EXTENDED TO NOVEMBER 15, 2023 **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 Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

н г	OI LITE	2022 Calefidat year, or tax year beginning	and ending		
	heck if	C Name of organization		D Employer identifi	cation number
	Addres	THE LABOURE SOCIETY INC.			
	Name chang	Doing business as		41-20017	51
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1365 CORPORATE CENTER CURVE	Room/sui 104	te E Telephone numbe 651-452-	
	/return termin			G Gross receipts \$	2,397,549.
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code EAGAN , MN 55121-1276	3		
\vdash	_return _Applic _tion			H(a) Is this a group re	
	」tion pendir	SAME AS C ABOVE		for subordinates	=
			(-)(4)	H(b) Are all subordinates in	
			(a)(1) or 5		list. See instructions
	<u>Vebsit</u>		1	H(c) Group exemptio	
K ⊦ Pa	orm of	organization: X Corporation Trust Association Other Summary	L Ye	ar of formation: 2002 N	M State of legal domicile; MN
		Briefly describe the organization's mission or most significant activities: PF	SOMIDE E	TNANCTAL ASS	TSTANCE TO
9		INDIVIDUALS WHO MUST ELIMINATE PERSONA:			
Jan		Check this box if the organization discontinued its operations or c			
ler.			•	1 .	11
હ		Number of independent voting members of the governing body (Part VI, line			11
∞		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			14
ties		Total number of volunteers (estimate if necessary)			30
Activities & Governance				I_	0.
8		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
\neg	D	Net unrelated business taxable income noni Ponn 990-1, Part i, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	3,048,773.	2,343,654.
ne				0.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,196.	53,820.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		457.	75.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		3,075,426.	2,397,549.
\neg		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,066,374.	577,171.
		D 51 11 5 1 (D 11)(1 (A) 11 4)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		973,382.	1,089,041.
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)	, 10)	0.	0.
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 373	3.973.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		740,842.	643,378.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,780,598.	2,309,590.
		Revenue less expenses. Subtract line 18 from line 12		294,828.	87,959.
<u>> 8</u>		Trevende 1666 expendes. Cabitaet line 16 from line 12		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,263,561.	5,329,471.
Asse	21	Total liabilities (Part X, line 16)		3,317,200.	3,295,151.
Eğ.	22	Net assets or fund balances. Subtract line 21 from line 20		1,946,361.	2,034,320.
Pa	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying sch	nedules and state	ments, and to the best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information			
Sigr	1	Signature of officer		Date	
Here		BILL BOJAN, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JEROME REUTZEL JEROME REUTZE	<u> </u>	09/25/23 self-employ	P00187534
	arer	Firm's name BOECKERMANN GRAFSTROM & MAYER,	LLC	Firm's EIN 2	0-0472826
Jse	Only	Firm's address 7900 INTERNATIONAL DR, STE 800			
		BLOOMINGTON, MN 55425-1581		Phone no. 95	2-844-2500
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2022) THE LABOURE SOCIETY INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		X
0	Schedule D, Part III	- °		21
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
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	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		<u></u>
.5		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19		x
20-	complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		-21
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			37
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		₹.
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		
31	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?	-07		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		, 55		
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С				
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2022) THE LABOURE SOCIETY INC.

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

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	14				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? ฺ		2b	Х		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X	
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 Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccour	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit				
	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 contributi		-				
_	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).	:		7.		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	7b			
С				7c		х	
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		21	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e			
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7f 7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е				
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	, , , , , , , , , , , , , , , , , , , ,						
10	Section 501(c)(7) organizations. Enter:		1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	۔ م ا	1				
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a					
b		11b					
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	. <u></u> u			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
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	13b					
С	Enter the amount of reserves on hand	13c					
14a				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					**	
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.					77	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		X	
4-	If "Yes," complete Form 4720, Schedule O.	Li. dar					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.				000		

THE LABOURE SOCIETY INC. 41-2001751 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 **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. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request X Own website Uther (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2022)

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

JOHN FLANAGAN - 651-452-1160

1365 CORPORATE CENTER CURVE, SUITE #104,

EAGAN

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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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box		Pos heck iss per	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN FLANAGAN	40.00							00 150		0
EXECUTIVE DIRECTOR	40.00		_	Х	_	_		90,158.	0.	0.
(2) DAVID JOHNSON CFO	40.00	ł		x				73,651.	0.	0.
(3) SR. JOSEPHINE GARRETT, CSFN	1.00		\vdash	Δ				73,031.	0.	<u></u>
SECRETARY	1.00	х		Х				0.	0.	0.
(4) SHERRY NILLES	1.00								•	
DIRECTOR		Х						0.	0.	0.
(5) ROSA CUMARE	1.00								-	
PRESIDENT		Х		Х				0.	0.	0.
(6) SHIRLEY SEYFRIED	1.00									
DIRECTOR		Х						0.	0.	0.
(7) WILLIAM S. BOJAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) SCOTT HUSSEY	1.00								_	_
DIRECTOR		Х	_	_	_	_		0.	0.	0.
(9) TIM BASTIAN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(10) SCOTT WIDMAN	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(11) FR BILL DUFFERT DIRECTOR	1.00	х						0.	0.	0
(12) NANCY AHLGREN	1.00	^	\vdash	\vdash	_			0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) THOMAS GILBERT	1.00	- 22						0.	<u></u>	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
									•	
		1								
		-								
	+	-					\vdash			
		1								

Form 990 (2										41-20	017	51 P	age 8
Part VII	Geotion Al Omocro, Birectoro, Trac		loye	ees,			ghes	t C		,			
	(A) Name and title	Average hours per week (list any	(C) Position (do not check more to box, unless person is officer and a director			than c s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compensa	of ation	
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC 1099-NEC)	5/	from th organizat and relat organizati	ion ed
								\downarrow					
											+		
											-		
											+		
1b Subt	otal								163,809.		0.		0.
c Total	from continuation sheets to Part VI	I, Section A							0.		0.		0.
2 Total	number of individuals (including but n								163,809. eceived more than \$100,		0.		0.
comp	pensation from the organization										_	Yes	0 No
	ne organization list any former officer, a? If "Yes," complete Schedule J for so	•	,	•		•		_		•	[3	Х
and r	ny individual listed on line 1a, is the surelated organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4	X
rende	ny person listed on line 1a receive or a ered to the organization? If "Yes," com Independent Contractors	•				-			-			5	Х
1 Com	plete this table for your five highest co	•	•							·	nsatio	on from	
the o	rganization. Report compensation for t (A)	the calendar ye	ar e	ndin	ig w	ith o	r wit	hin	the organization's tax y (B)	ear.		(C)	
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Со	mpensatio	<u>n</u>
	number of independent contractors (ir	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than			
φ100	,000 or compensation from the organiz	LatiOii					,				F	orm 990 (2022)

232008 12-13-22

Form 990 (2022)
Part VIII

Part VIII	Statement of	Revenue

		Check if Schedule O contains a response o	r note to anv 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 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
fts,		d Related organizations 1d					
ية إق							
ons,		ÿ \ , , , , , , , , , , , , , , , , , ,					
utic	1	All other contributions, gifts, grants, and	3/3 65/				
트 된			343,654.				
ont		Noncash contributions included in lines 1a-1f	76,994.	2 242 654			
O B		Total. Add lines 1a-1f		2,343,654.			
		-	Business Code				
ce	2 8	1					
ervi		·					
S	(:					
ran Sev	(d					
Program Service Revenue	•	·					
P.	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		53,820.			53,820.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	a Gross rents6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		A Not rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
her Revenue		Gain or (loss) 7c					
ev ev		Net gain or (loss)					
푸		a Gross income from fundraising events (not					
Oth	0 0	including \$ of					
١		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·					
		Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold10b					
\dashv	(Net income or (loss) from sales of inventory					
<u>s</u>		OMILIED THEORE	Business Code				
e e	11 :	OTHER INCOME	900099	75.	75.		
Miscellaneous Revenue	ı	·					
cel.	(-					
Mis	(All other revenue					
	(Total. Add lines 11a-11d		75.			
	12	Total revenue. See instructions		2,397,549.	75.	0.	53,820.

232009 12-13-22

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 respons	se or note to any line in t		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	577,171.	577,171.		
3	Grants and other assistance to foreign	- ,	,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	163,809.	109,589.	9,991.	44,229
6	Compensation not included above to disqualified			5,5521	
Ü	persons (as defined under section 4958(f)(1)) and				
	40F0(-)(0)(D)				
7	Other salaries and wages	696,540.	465,976.	42,490.	188,074
8	Pension plan accruals and contributions (include	030,340.	403,3700	42,450.	100,071
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	156,395.	101,664.	9,695.	45,036
9 10	Payroll taxes	72,297.	46,993.	4,482.	20,822
		12,2516	40,000	4,4024	20,022
11	Fees for services (nonemployees):				
a	Management	6,312.	4,103.	391.	1 818
b	Legal	16,050.	10,433.	995.	1,818 4,622
C	Accounting	10,030.	10,455.	993.	4,022
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	138,965.	136,186.		2 770
	column (A), amount, list line 11g expenses on Sch O.)	89,503.	71,297.		2,779 18,206
12	Advertising and promotion	95,882.	71,451.	3,822.	20,609
13	Office expenses	93,002.	/1,451.	3,044.	20,009
14	Information technology				
15	Royalties	47,216.	30,691.	2 027	12 500
16	Occupancy			2,927.	13,598
17	Travel	75,461.	70,482.	1,310.	3,669
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	10 704	10 704		
22	Depreciation, depletion, and amortization	10,794.	10,794.	2 010	
23	Insurance	10,238.	8,220.	2,018.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ASPIRANT TRAINING	80,260.	80,260.		
b	TELECOMMUNICATIONS	38,261.	30,609.	3,826.	3,826
С	DUES AND SUBSCRIPTIONS	33,421.	23,392.	3,344.	3,826 6,685
d	BOARD OF DIRECTOR PLANN	1,015.	-	1,015.	•
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,309,590.	1,849,311.	86,306.	373,973
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)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,989,726.	1	637,345.
	2	Savings and temporary cash investments			1,234,032.	2	740,000.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, sub	stantial (ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			40.050	8	06.04.7
⋖	9	Prepaid expenses and deferred charges			10,852.	9	26,917.
	10a	Land, buildings, and equipment: cost or other		64 004			
		basis. Complete Part VI of Schedule D	. 10a	61,901.	00 051		00 000
	b	Less: accumulated depreciation	32,568.	28,951.	10c	29,333.	
	11	Investments - publicly traded securities			11	3,833,209.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14	60 660	
	15	Other assets. See Part IV, line 11			0.	15	62,667.
	16	Total assets. Add lines 1 through 15 (must eq			5,263,561.	16	5,329,471.
	17	Accounts payable and accrued expenses			42,783.	17	28,635.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub				00	
Lia	00	controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unre				23 24	
	24 25	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		•		·	3,274,417.	25	3,266,516.
	26	of Schedule D Total liabilities. Add lines 17 through 25			3,317,200.	26	3,295,151.
	20	Organizations that follow FASB ASC 958, ch			3/32//2001	20	3/233/131
es		and complete lines 27, 28, 32, and 33.	icok nei				
auc	27	Net assets without donor restrictions			1,946,361.	27	2,034,320.
Bala	28	Net assets with donor restrictions			, ,	28	, ,
l br		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.	ŕ	_			
ō	29	Capital stock or trust principal, or current fund	S			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,946,361.	32	2,034,320.
-	33	Total liabilities and net assets/fund balances			5,263,561.	33	5,329,471.

Pa	t XI Reconciliation of Net Assets				90		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,39	7,5	49.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,30	9,5	90.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,94	6,3	61.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,03	4,3	20.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			Х		
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:						
	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:						
	Separate basis X 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						
	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?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Щ_		
			Form	990	(2022)		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE LABOURE SOCIETY INC. 41-2001751 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 X 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 n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

<u> </u>	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
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									
	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,									
	actume (f)									
6	Public support. Subtract line 5 from line 4.									
	etion B. Total Support						<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	(,	(,	(-,	(-7	(-,	(1)			
	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.)									
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	•				12				
13	First 5 years. If the Form 990 is for the									
800	organization, check this box and store ction C. Computation of Publi									
	·			a aluman (fl)		14	0/			
	Public support percentage for 2022 (I		•	***		15	%			
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o						% and			
IUa	stop here. The organization qualifies									
h	33 1/3% support test - 2021. If the d		-							
-	and stop here. The organization qual	-								
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	-								
	meets the facts-and-circumstances te									
b	10% -facts-and-circumstances test	-	-		-					
	more, and if the organization meets the	•				•				
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization						3			
						Schedule A	(Form 990) 2022			

232022 12-09-22

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2034185.	2606354.	2578375.	2927512.	2343654.	12490080.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	2024105	2606254	2570275	2027512	2242654	1040000
	Total. Add lines 1 through 5	2034185.	2606354.	2578375.	2927512.	∠343654.	12490080.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			18,122.	15,625.	28,550.	62,297.
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						0.
c	Add lines 7a and 7b			18,122.	15,625.	28,550.	
8	Public support. (Subtract line 7c from line 6.)						12427783.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2034185.	2606354.	2578375.	2927512.	2343654.	12490080.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	32,767.	73,446.	47,856.	26,196.	53,820.	234,085.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	32,767.	73,446.	47,856.	26,196.	53,820.	234,085.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2066952.	2679800.	2626231.	2953708.	2397474.	12724165.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi						07.67
	Public support percentage for 2022 (li		•	olumn (f))		15	97.67 %
	Public support percentage from 2021					16	98.24 %
	ction D. Computation of Inves			40 / /**	I	4=	1 0 /
	Investment income percentage for 20					17	1.84 %
	Investment income percentage from 2					18	1.49 %
19a	33 1/3% support tests - 2022. If the						v
h	more than 33 1/3%, check this box an 33 1/3% support tests - 2021. 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		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		
100		

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son 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		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne 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		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sect	ion (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			
	or tru	stees 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			
	the su	upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	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			
	organ	nization'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			
	organ	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		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k 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	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did sı	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne 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			
	Part \	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne 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	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule	Δ	(Form	990)	2022

5

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

3

<u>4</u> 5

6

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	J
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
<u>b</u>	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Employer identification number

41-2001751

THE LABOURE SOCIETY INC.

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Account	S. Complete if the
	organization answered 100 or 1 or 1000, 1 art 17, into	(a) Donor advise	ed funds	(b) Fund	s and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's e	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or			-	
	impermissible private benefit?				Yes No
Pai					
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreati	on or education)	Preservation of a	historically in	mportant land area
	Protection of natural habitat	,	Preservation of a	certified hist	oric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of	a conservati	on easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
С	Number of conservation easements on a certified historic structure.				
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register	•		2d	
3	Number of conservation easements modified, transferred, rele				uring the tax
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it h	nolds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing conser	vation easen	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and er	nforcing conservatio	n easements	during the year
8	Does each conservation easement reported on line 2(d) above	*			
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense st	atement and	
	balance sheet, and include, if applicable, the text of the footnot	•	s financial statement	ts that descr	ibes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tus	an Oth	au Cimailau	Acceta
Pai	t III Organizations Maintaining Collections of		easures, or Othe	er Similar	Assets.
	Complete if the organization answered "Yes" on Form S				
1a	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for publ	·		nerance of pi	ablic
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public e	exhibition, education, c	r research in further	ance of publ	ic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
_					
2	If the organization received or held works of art, historical treas		-	aın, provide	
	the following amounts required to be reported under FASB AS	-			
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				N. I. J. I. D. (E
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		5	Schedule D (Form 990) 2022

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Par	t III Organizations Maintaining Coll	ections of Art	, Historical Tr	easures, or Oth	er Simil	ar Assets	(contin	ued)	age –
3	Using the organization's acquisition, accession,						,		
	collection items (check all that apply):		•		-				
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's collection	ctions and explain	how they further t	the organization's ex	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or re	ceive donations o	f art, historical trea	asures, or other simi	lar assets				
	to be sold to raise funds rather than to be mainta						Yes		No
Par	t IV Escrow and Custodial Arrange						line 9, or		
	reported an amount on Form 990, Part X		3			,	,		
	Is the organization an agent, trustee, custodian	or other intermedia	arv for contribution	ns or other assets no	ot included				
	on Form 990, Part X?		•			_	Yes		No
b	If "Yes," explain the arrangement in Part XIII and								,
~	ii ree, explain the arrangement iii are xiii and	. complete the fell	owning table.				Amount		
С	Beginning balance				1c	+			
d									
e	Additions during the year								
	Distributions during the year								
f	Ending balance						Yes		No
	•		*] NO
Par	If "Yes," explain the arrangement in Part XIII. Chet V Endowment Funds. Complete if the								
ı uı		a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	veare	hack
4.		a) Current year	(b) i noi yeai	(C) TWO years back	(u) 111100	, yours back	(e) i oui	yours	Dack
1a	Beginning of year balance								
b	Contributions				+				
С	Net investment earnings, gains, and losses				-				
d	Grants or scholarships								
е	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	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
За	Are there endowment funds not in the possession	on of the organizat	ion that are held a	and administered for	the		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the org	ganization's endov	vment funds.						
Pai	t VI Land, Buildings, and Equipmen	t.							
	Complete if the organization answered "\	es" on Form 990,	Part IV, line 11a.	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	her (b) Cos	st or other (c	Accumula	ted	(d) Book	value	===== e
		basis (investm		1 ,	, depreciatio		()		
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment					$\overline{}$			
	Other			51,901.	32,5	568.	20	, 33	33.
	Add lines 1a through 1e. (Column (d) must oque	J Farms 000 Part \	•		/-		2.0	3	33.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	THE	LABOURE	SOCIETY	INC.	41-2001751	Page 3
Part VII	Investments -	Other Se	curities.				

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 000 Part V. col. (R) line 13.)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ASPIRANT AWARDS	3,203,849.
(3)	OPERATING LEASE OBLIGATION	62,667.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,266,516.

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

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 THE LABOURE SOCIETY INC.	41-2	2001751 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,397,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С			
d	- · · · · · · · · · · · · · · · · · · ·		
е		2e	0.
3	Subtract line 2e from line 1		2,397,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	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	2,397,548.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	ses per Returr) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,309,590.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b			
С	Other losses 2c		
d			
е		2e	0.
3	Subtract line 2e from line 1		2,309,590.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b			
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2,309,590.
Pai	rt XIII Supplemental Information.	· '	

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

PART X, LINE 2:

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 FINANCIAL 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 FOR THE YEARS BEFORE DECEMBER 31, 2018. INTEREST AND PENALTIES ARE CLASSIFIED AS EXPENSE AS INCURRED.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE LABOURE SOCIETY INC.	41-2001751 Page 5
Schedule D (Form 990) 2022 THE LABOURE SOCIETY INC. Part XIII Supplemental Information (continued)	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

	entification number
THE LABOURE SOCIETY INC.	1-2001751
Part I General Information on Grants and Assistance	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Yes No
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Pur	rpose of grant assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	

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Schedule I (Form 990) 2022

OMB No. 1545-0047

232101 10-31-22

THE LABOURE SOCIETY INC. 41-2001751 Schedule I (Form 990) 2022 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance PROVIDE ASSISTANCE TO INDIVIDUALS, WHO MUST RESOLVE STUDENT LOANS IN ORDER TO PURSUE THEIR VOCATION TO PRIESTLY AND/OR RELIGIOUS LIFE IN THE CATHOLIC CHURCH. 577,171. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ASPIRANTS 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. IN THE RARE CASE THAT THE INDIVIDUAL DISCERNS 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 FOR THEIR

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number

	THE LABOURE	SOCIET	Y INC.		41-	20017	751	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determini	-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	16	76,994.	FMV			
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							
15	Real estate - Residential							
16	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 ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
						\rightarrow	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
						NA / C		0000

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE LABOURE SOCIETY INC.	41-2001751
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS:	ION:
THEIR VOCATION TO PRIESTHOOD OR RELIGIOUS LIFE IN THE CATHO	OLIC CHURCH.
FORM 990, PART VI, SECTION A, LINE 4:	
THE ORGANIZATION FORMED THE LABOURE FUND, LLC - 88-0533165	WHICH IS A
SINGLE MEMBER LLC WHICH IS DISREGARDED FOR FILING PURPOSES	. SEE SCHEDULE
R.	
FORM 990, PART VI, SECTION B, LINE 11B:	
WHEN THE ORGAIZATION RECEIVES THE TAX RETURN FROM THEIR ACC	COUNTANTS THEY
REVIEW AND SIGN THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES SIGNED FORMS FROM THE BOARD OF DE	IRECTORS
ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION IS DETERMINED BY THE ACTIONS OF THE BOARD OF I	DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE	UPON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY FOR THE (OVERSIGHT OF
THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN	INDEPENDENT
ACCOUNTANT	

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

Schedule O (Form 990) 2022

Name of the organization		T.ADOITD™	SOCIETY	TNC		Employer identification numbe	
	1115	LABOURE	SOCIETI	INC.		41-2001751	_
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022 Open to Public Inspection

Employer identification number 41-2001751

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (b) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) LABOURE FUND LLC - 88-0533165 1365 CORPORATE CENTER CURV STE 104 THE LABOURE SOCIETY SUPPORT THE LABOURE SOCIETY EAGAN, MN 55121 INC. IN THEIR MISSION MINNESOTA 12,285. 2,358,708. INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
							\vdash

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

THE LABOURE SOCIETY INC.

Schedule R (Form 990) 2022

232161 09-14-22 LHA

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34	, because it had one or more related
Partill	organizations treated as a partnership during the tax year.			

Organizations treated as a partitional during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated.	Share of total income	Share of end-of-year	Disprop	ortionate itions?	Code V-UBI amount in box	General o managing	Percentage ownership
		foreign		(related, unrelated, excluded from tax under		assets	alloca	ITIONS?	amount in box 20 of Schedule		-
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
-											
										\vdash	
-											
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i contr ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		400010		Yes	No
-									\vdash
									<u> </u>
									

(6) 232163 09-14-22 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022