
PART IX, NG EXPENSES 50,478 TOTAL EXPENSES 252,391 PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSE
LINE 11G S 5,129 MANAGEMENT AND GENERAL EXPENSES 489 FUNDRAISING EXPENSES 2,272 TOTAL EXPENSES 7

Return Explanation
Reference

FORM 990, PART XII, IAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT