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Form **990**
 Department of the Treasury
 Internal Revenue Service

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. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013, 2013, and ending 08-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization QUEBEC-LABRADOR FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 55 SOUTH MAIN STREET City or town, state or province, country, and ZIP or foreign postal code IPSWICH, MA 01938	D Employer identification number 13-6155399 E Telephone number (978) 356-0038 G Gross receipts \$ 2,420,951
F Name and address of principal officer LAWRENCE B MORRIS 55 SOUTH MAIN STREET IPSWICH, MA 01938		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: QLF.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1963 M State of legal domicile NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO SUPPORT THE RURAL COMMUNITIES AND ENVIRONMENT OF EASTERN CANADA AND NEW ENGLAND, AND TO CREATE MODELS FOR STEWARDSHIP OF NATURAL RESOURCES AND CULTURAL HERITAGE THAT CAN BE APPLIED WORLDWIDE				
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
3	Number of voting members of the governing body (Part VI, line 1a)	3		26	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		24	
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		13	
6	Total number of volunteers (estimate if necessary)	6		70	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		-89	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		-89	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,295,606		907,078	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,928		28,500	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,678		242,392	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,024		156,848	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,825		102,240	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	816,035		906,216	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
	b Total fundraising expenses (Part IX, column (D), line 25) 87,461				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	497,647		668,610	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,362,507		1,677,066		
19 Revenue less expenses Subtract line 18 from line 12	167,729		-342,248		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	6,280,876		6,628,342	
	21 Total liabilities (Part X, line 26)	28,087		87,535	
22 Net assets or fund balances Subtract line 21 from line 20	6,252,789		6,540,807		

Part II 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.

Sign Here	***** Signature of officer	2015-01-14 Date			
	LAWRENCE B MORRIS PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CRAIG KLEIN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00734640
	Firm's name CBIZ TOFIAS			Firm's EIN 26-3753134	
	Firm's address 500 BOYLSTON STREET BOSTON, MA 02116			Phone no (617) 761-0600	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III Statement of Program Service Accomplishments

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

- 1** Briefly describe the organization's mission
- TO SUPPORT THE RURAL COMMUNITIES AND ENVIRONMENT OF EASTERN CANADA AND NEW ENGLAND, AND TO CREATE MODELS FOR STEWARDSHIP OF NATURAL RESOURCES AND CULTURAL HERITAGE THAT CAN BE APPLIED WORLDWIDE
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
- If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
- If "Yes," describe these changes on Schedule O
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 467,641	including grants of \$ 15,250	(Revenue \$ 28,500)
<p>CONSERVATION AND STEWARDSHIP BIODIVERSITY CONSERVATION - WORKING WITH COASTAL COMMUNITIES, MARINE RESOURCE USERS, CONSERVATION ORGANIZATIONS, AND GOVERNMENT, QLF ENCOURAGES LOCAL COMMUNITIES TO TAKE AN ACTIVE ROLE IN MANAGING NATURAL RESOURCES, PROMOTING INITIATIVES TO SECURE SUSTAINABLE DEVELOPMENT, AND PARTICIPATE IN CONSERVATION EDUCATION AND OUTREACH THE 2014 BIODIVERSITY CONSERVATION PROJECTS MANAGED FROM MASSACHUSETTS AND DIRECTED IN EASTERN CANADA WERE THE PIPING PLOVER CONSERVATION (NEWFOUNDLAND), THE CONSERVATION OF IMPORTANT BIRD AREAS AND MARINE SPECIES AT RISK (NEWFOUNDLAND AND LABRADOR), AND MARINE BIRD CONSERVATION IN THE HARE BAY ISLANDS ECOLOGICAL RESERVE (NEWFOUNDLAND) COMMUNITY-BASED MAPPING - UNDER THE DIRECTION AND MANAGEMENT OF STEPHEN ENGLE, SENIOR CONSULTANT, COMMUNITY-BASED MAPPING AND GEOGRAPHIC INFORMATION SYSTEMS PROGRAM, THREE INTERACTIVE WEBSITES WERE CONSTRUCTED, MAINTAINED, AND ENHANCED THE SOUNDS CONSERVANCY GRANTS EXPLORER, WHICH PROFILES TWO DECADES OF WORK BY MARINE RESEARCHERS ALONG THE SOUNDS AND COASTAL WATERS OF NEW ENGLAND, MAPPING THE MOSAIC, AN INTERACTIVE WEBSITE OF THE HISTORY OF MONTREAL, QUEBEC, AND THE GLOBAL LEADERSHIP NETWORK ONLINE, AN INTERACTIVE WEBSITE FOR QLF ALUMNI AND PARTNER ORGANIZATIONS THAT REMAINS UNDER CONSTRUCTION THE SOUNDS CONSERVANCY THE SOUNDS CONSERVANCY IS A MARINE RESEARCH PROGRAM ALONG THE SIX SOUNDS, ESTUARIES, AND COASTAL WATERS OF SOUTHERN NEW ENGLAND AND NEW YORK (LONG ISLAND, FISHERS ISLAND, BLOCK ISLAND, RHODE ISLAND, MARTHA'S VINEYARD, AND NANTUCKET SOUND) THE PROGRAM IS DESIGNED TO WORK WITH PRACTITIONERS AND RESEARCHERS TO PROTECT THE SOUNDS AND THEIR COASTAL WATERS AND TO SUPPORT RESEARCH AND ENVIRONMENTAL POLICY, ENVIRONMENTAL EDUCATION AND COMMUNITY OUTREACH IN 2014, THE SOUNDS CONSERVANCY STAFF PROVIDED TWENTY SUPPLEMENTAL GRANTS TO GRADUATE STUDENTS AND MID-LEVEL PROFESSIONALS IN THE FIELD OF MARINE CONSERVATION PROGRAM STAFF ALSO COMPLETED AN EXTENSIVE ELECTRONIC PUBLICATION, THE SOUNDS CONSERVANCY 1995 2014, WHICH DOCUMENTS TWO DECADES OF RESEARCH BY SOUNDS CONSERVANCY GRANTEEES AND CATEGORIZES THE RESEARCH BY SOUND, YEAR, AND SUBJECT ADDITIONALLY, STAFF LAUNCHED AN INTERACTIVE WEBSITE DEDICATED TO THE PROGRAM, WHICH ALLOWS ALL GRANTEEES TO NETWORK AND TO SHARE RESEARCH, KNOWLEDGE, AND CONSERVATION INNOVATION STEWARDSHIP PROGRAMS IN 1981, QLF CREATED INTERNATIONAL PROGRAMS TO FOSTER AN EXCHANGE OF EXPERIENCE AND INNOVATIONS AMONG ORGANIZATIONS AND INDIVIDUALS IN OTHER PARTS OF THE WORLD WHERE COMMUNITIES AND REGIONS FACE SIMILAR CHALLENGES AND OPPORTUNITIES ORGANIZED AROUND A THEMATIC FOCUS ON STEWARDSHIP EFFORTS TO CREATE, NURTURE, AND ENABLE RESPONSIBILITY IN LANDOWNERS AND RESOURCE USERS TO MANAGE AND PROTECT LAND AND ITS NATURAL AND CULTURAL HERITAGE THE PROGRAM WORKS ON A REGIONAL BASIS AND ALSO WITHIN GLOBAL FRAMEWORKS STEWARDSHIP PROGRAMS ARE DIRECTED BY BRENT MITCHELL, SENIOR VICE PRESIDENT, STEWARDSHIP, FROM THE QLF HEADQUARTERS IN MASSACHUSETTS QLF IS THE PRINCIPAL PARTNER IN THE NATIONAL PARK SERVICE COLLABORATIVE FOR INNOVATIVE LEADERSHIP THE GOAL OF THE COLLABORATIVE IS TO RAPIDLY SHARE KNOWLEDGE, NEW APPROACHES, AND INSIGHTS FROM PRACTICAL EXPERIENCE TO SOLVE MISSION-CRITICAL PROBLEMS AND ADVANCE ORGANIZATIONAL EXCELLENCE QLF IS INCREASINGLY GETTING INVOLVED IN PROJECTS OF GLOBAL SCALE AND INFLUENCE IN 2014, MR MITCHELL HAS ADDRESSED INTERNATIONAL CONSERVATION MEETINGS ON THREE CONTINENTS THE 10TH LATIN AMERICAN CONGRESS ON PRIVATE AND INDIGENOUS PROTECTED AREAS IN CHILE, MANAGING INHABITED NATURAL HERITAGE, A COLLOQUIUM IN FRANCE, AND A WORLD HERITAGE MEETING FOR ANGLOPHONE AFRICAN COUNTRIES HELD IN KENYA IN 2014, MR MITCHELL CHAIRED A SPECIALIST GROUP OF THE WORLD COMMISSION ON PROTECTED AREAS ON PRIVATE APPROACHES TO CONSERVATION AND NATURE STEWARDSHIP MR MITCHELL ALSO SERVES ON NUMEROUS INTERNATIONAL BODIES INCLUDING THE PROTECTED LANDSCAPES SPECIALIST GROUP AND THE IUCN COMMISSION ON ENVIRONMENTAL, ECONOMIC AND SOCIAL POLICY MR MITCHELL RECENTLY CO-AUTHORED CARING TOGETHER FOR NATURE, THE FIRST EUROPEAN MANUAL ON LAND STEWARDSHIP MIDDLE EAST CONSERVATION EXCHANGE PROGRAM IN 2014, QLF MANAGEMENT STAFF HELD A SERIES OF ALUMNI MEETINGS IN JORDAN, ISRAEL, AND THE WEST BANK TO CHART THE COURSE OF THE PROGRAM OVER THE NEXT FIVE YEARS THAT ADDRESS THE MOST CRITICAL REGIONAL CONSERVATION ISSUES SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM IN 2014, QLF MANAGEMENT DIRECTED THE FIRST SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM IN NEW ENGLAND FOR CONSERVATION PROFESSIONALS FROM VIETNAM</p>				

4b	(Code)	(Expenses \$ 319,562	including grants of \$ 19,500	(Revenue \$)
<p>LEADERSHIP THE ACADIAN PROGRAM IN REGIONAL CONSERVATION AND STEWARDSHIP - QLF PROVIDED FINANCIAL SUPPORT FOR THE PROGRAM WORKING IN PARTNERSHIP WITH THE SCHOODIC EDUCATION AND RESEARCH CENTER INSTITUTE, ACADIA NATIONAL PARK, AND THE UNIVERSITY OF MAINE THE PROGRAM FOCUSED ON THE STUDY OF LARGE LANDSCAPE SCALE CONSERVATION IN THE ACADIAN REGION OF DOWNEAST MAINE PARTICIPANTS WERE STUDENTS FROM THE UNITED STATES AND OVERSEAS GLOBAL LEADERSHIP NETWORK - QLF'S NETWORK OF ALUMNI (MORE THAN 5,000 INDIVIDUALS AND PARTNER ORGANIZATIONS) HAS EXPANDED EXPONENTIALLY OVER MORE THAN FIVE DECADES TO INCLUDE FORMER VOLUNTEERS, INTERNS, SCHOLARSHIP RECIPIENTS, SOUNDS CONSERVANCY GRANTEEES, INTERNATIONAL FELLOWS AND LEADERS FROM REGIONAL PARTNER ORGANIZATIONS COLLECTIVELY, TODAY'S ALUMNI REPRESENT SEVENTY-FIVE COUNTRIES IN OUR HOME REGION (NEW ENGLAND AND EASTERN CANADA), EUROPE, CENTRAL AND SOUTHEAST EUROPE, LATIN AMERICA AND THE CARIBBEAN, THE MIDDLE EAST, NORTH AFRICA, AND THE GULF STATES, AND SOUTHEAST ASIA IN 2014, AND UNDER THE DIRECTION OF STEPHEN ENGLE, QLF SENIOR CONSULTANT ON COMMUNITY MAPPING AND GEOGRAPHIC INFORMATION SYSTEMS, STAFF HAVE MAPPED HALF OF THE ALUMNI WORLDWIDE AND ARE CONSTRUCTING AN INTERACTIVE WEBSITE, WHICH ALLOWS ALUMNI ACCESS TO SET UP AN ACCOUNT, POST PAPERS AND RESEARCH, AND IMPORTANTLY, TO NETWORK WORLDWIDE THE LEADERSHIP PROGRAM THE LEADERSHIP PROGRAM IS ESTABLISHED TO PROVIDE TRAINING AND EXPERIENTIAL LEARNING FOR VOLUNTEERS, INTERNS, AND FELLOWS THE ORGANIZATION MANAGED SEVENTEEN INTERNSHIPS CORRESPONDING WITH THE FOLLOWING PROGRAMS AND INITIATIVES BASED IN MASSACHUSETTS TO INCLUDE BIODIVERSITY CONSERVATION, COMMUNICATIONS, THE SOUNDS CONSERVANCY (A MARINE RESEARCH PROGRAM ALONG THE SOUNDS AND COASTAL WATERS OF SOUTHERN NEW ENGLAND AND NEW YORK), AND THE SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM SCHOLARSHIP PROGRAM - QLF MANAGEMENT AND STAFF DIRECT THE SCHOLARSHIP PROGRAM, WHICH PROVIDES SUPPLEMENTAL FINANCIAL SUPPORT TO UNIVERSITY STUDENTS IN NEW ENGLAND AND EASTERN CANADA A SCHOLARSHIP DIRECTORY IS PRINTED EACH YEAR DOCUMENTING THE STUDENTS, ACADEMIC AFFILIATION, AND THEIR FIELD OF ACADEMIC STUDY</p>				

4c	(Code)	(Expenses \$ 282,568	including grants of \$ 66,490	(Revenue \$)
<p>SPECIAL PROJECTS SENIOR MANAGEMENT (BASED IN MASSACHUSETTS) DEVELOPED NEW PROGRAMS AND INITIATIVES BOTH IN-REGION AND INTERNATIONAL TO INCLUDE LAND CONSERVATION IN THE MAYA MOUNTAIN MARINE CORRIDOR IN SOUTHERN BELIZE, YOUTH LEADERSHIP PROJECTS IN NEWFOUNDLAND AND LABRADOR IN COLLABORATION WITH THE INTERNATIONAL GRENFELL ASSOCIATION, AND CONSERVATION INITIATIVES IN NEWFOUNDLAND AND LABRADOR WORKING IN PARTNERSHIP WITH THE TOLEDO INSTITUTE FOR DEVELOPMENT AND ENVIRONMENT (TIDE), AN NGO IN SOUTHERN BELIZE FOUNDED BY AND DIRECTED BY QLF ALUMNI, QLF MANAGEMENT COMPLETED A LAND CONSERVATION PROJECT TO PROTECT 1,100 ACRES OF INVALUABLE RIPARIAN RAIN FOREST IN THE MAYA MOUNTAIN MARINE CORRIDOR IN SOUTHERN BELIZE WORKING IN COLLABORATION WITH THE INTERNATIONAL GRENFELL ASSOCIATION, QLF STAFF (BASED IN MASSACHUSETTS) MANAGED A YOUTH LEADERSHIP PROJECT CONDUCTING A SERIES OF LISTENING SESSIONS WITH YOUTH AND COMMUNITY LEADERS IN SOUTHERN LABRADOR AND IN THE COMMUNITIES OF THE GREAT NORTHERN PENINSULA OF NEWFOUNDLAND BASED ON THE FINDINGS OF THE LISTENING SESSIONS, QLF HAS INITIATED NEW PROGRAMS IN BIODIVERSITY CONSERVATION AND CULTURE AND HERITAGE TO INSPIRE THE NEXT GENERATION OF LEADERS WHO RESIDE IN THE PROVINCE OF NEWFOUNDLAND AND LABRADOR QLF MANAGEMENT ALSO INITIATED NEW CONSERVATION PROJECTS IN THE HARE BAY ISLANDS ECOLOGICAL RESERVE TO PROTECT THE COMMON EIDER AND OTHER SEA BIRDS</p>				

	(Code)	(Expenses \$ 60,359	including grants of \$)	(Revenue \$)
<p>COMMUNICATIONS THE ANNUAL REPORT OF THE QUEBEC-LABRADOR FOUNDATION (QLF) PROVIDES A LIST OF THE MEMBERS OF THE GOVERNING BOARDS, DONORS EACH FISCAL YEAR (1 SEPTEMBER 31 AUGUST), A FINANCIAL SUMMARY, AND BRIEF NARRATIVES OF REGIONAL AND INTERNATIONAL PROGRAMS COMPASS, THE ANNUAL NEWSLETTER LISTS VOLUNTEERS (HIGH SCHOOL STUDENTS), INTERNS (UNIVERSITY UNDERGRADUATE AND GRADUATE STUDENTS), AND CONSULTANTS COMPASS ALSO INCLUDES BRIEF ARTICLES WRITTEN BY SEVERAL INTERNS THE QLF WEBSITE IS MANAGED AND MAINTAINED BY THE ORGANIZATION'S WEBMASTER THE WEBSITE IS CONTINUALLY REVISED AND UPDATED WITH INFORMATION ON STAFF, THE GOVERNING BOARDS, PROGRAMS, OPERATIONS AND DEVELOPMENT THE GOVERNANCE REFERENCE MANUAL, THE AUDITED FINANCIAL STATEMENTS, AND THE FORM 990 ARE POSTED EACH YEAR SOCIAL MEDIA - QLF WEBMASTER PROVIDES POSTINGS TO QLF FACEBOOK PAGE THREE TIMES A WEEK</p>				

	(Code)	(Expenses \$ 175,278	including grants of \$)	(Revenue \$ 2,268)
<p>COMMUNITY SERVICE FOR MORE THAN FIVE DECADES, QLF FOUNDER, ROBERT A BRYAN, HAS DIRECTED AND MANAGED COMMUNITY SERVICE PROGRAMS IN THE ORGANIZATION'S HOME REGION OF NEW ENGLAND AND EASTERN CANADA WORKING IN COLLABORATION WITH QLF STAFF, MR BRYAN OVERSEES AND PROVIDES PROFESSIONAL GUIDANCE ON COMMUNITY SERVICE PROJECTS IN QLF'S HOME REGION INCLUDING THE BIODIVERSITY CONSERVATION, COMMUNITY-BASED CONSERVATION, THE LEADERSHIP PROGRAM AND THE SCHOLARSHIP PROGRAM IN ADDITION, AS AN EPISCOPAL MINISTER, MR BRYAN PROVIDES MINISTRY SERVICE IN NEW ENGLAND AND REMAINS IN CLOSE CONTACT WITH THE ANGLICAN CHURCH IN EASTERN CANADA AND THE MEMBERS OF THE COMMUNITIES ALONG THE QUEBEC NORTH SHORE WHO WERE PART OF HIS CONGREGATION FOR DECADES MR BRYAN HAS WORKED ON THE ARCHIVAL DOCUMENTATION OF HIS LIFELONG CAREER AS FOUNDER OF THE ORGANIZATION, BUSH PILOT, AND ANGLICAN MINISTER IN NEW ENGLAND AND EASTERN CANADA WORKING IN COLLABORATION WITH A JOURNALIST, MR BRYAN COMPLETED AND PUBLISHED HIS MEMOIRS TITLED, "ROBERT A BRYAN THE FLYING PARSON OF LABRADOR AND THE REAL STORY BEHIND BERT AND I", WHICH DOCUMENTS A HALF-CENTURY OF COMMUNITY SERVICE, AVIATION AND MINISTRY IN NEW ENGLAND, AND ALONG THE COASTAL COMMUNITIES OF THE QUEBEC NORTH SHORE AND SOUTHERN LABRADOR (THE BOOK IS PUBLISHED BY DOWN EAST BOOKS IN MAINE)</p>				

	(Code)	(Expenses \$ 21,462	including grants of \$ 1,000	(Revenue \$)
<p>CULTURE AND HERITAGE EASTERN CANADA CULTURE AND HERITAGE PROGRAM (QUEBEC NORTH SHORE), THE NORTHERN GULF CULTURE AND HERITAGE PROGRAM (NEWFOUNDLAND), AND THE CULTURE AND HERITAGE PROGRAM, QUEBEC CULTURE AND HERITAGE PROGRAMS ARE MANAGED BY STAFF IN MASSACHUSETTS AND DIRECTED IN EASTERN CANADA 2014 INITIATIVES FOCUSED ON HERITAGE TOURISM AND COMMUNITY DEVELOPMENT TO INCLUDE A STRATEGIC TOURISM DEVELOPMENT PLAN FOR THE QUEBEC LOWER NORTH SHORE, CULTURAL EXHIBITS AND PANELS FOR MUSEUMS ALONG THE QUEBEC NORTH SHORE, REGIONAL WORKSHOPS ON HERITAGE TOURISM, AND PROMOTIONAL MATERIAL INCLUDING WEBSITES PROGRAM STAFF ALSO PROVIDED CONSULTATION TO SMALL NON-PROFITS ON HERITAGE TOURISM EXHIBITS, VIRTUAL DISPLAYS AND INTERPRETIVE PANELS FOR LOCAL MUSEUMS ON THE QUEBEC NORTH SHORE AND SOUTHERN LABRADOR</p>				

	(Code)	(Expenses \$)	including grants of \$)	(Revenue \$ 154,580)
<p>MANAGEMENT FEE CHARGED TO QLF CANADA</p>				

4d	Other program services (Describe in Schedule O)	(Expenses \$ 257,099	including grants of \$ 1,000	(Revenue \$ 156,848)
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4e	Total program service expenses	1,326,870		
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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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> MA, NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MARCUS EDWARD 55 SOUTH MAIN STREET IPSWICH, MA 01938 (978) 356-0038

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 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAWRENCE B MORRIS PRESIDENT	40 00	X		X			183,843	0	37,008	
(2) ROBERT A BRYAN FOUNDING CHAIRMAN	30 00	X		X			63,688	0	5,667	
(3) JAMES CARPENTER DIRECTOR	1 00	X					0	0	0	
(4) DONALD K CLIFFORD JR DIRECTOR	1 00	X					0	0	0	
(5) JONATHAN T DAWSON DIRECTOR	1 00	X					0	0	0	
(6) JAMESON S FRENCH CHAIRMAN, EXECUTIVE COMMITTEE	3 00	X		X			0	0	0	
(7) ROSEMARY N FURFEY DIRECTOR	1 00	X					0	0	0	
(8) JAMES N LEVITT CHAIRMAN	3 00	X		X			0	0	0	
(9) FREDERICK S MOSELEY IV DIRECTOR	1 00	X					0	0	0	
(10) KATHRYN J OLMSTEAD DIRECTOR	1 00	X					0	0	0	
(11) SUSAN W PECK DIRECTOR	1 00	X					0	0	0	
(12) BANCROFT R POOR DIRECTOR	3 00	X		X			0	0	0	
(13) FREDERICK GP THORNE DIRECTOR	1 00	X					0	0	0	
(14) ERNEST B TRACY III DIRECTOR	1 00	X					0	0	0	
(15) JO-ANN WATSON DIRECTOR	1 00	X					0	0	0	
(16) DAVID J WIMBERLY DIRECTOR	1 00	X					0	0	0	
(17) BAYARD BROKAW DIRECTOR	1 00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CONSTANCE DE BRUN DIRECTOR	1 00	X						0	0	0
(19) ELIZABETH CABOT DIRECTOR	1 00	X						0	0	0
(20) HALLIDAY E HART DIRECTOR	1 00	X						0	0	0
(21) ALFRED D CHANDLER III DIRECTOR	1 00	X						0	0	0
(22) CHARLES H COLLINS DIRECTOR	1 00	X						0	0	0
(23) JAMES J POHLMAN TREASURER	3 00	X		X				0	0	0
(24) DAWN A LEANESS DIRECTOR	1 00	X						0	0	0
(25) REVEREND EDWARD O MILLER JR DIRECTOR	1 00	X						0	0	0
(26) CLARE MCMORRIS DIRECTOR	1 00	X						0	0	0
(27) JOHN BUCK III DIRECTOR	1 00	X						0	0	0
(28) MARCUS EDWARD ASST TREASURER	35 00			X				62,719	0	19,144
(29) ELIZABETH ALLING EXECUTIVE VICE PRESIDENT	40 00			X				125,067	0	30,498
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								435,317	0	92,317

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) 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**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	113,625					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	793,453					
	g	Noncash contributions included in lines 1a-1f \$	53,359					
	h	Total. Add lines 1a-1f	907,078					
Program Service Revenue	2a	GIS MAPPING REVENUE	28,500	28,500				
		Business Code						
		541900						
	b							
	c							
	d							
	e							
f	All other program service revenue							
g	Total. Add lines 2a-2f	28,500						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	96,644		-89	96,733		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,215,652				
			(ii) Other	16,229				
			b	Less cost or other basis and sales expenses	1,070,470			
			c	Gain or (loss)	145,182			
	d	Net gain or (loss)	145,748			145,748		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a							
b	Less direct expenses b							
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory							
	Miscellaneous Revenue	Business Code						
11a	MANAGEMENT FEE	561000	154,580	154,580				
b	MISCELLANEOUS REVENUE	611710	2,268	2,268				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		156,848					
12	Total revenue. See Instructions		1,334,818	185,348	-89	242,481		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	23,250	23,250		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	12,500	12,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	66,490	66,490		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	531,566	419,937	70,046	41,583
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	281,144	202,647	71,830	6,667
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,507	6,130	2,173	204
9	Other employee benefits	36,972	26,649	9,446	877
10	Payroll taxes	48,027	29,092	16,183	2,752
11	Fees for services (non-employees)				
a	Management	209,354	194,612	10,528	4,214
b	Legal	8,712	8,035	677	
c	Accounting	35,750	24,314	11,436	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,558	7,181	3,377	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	456	310	146	
13	Office expenses	18,731	13,777	3,725	1,229
14	Information technology	5,793	3,940	1,853	
15	Royalties				
16	Occupancy	43,666	30,784	10,694	2,188
17	Travel	141,898	125,973	8,245	7,680
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	936	702	234	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,051	12,613	3,978	460
23	Insurance	53,152	36,653	16,499	
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)				
a	PRINTING/PUBLICATIONS	27,746	17,590	1,588	8,568
b	STIPENDS	22,090	19,301	2,039	750
c	TELEPHONE	18,692	13,230	4,801	661
d	POSTAGE/SHIPPING	10,563	5,555	1,325	3,683
e	All other expenses	43,462	25,605	11,912	5,945
25	Total functional expenses. Add lines 1 through 24e	1,677,066	1,326,870	262,735	87,461
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	139,282	1	10,016
	2 Savings and temporary cash investments	6,735	2	
	3 Pledges and grants receivable, net	140,292	3	81,250
	4 Accounts receivable, net	870	4	12,861
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,857	9	16,516
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 94,274		
	b Less accumulated depreciation	10b 52,454	34,243	10c 41,820
	11 Investments—publicly traded securities	4,983,435	11	5,216,629
	12 Investments—other securities See Part IV, line 11	557,450	12	769,476
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	378,712	15	479,774
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,280,876	16	6,628,342	
Liabilities	17 Accounts payable and accrued expenses	11,858	17	36,159
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	16,229	23	51,376
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	28,087	26	87,535
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	548,375	27	408,407
	28 Temporarily restricted net assets	1,169,649	28	1,714,696
	29 Permanently restricted net assets	4,534,765	29	4,417,704
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,252,789	33	6,540,807	
34 Total liabilities and net assets/fund balances	6,280,876	34	6,628,342	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,334,818
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,677,066
3	Revenue less expenses Subtract line 2 from line 1	3	-342,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,252,789
5	Net unrealized gains (losses) on investments	5	630,266
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 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	6,540,807

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b 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		

SCHEDULE A
(Form 990 or 990EZ)

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.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
QUEBEC-LABRADOR FOUNDATION INC

Employer identification number
13-6155399

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 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)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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 _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,639,787	1,249,610	1,363,407	1,295,606	907,078	6,455,488
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	1,639,787	1,249,610	1,363,407	1,295,606	907,078	6,455,488
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)						612,269
6 Public support. Subtract line 5 from line 4						5,843,219

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,639,787	1,249,610	1,363,407	1,295,606	907,078	6,455,488
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150,042	105,515	173,950	67,540	96,733	593,780
9 Net income from unrelated business activities, whether or not the business is regularly carried on				6,843		6,843
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						7,056,111
12 Gross receipts from related activities, etc. (see instructions)					12	517,203

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	82.810%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	85.300%

16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization QUEBEC-LABRADOR FOUNDATION INC

Employer identification number 13-6155399

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

5 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

6 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" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and number of easements.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 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)? Yes No

9 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" to Form 990, Part IV, line 8.

1a 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

b 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) Revenues included in Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b 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" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 0.070%
b Permanent endowment 73.800%
c Temporarily restricted endowment 26.130%
The percentages in 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

Table for 3a(i) and 3a(ii) with Yes/No columns

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Table for 3b with Yes/No columns

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to 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) TIFF ABSOLUTE RETURN	769,476	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	769,476	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATED ENTITY	479,774
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	479,774

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,965,084
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	630,266	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	630,266	
3	Subtract line 2e from line 1	3	1,334,818	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,334,818	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,677,066
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	0	
3	Subtract line 2e from line 1	3	1,677,066	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,677,066	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT INCOME IS USED TO FUND OPERATIONS AND PROGRAMS IN ACCORDANCE WITH DONOR STIPULATIONS
PART X, LINE 2	THE FOUNDATIONS ACCOUNT FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS THE FOUNDATIONS HAVE IDENTIFIED THEIR TAX STATUS AS A TAX EXEMPT ENTITY AND THEIR DETERMINATION AS TO INCOME BEING RELATED OR UNRELATED AS THEIR ONLY SIGNIFICANT TAX POSITIONS, HOWEVER, THE FOUNDATIONS HAVE DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE FOUNDATIONS ARE NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE FOUNDATIONS' UNITED STATES FEDERAL AND STATE TAX RETURNS, AND CANADIAN TAX RETURNS, ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
QUEBEC-LABRADOR FOUNDATION INC

Employer identification number
13-6155399

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			97,636
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			97,636

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	LAND CONSERVATION	62,020	WIRE			
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

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

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION REQUESTS A REPORT FROM THE GRANTEE ORGANIZATION ON HOW THE FUNDS WERE SPENT

Additional Data**Software ID:****Software Version:****EIN:** 13-6155399**Name:** QUEBEC-LABRADOR FOUNDATION INC**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LOGISTICAL SUPPORT (FOOD, LODGING, LOCAL TRAVEL) FOR PROGRAM DEVELOPMENT, GULF OF HONDURAS EXCHANGE PROGRAM	2,495
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL, FOOD AND LODGING FOR MEETINGS WITH PARTNER ORGANIZATION INT'L GRENFELL ASSN, AND BIRDLIFE INTERNATIONAL	2,841
NORTH AMERICA	0	0	PROGRAM SERVICES	THE INTERN AND VOLUNTEER PROGRAM EXPENSE ALLOCATED TO DEVELOP THE SUMMER PROGRAM FOR QLF INTERNS (UNIVERSITY STUDENTS) AND VOLUNTEERS (HIGH SCHOOL STUDENTS) FOR THEIR SUMMER WORK IN ATLANTIC CANADA EXPENSE CONSISTS OF FOOD AND LODGING AND INTERNAL TRAVEL IN NEWFOUNDLAND AND LABRADOR AND THE QUEBEC NORTH SHORE FOOD AND LODGING AND INTERNAL TRAVEL FOR QLF STAFF DURING SUMMER PROGRAMS IN EASTERN CANADA	16,164

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	THE EXPENSE FOR A STAFF MEMBER TO PARTICIPATE IN A CONSERVATION CONFERENCE TRAVEL TO MEET WITH PARTNER ORGANIZATIONS TO INITIATE A CONSERVATION EXCHANGE PROGRAM	2,200
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		4,470
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS		62,020

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	IN REGION MEETINGS WITH ALUMNI, PARTNER ORGANIZATIONS AND FUNDRAISING WITH GOVERNMENT AGENCIES	7,446

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization QUEBEC-LABRADOR FOUNDATION INC

Employer identification number 13-6155399

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) SCHOODIC EDUCATION AND RESEARCH CENTER INST...

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) THE SOUNDS CONSERVANCY AWARDS	8	10,000		CASH	
(2) CULTURE & HERITAGE GRANT	1	1,000		CASH	
(3) LEADERSHIP GRANT	1	1,500		CASH	

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

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
QUEBEC-LABRADOR FOUNDATION INC

Employer identification number

13-6155399

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		No
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAWRENCE B MORRIS PRESIDENT	(i)	179,886	0	3,957	7,625	29,383	220,851	0
	(ii)	0	0	0	0	0	0	0
(2) ELIZABETH ALLING EXECUTIVE VICE PRESIDENT	(i)	125,067	0	0	5,424	25,074	155,565	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1B	SOCIAL CLUB DUES ARE PAID ON BEHALF OF THE PRESIDENT AND THE FOUNDING CHAIRMAN IN ORDER FOR THE PRESIDENT AND THE FOUNDING CHAIRMAN TO HAVE A CONVENIENT LOCATION TO MEET WITH DONORS AND BOARD MEMBERS THESE BENEFITS ARE TREATED AS BUSINESS RELATED AND, THEREFORE, AS NONTAXABLE COMPENSATION TO THE RECIPIENTS

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization QUEBEC-LABRADOR FOUNDATION INC

Employer identification number 13-6155399

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 shows 11 contributions valued at 53,359 via SALE PRICE.

29 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 0

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding property holding periods and contribution policies.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
QUEBEC-LABRADOR FOUNDATION INC

Employer identification number
13-6155399

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DIRECTOR BAYARD BROKAW AND FOUNDING CHAIRMAN, ROBERT BRYAN HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY MANAGEMENT AND THEN, SEPARATELY, BY THE AUDIT COMMITTEE. THE ORGANIZATION EMAILS ALL OF ITS GOVERNING BODY MEMBERS A LINK TO A PASSWORD-PROTECTED BOARD WEBSITE ON WHICH THE ENTIRE FORM 990 CAN BE VIEWED, AND NOTES IN THE EMAIL THAT THE FORM 990 IS AVAILABLE FOR A REVIEW ON THAT SITE.
FORM 990, PART VI, SECTION B, LINE 12C	FOR PURPOSES OF THIS PROVISION, THE TERM "INTEREST" SHALL INCLUDE PERSONAL INTEREST, INTEREST AS A DIRECTOR, OFFICER, MEMBER, STOCKHOLDER, SHAREHOLDER, PARTNER, MANAGER OR BENEFICIARY OF ANY CONCERN OR HAVING AN IMMEDIATE FAMILY MEMBER WHO HOLDS SUCH AN INTEREST IN ANY CONCERN. THE TERM "CONCERN" SHALL MEAN ANY CORPORATION, ASSOCIATION, TRUST, PARTNERSHIP, LIMITED LIABILITY ENTITY, FIRM, PERSON OR OTHER ENTITY OTHER THAN QUEBEC-LABRADOR FOUNDATION INC (THE "ORGANIZATION"). NO DIRECTOR, OFFICER OR KEY EMPLOYEE OF THE ORGANIZATION SHALL BE DISQUALIFIED FROM HOLDING ANY OFFICE OR POST IN THE ORGANIZATION BY REASON OF INTEREST IN ANY CONCERN. A DIRECTOR, OFFICER OR KEY EMPLOYEE OF THE ORGANIZATION SHALL NOT BE DISQUALIFIED FROM ENGAGING, EITHER AS VENDOR, PURCHASER OR OTHERWISE, OR CONTRACTING OR ENTERING INTO ANY TRANSACTION WITH THE ORGANIZATION OR WITH ANY ENTITY OF WHICH THE ORGANIZATION IS AN AFFILIATE, PROVIDED, HOWEVER, THAT THE FOLLOWING PRECAUTIONS ARE UNDERTAKEN: 1. THE INTEREST OF SUCH DIRECTOR, OFFICER OR KEY EMPLOYEE IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS PRIOR TO ITS ENTERING INTO THE TRANSACTION. 2. NO INTERESTED DIRECTOR, OFFICER OR KEY EMPLOYEE MAY VOTE OR LOBBY ON THE MATTER OR BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT THE MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH MATTER IS VOTED UPON. 3. ANY TRANSACTION IN WHICH A DIRECTOR, OFFICER OR KEY EMPLOYEE HAS AN INTEREST SHALL BE DULY APPROVED BY THE DISINTERESTED BOARD MEMBERS AS BEING IN THE BEST INTERESTS OF THE ORGANIZATION. 4. PAYMENTS TO THE INTERESTED DIRECTOR, OFFICER OR KEY EMPLOYEE SHALL BE REASONABLE AND SHALL NOT EXCEED FAIR MARKET VALUE. 5. THE MINUTES OF MEETINGS AT WHICH SUCH VOTES ARE TAKEN SHALL RECORD SUCH DISCLOSURE, ABSTENTION, AND RATIONALE FOR APPROVAL. THE FOLLOWING PROCEDURES SHALL NOT BE REQUIRED IF THE INTEREST OF THE AFFECTED DIRECTOR, OFFICER OR KEY EMPLOYEE CONSISTS OF DIRECT OR INDIRECT OWNERSHIP OF 1% OR LESS OF PUBLICLY TRADED SECURITIES OF THE CONCERN OR IF THE TRANSACTION IS DE MINIMIS IN RELATION TO THE ORGANIZATION'S ASSETS OR REVENUES. DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE CONFLICT OF INTEREST POLICY AND ANNUAL DISCLOSURE STATEMENTS ARE MAILED TO THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF THE QUEBEC-LABRADOR FOUNDATION. THE SIGNED DISCLOSURE STATEMENTS ARE COLLECTED AND REVIEWED BY THE EXECUTIVE VICE PRESIDENT OF THE ORGANIZATION, ELIZABETH ALLING.
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION IS REVIEWED BY THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WITH A PERIODIC REVIEW DONE BY AN EXTERNAL THIRD PARTY. THE COMPENSATION OF THE PRESIDENT AND EXECUTIVE VICE PRESIDENT ARE REVIEWED AND APPROVED BY THE FULL BOARD OF DIRECTORS, AND PERIODICALLY COMPARED TO COMPARABLE DATA AT SIMILAR ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, GOVERNANCE REFERENCE MANUAL, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE QLF WEBSITE. THE GOVERNANCE REFERENCE MANUAL INCLUDES BY-LAWS, MEMBERS OF THE GOVERNING BOARDS, BOARD COMMITTEES AND CORRESPONDING BOARD CHARTERS, STAFF, AND POLICIES OF THE QUEBEC-LABRADOR FOUNDATION TO INCLUDE CONFLICT OF INTEREST, WHISTLEBLOWER POLICY, DOCUMENT RETENTION AND DESTRUCTION POLICY, COMPENSATION SETTING POLICY, AND THE JOINT VENTURE POLICY.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
QUEBEC-LABRADOR FOUNDATION INC

Employer identification number

13-6155399

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) QUEBEC LABRADOR FOUNDATION (CANADA) INC 606 RUE CATHCART BUREAU 430 MONTREAL, QUEBEC H3B 1K9 CA	SUPPORTING THE RURAL COMMUNITIES AND ENVIRONMENT OF EASTERN CANADA	CA	CANADIAN REGISTERED				No

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 organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**