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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)

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

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization QUEBEC-LABRADOR FOUNDATION INC <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 55 SOUTH MAIN STREET <hr/> City or town, state or province, country, and ZIP or foreign postal code IPSWICH, MA 01938	D Employer identification number 13-6155399 <hr/> E Telephone number (978) 356-0038 <hr/> G Gross receipts \$ 1,574,358
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 QLF EXISTS TO PROMOTE GLOBAL LEADERSHIP DEVELOPMENT, 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 SHARED 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 2014 (Part V, line 2a)	5		13
6	Total number of volunteers (estimate if necessary)	6		75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	907,078	692,800
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	28,500	15,352
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	242,392	288,928
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	156,848	39,591
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	1,334,818	1,036,671
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	102,240	22,920
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	906,216	852,180
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,214	b	0	0
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	668,610	854,433
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18	1,677,066	1,729,533
19	Revenue less expenses Subtract line 18 from line 12	19	-342,248	-692,862
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	6,628,342	5,698,408
22	Net assets or fund balances Subtract line 21 from line 20	22	87,535	278,841
22		22	6,540,807	5,419,567

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

***** Signature of officer <hr/> LAWRENCE B MORRIS PRESIDENT Type or print name and title	2016-01-13 Date
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Paid Preparer Use Only	Print/Type preparer's name CRAIG KLEIN	Preparer's signature CRAIG KLEIN	Date 2016-01-12	Check <input type="checkbox"/> if self-employed	PTIN P00734640
	Firm's name ▶ CBIZ TOFIAS	Firm's EIN ▶ 26-3753134		Phone no (617) 761-0600	
	Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission
 QLF EXISTS TO PROMOTE GLOBAL LEADERSHIP DEVELOPMENT, 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 SHARED 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 \$ 507,177 including grants of \$ 17,750) (Revenue \$ 0)
 CONSERVATION AND STEWARDSHIPBIODIVERSITY 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 2015 BIODIVERSITY CONSERVATION PROGRAM, MANAGED IN MASSACHUSETTS AND DIRECTED IN EASTERN CANADA, INCLUDES THESE PROJECTS PIPING PLOVER CONSERVATION (SOUTHWESTERN NEWFOUNDLAND), SHOREBIRD AND SEABIRD CONSERVATION (HARE BAY ISLANDS ECOLOGICAL RESERVE (NORTHERN NEWFOUNDLAND), AND NATURAL HISTORY INTERPRETATION (UNESCO WORLD HERITAGE SITE, RED BAY, SOUTHERN LABRADOR) COMMUNITY-BASED MAPPING - A QLF SENIOR CONSULTANT AND THE DIRECTOR OF THE COMMUNITY-BASED MAPPING PROGRAM, HAS PROVIDED CONSULTATION AND MANAGEMENT OF TWO QLF INTERACTIVE WEBSITES THE SOUNDS CONSERVANCY GRANTS EXPLORER WEBSITE ALLOWS PROGRAM FELLOWS TO CONVENE ONLINE AND SHARE RESEARCH ONLINE, AND THE GLOBAL LEADERSHIP NETWORK ONLINE OR GLN ONLINE ALLOWS QLF ALUMNI AND PARTNER ORGANIZATIONS TO NETWORK ONLINE, CONVENE ONLINE, SHARE CONSERVATION INNOVATION ONLINE THAT RESULTS IN NEW PROGRAMS, PARTNERSHIPS, AND CONSULTING ARRANGEMENTS 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, MARTHAS VINEYARD, AND NANTUCKET SOUND) THE PROGRAM IS DESIGNED TO WORK WITH PRACTITIONERS AND RESEARCHERS TO PROTECT THE SOUNDS AND ITS COASTAL WATERS, SUPPORT RESEARCH AND ENVIRONMENTAL POLICY, ENVIRONMENTAL EDUCATION AND COMMUNITY OUTREACH IN 2015, SOUNDS CONSERVANCY STAFF PROVIDED TWENTY-FIVE 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 - 2015, WHICH DOCUMENTS TWO DECADES OF RESEARCH BY SOUNDS CONSERVANCY GRANTEEES AND CATEGORIZES THE RESEARCH BY SOUND, YEAR, AND SUBJECT INTERNATIONAL STEWARDSHIP - IN 1981, QLF CREATED THE INTERNATIONAL STEWARDSHIP PROGRAM WITH A REGIONAL AND INTERNATIONAL FOCUS DESIGNED 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 THE PROGRAM IS DIRECTED BY QLF'S VICE PRESIDENT, STEWARDSHIP, OUT OF THE HEADQUARTERS IN MASSACHUSETTS, AND MUCH OF THE REGIONAL WORK IN 2015 WAS DIRECTED IN PARTNERSHIP WITH THE NATIONAL PARK SERVICE COLLABORATIVE FOR INNOVATIVE LEADERSHIP (THE GOAL OF THE COLLABORATIVE IS TO SHARE KNOWLEDGE, NEW APPROACHES, AND INSIGHTS FROM PRACTICAL EXPERIENCE TO SOLVE MISSION-CRITICAL PROBLEMS AND ADVANCE ORGANIZATIONAL EXCELLENCE) THROUGH STEWARDSHIP INITIATIVES, QLF IS ALSO INCREASINGLY INVOLVED IN PROJECTS OF A LOCAL, REGIONAL, AND GLOBAL SCALE AND INFLUENCE A PRIMARY VEHICLE FOR BRINGING HOME LEARNING FROM INTERNATIONAL PROGRAMS IS THE STEWARDSHIP INSTITUTE, WHICH ADVANCES INNOVATION IN COLLABORATIVE CONSERVATION FOR THE STEWARDSHIP OF THE U S NATIONAL SYSTEM OF PARKS AND SPECIAL PLACES QLF'S VICE PRESIDENT, STEWARDSHIP, ALSO SERVES ON NUMEROUS INTERNATIONAL BODIES INCLUDING THE PROTECTED LANDSCAPES SPECIALIST GROUP, THE IUCN COMMISSION ON ENVIRONMENTAL, ECONOMIC AND SOCIAL POLICY, AND JOINT TASK FORCES WITH THE SPECIES SURVIVAL COMMISSION AND COMMISSION ON ENVIRONMENTAL LAW MIDDLE EAST CONSERVATION EXCHANGE PROGRAM - IN 2015, QLF MANAGEMENT PROVIDED DISCRETIONARY AWARDS FOR ALUMNI IN-REGION FOR REGIONAL CONSERVATION INITIATIVES, AND IS WORKING AS A CONSULTANT ON A BOOK WRITTEN BY A PROGRAM ALUMNA TO HIGHLIGHT THE CONSERVATION ACCOMPLISHMENTS OF ALUMNI AND PARTNER ORGANIZATIONS IN THE MIDDLE EAST SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM - IN 2014, QLF MANAGEMENT DIRECTED THE FIRST SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM IN NEW ENGLAND FOR CONSERVATION PROFESSIONALS FORM VIETNAM THE EXCHANGE FOCUSED ON THE STEWARDSHIP OF FORESTS AND PROTECTED AREAS IN COLLABORATION WITH PARTNER ORGANIZATIONS, QLF IS EXPANDING THE PROGRAM TO INCLUDE PARTICIPATION FROM SEVERAL COUNTRIES IN THE REGION AND IS PLANNING AN EXCHANGE IN THE FALL OF 2016

4b (Code) (Expenses \$ 304,547 including grants of \$ 2,000) (Revenue \$ 15,352)
 LEADERSHIPGLOBAL LEADERSHIP NETWORK - QLF'S NETWORK OF ALUMNI IS NAMED THE GLOBAL LEADERSHIP NETWORK OR GLN AND CONSISTS OF MORE THAN 5,000 INDIVIDUALS AND PARTNER ORGANIZATIONS THE GLN HAS GROWN EXPONENTIALLY OVER MORE THAN FIVE DECADES TO INCLUDE FORMER VOLUNTEERS, INTERNS, SCHOLARSHIP RECIPIENTS, SOUNDS CONSERVANCY FELLOWS, INTERNATIONAL FELLOWS OF QLF'S REGION-REGION CONSERVATION EXCHANGE PROGRAMS AND LEADERS FROM REGIONAL PARTNER ORGANIZATIONS QLF ALUMNI REPRESENT SEVENTY-FIVE COUNTRIES IN OUR HOME REGION (NEW ENGLAND AND EASTERN CANADA), AND EUROPE, CENTRAL AND SOUTHEAST EUROPE, LATIN AMERICA AND THE CARIBBEAN, THE MIDDLE EAST, NORTH AFRICA, AND THE GULF STATES, AND SOUTHEAST ASIA IN 2015, STAFF AND CONSULTANTS HAVE COMPLETED THE MAPPING OF ALUMNI WORLDWIDE AND HAVE CONSTRUCTED AN INTERACTIVE WEBSITE, THE GLOBAL LEADERSHIP NETWORK ONLINE OR GLN ONLINE, WHICH ALLOWS ALUMNI ACCESS TO SET UP AN ACCOUNT, POST PAPERS AND RESEARCH, NETWORK AND CONVENE ONLINE ALSO POSTED ON THE NEWLY CONSTRUCTED GLN ONLINE ARE DOZENS OF ARTICLES THAT HIGHLIGHT THE ACCOMPLISHMENTS OF ALUMNI WORLDWIDE AND STAFF HAVE COORDINATED TEAMS OF ALUMNI CONSULTANTS TASKED TO ADDRESS CRITICAL CONSERVATION ISSUES IN RURAL COMMUNITIES WORLDWIDE THE LEADERSHIP PROGRAM - ESTABLISHED TO PROVIDE TRAINING AND EXPERIENTIAL LEARNING FOR VOLUNTEERS AND INTERNS, THE 2015 LEADERSHIP PROGRAM DIRECTED AND MANAGED TWO-DOZEN INTERNSHIPS CORRESPONDING WITH THE FOLLOWING PROGRAMS AND INITIATIVES MANAGED IN MASSACHUSETTS TO INCLUDE BIODIVERSITY CONSERVATION, COMMUNICATIONS, THE GLOBAL LEADERSHIP NETWORK, 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 THE SCHOLARSHIP PROGRAM - QLF MANAGEMENT AND STAFF DIRECT THE SCHOLARSHIP PROGRAM, WHICH PROVIDES SUPPLEMENTAL FINANCIAL SUPPORT TO UNIVERSITY STUDENTS IN OUR HOME REGION A SCHOLARSHIP DIRECTORY IS REVISED EACH YEAR AND DOCUMENTS THE STUDENTS, ACADEMIC AFFILIATION, AND FIELD OF ACADEMIC STUDY

4c (Code) (Expenses \$ 239,588 including grants of \$ 3,170) (Revenue \$)
 SPECIAL PROJECTS SENIOR MANAGEMENT DEVELOPED A NEW REGIONAL PROGRAM, YOUTH CONSERVATION LEADERSHIP, TO INSPIRE AND TRAIN THE NEXT GENERATION OF YOUTH CONSERVATION LEADERS THROUGH DOZENS OF CONSERVATION LEADERSHIP WORKSHOPS HELD IN THE CODROY VALLEY OF SOUTHWESTERN NEWFOUNDLAND, THE HARE BAY ISLANDS ECOLOGICAL RESERVE IN NORTHERN NEWFOUNDLAND, AND THE UNESCO WORLD HERITAGE SITE IN RED BAY, SOUTHERN LABRADOR WORKSHOPS FOCUS ON ENVIRONMENTAL EDUCATION, IMPORTANT BIRD AREAS, LAND CONSERVATION AND STEWARDSHIP, MARINE SPECIES AT RISK, THREATENED AND ENDANGERED (SEABIRDS, DOLPHINS, WHALES), MONITORING AND PROTECTION OF SHOREBIRDS AND SEA DUCK, STEWARDSHIP OF ECOLOGICAL SYSTEMS AND MARINE ENVIRONMENTS, AND WILDLIFE CONSERVATION

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 288,118 including grants of \$ 0) (Revenue \$ 39,591)

4e Total program service expenses 1,339,430

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"/>		No
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"/>		No
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</i> (see instructions)		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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23	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), 501(c)(4), and 501(c)(29) 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 "Yes," 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		No
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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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	Yes	
	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, address, and telephone number of the person who possesses the organization's books and records <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			

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			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	434,349	0	108,381

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	86,895				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	605,905				
	g Noncash contributions included in lines 1a-1f \$	19,087				
	h Total. Add lines 1a-1f	692,800				
Program Service Revenue	2a PROGRAM SERVICE	541900	15,352	15,352		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	15,352				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	212,848			212,848	
	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	613,767			
		(ii) Other				
		b Less cost or other basis and sales expenses	537,687			
		c Gain or (loss)	76,080			
	d Net gain or (loss)	76,080			76,080	
	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	38,277	38,277			
b MISCELLANEOUS REVENUE	611710	1,314	1,314			
c						
d All other revenue						
e Total. Add lines 11a-11d		39,591				
12 Total revenue. See Instructions		1,036,671	54,943	0	288,928	

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 domestic organizations and domestic governments. See Part IV, line 21	15,500	15,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,750	4,750		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,670	2,670		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	541,924	450,958	59,895	31,071
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	220,659	144,291	68,084	8,284
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,963	8,272	3,083	608
9	Other employee benefits	34,502	14,078	19,298	1,126
10	Payroll taxes	43,132	29,826	11,115	2,191
11	Fees for services (non-employees)				
a	Management	135,953	128,128		7,825
b	Legal	12,213	10,572	1,343	298
c	Accounting	31,700	19,858	9,691	2,151
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,249	5,794	2,827	628
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	356	223	109	24
13	Office expenses	26,356	22,178	1,929	2,249
14	Information technology	8,280	5,190	2,529	561
15	Royalties				
16	Occupancy	45,663	40,077	3,134	2,452
17	Travel	113,727	95,142	6,753	11,832
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,526	3,462	1,689	375
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,596	14,096	3,306	1,194
23	Insurance	52,357	33,251	15,635	3,471
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	INTERCO DEBT FORGIVEN	254,780	197,313	37,401	20,066
b	PRINTING/PUBLICATIONS	34,349	13,556	652	20,141
c	STIPENDS	34,280	34,280	0	0
d	TELEPHONE	15,587	13,529	1,370	688
e	All other expenses	55,461	32,436	4,046	18,979
25	Total functional expenses. Add lines 1 through 24e	1,729,533	1,339,430	253,889	136,214
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	10,016	1	2,047
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	81,250	3	27,741
	4 Accounts receivable, net	12,861	4	61,954
	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	16,516	9	10,729
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 126,575		
	b Less accumulated depreciation	10b 71,048	41,820	10c 55,527
	11 Investments—publicly traded securities	5,216,629	11	4,635,220
	12 Investments—other securities See Part IV, line 11	769,476	12	778,714
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	479,774	15	126,476
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,628,342	16	5,698,408	
Liabilities	17 Accounts payable and accrued expenses	36,159	17	55,718
	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	51,376	23	223,123
	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	87,535	26	278,841
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	408,407	27	-23,344
	28 Temporarily restricted net assets	1,714,696	28	1,215,049
	29 Permanently restricted net assets	4,417,704	29	4,227,862
	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	6,540,807	33	5,419,567	
34 Total liabilities and net assets/fund balances	6,628,342	34	5,698,408	

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	1,036,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,729,533
3	Revenue less expenses Subtract line 2 from line 1	3	-692,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,540,807
5	Net unrealized gains (losses) on investments	5	-390,101
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	-38,277
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,419,567

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		

Additional Data

Software ID:

Software Version:

EIN: 13-6155399

Name: QUEBEC-LABRADOR FOUNDATION INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 233,406 including grants of \$ 0) (Revenue \$ 1,314)

COMMUNITY SERVICE FOR MORE THAN FIVE DECADES, QLF FOUNDER, ROBERT A BRYAN, HAS DIRECTED AND MANAGED COMMUNITY SERVICE PROGRAMS IN THE ORGANIZATIONS HOME REGION NEW ENGLAND AND EASTERN CANADA IN COLLABORATION WITH QLF STAFF, MR BRYAN PROVIDES PROFESSIONAL GUIDANCE ON QLF PROGRAMS (IN THE HOME REGION) THAT HAVE A COMMUNITY SERVICE COMPONENT TO INCLUDE BIODIVERSITY CONSERVATION, THE LEADERSHIP PROGRAM, AND THE SCHOLARSHIP PROGRAM AN EPISCOPAL MINISTER, MR BRYAN ALSO PROVIDES MINISTRY SERVICES IN NEW ENGLAND AND REMAINS IN CLOSE CONTACT (BY TELEPHONE AND WRITTEN CORRESPONDENCE) WITH THE ANGLICAN DIOCESE IN EASTERN CANADA, MEMBERS OF THE ANGLICAN CHURCH IN EASTERN CANADA WHOSE FAMILIES HAVE BEEN PART OF HIS CONGREGATION FOR DECADES, AND THE PEOPLE AND COMMUNITIES ALONG THE QUEBEC NORTH SHORE AND GULF OF ST LAWRENCE WHOM HE HAS KNOWN FOR DECADES IN 2015 MR BRYAN COMPLETED THE ARCHIVAL DOCUMENTATION OF HIS LIFELONG CAREER AS FOUNDER OF THE ORGANIZATION, BUSH PILOT, AND ANGLICAN MINISTER IN NEW ENGLAND AND EASTERN CANADA THROUGH HIS ARCHIVAL FILMS AND A PUBLISHED MEMOIR, ROBERT A BRYAN THE FLYING PARSON OF LABRADOR AND THE REAL STORY BEHIND BERT AND I THE MEMOIR DOCUMENTS MORE THAN A HALF-CENTURY OF SERVICE TO THE PEOPLE AND COMMUNITIES ALONG THE QUEBEC NORTH SHORE AND LABRADOR THROUGH HIS LIFELONG WORK AS A BUSH PILOT, ANGLICAN MINISTER, AND FOUNDER OF THE QUEBEC-LABRADOR FOUNDATION, AN ORGANIZATION WITH ROOTS IN COMMUNITY SERVICE THE BOOK, WHICH HAS HAD A BROAD DISTRIBUTION IN NEW ENGLAND AND EASTERN CANADA, ILLUSTRATES THE PROGRAMMATIC EVOLUTION OF THE ORGANIZATION WITH PROGRAMS INITIATED BY THE FOUNDER IN THE EARLY 1960S THE VOLUNTEER PROGRAM (HIGH SCHOOL STUDENTS ASSIGNED TO COMMUNITY SERVICE PROGRAMS) AND THE SCHOLARSHIP PROGRAM THE BIODIVERSITY CONSERVATION PROGRAM REPRESENTS THE EVOLUTION OF THE ORGANIZATIONS FIRST MARINE BIRD CONSERVATION PROGRAM ESTABLISHED IN THE LATE 1970S AND WHICH IS INTERNATIONALLY RECOGNIZED AS A MODEL OF COMMUNITY BASED-CONSERVATION THESE THREE PROGRAMS THAT REACH DOZENS OF COMMUNITIES THROUGH EASTERN CANADA, CONTINUE TODAY AND REMAIN RELEVANT TO THE REGION

(Code) (Expenses \$ 6,017 including grants of \$ 0) (Revenue \$)

CULTURE AND HERITAGE EASTERN CANADA CULTURE AND HERITAGE PROGRAM (QUEBEC NORTH SHORE, NEWFOUNDLAND AND LABRADOR), AND THE CULTURE AND HERITAGE PROGRAM, QUEBEC - CULTURE AND HERITAGE PROGRAMS ARE MANAGED BY STAFF IN MASSACHUSETTS AND DIRECTED IN EASTERN CANADA 2015 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 THE WRITING AND DESIGN OF PROMOTIONAL MATERIAL TO INCLUDE WEBSITES PROGRAM STAFF PROVIDE ALSO 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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	48,695	including grants of \$	) (Revenue \$)
COMMUNICATIONS COMPASS, THE ANNUAL NEWSLETTER OF THE QUEBEC-LABRADOR FOUNDATION IS DISTRIBUTED IN PRINT, ELECTRONICALLY AND IS POSTED ON THE WEBSITE THE 2015 EDITION INCLUDES ARTICLES ON REGIONAL PROGRAMS, A LIST OF VOLUNTEERS (HIGH SCHOOL STUDENTS) AND INTERNS (UNIVERSITY UNDERGRADUATE AND GRADUATE STUDENTS), AND INTERNSHIP AWARDS PROVIDED THROUGH ENDOWED AND DISCRETIONARY FUNDS THE QLF WEBSITE IS CURRENTLY UNDER RECONSTRUCTION AND WILL BE LAUNCHED IN LATE 2015 EACH YEAR, POSTINGS ON THE WEBSITE INCLUDE PUBLICATIONS, PROGRAM UPDATES AND CASE STUDIES, NEWS, AND IN COMPLIANCE WITH BEST PRACTICES, THE GOVERNANCE REFERENCE MANUAL, AUDITED FINANCIAL STATEMENTS, AND THE 990 ARE POSTED EACH YEAR QLF'S WEBMASTER PROVIDES FREQUENT POSTINGS TO QLF'S FACEBOOK AND INTERN BLOGS					

(Code	) (Expenses \$		including grants of \$	) (Revenue \$	38,277)
MANAGEMENT FEE CHARGED TO QLF CANADA					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 DIRECTOR AND PRESIDENT	40 00	X		X				185,656	0	42,952
(1) ROBERT A BRYAN DIRECTOR AND FOUNDING CHAIRMAN	30 00	X		X				58,359	0	4,993
(2) JAMES F CARPENTER DIRECTOR	1 00	X						0	0	0
(3) DONALD K CLIFFORD JR DIRECTOR	1 00	X						0	0	0
(4) JAMESON S FRENCH DIRECTOR AND CHAIRMAN	3 00	X		X				0	0	0
(5) ROSEMARY N FURFEY DIRECTOR	1 00	X						0	0	0
(6) JAMES N LEVITT DIRECTOR	1 00	X						0	0	0
(7) FREDERICK S MOSELEY IV DIRECTOR	1 00	X						0	0	0
(8) KATHRYN J OLMSTEAD DIRECTOR	1 00	X						0	0	0
(9) SUSAN W PECK DIRECTOR	1 00	X						0	0	0
(10) BANCROFT R POOR DIRECTOR	1 00	X						0	0	0
(11) FREDERICK GP THORNE DIRECTOR	1 00	X						0	0	0
(12) ERNEST B TRACY III DIRECTOR	1 00	X						0	0	0
(13) JO-ANN WATSON DIRECTOR	1 00	X						0	0	0
(14) DAVID J WIMBERLY DIRECTOR	1 00	X						0	0	0
(15) BAYARD BROKAW DIRECTOR	1 00	X						0	0	0
(16) CONSTANCE DE BRUN DIRECTOR	1 00	X						0	0	0
(17) ELIZABETH CABOT DIRECTOR	1 00	X						0	0	0
(18) HALLIDAY E HART DIRECTOR	1 00	X						0	0	0
(19) ALFRED D CHANDLER III DIRECTOR	1 00	X						0	0	0
(20) CHARLES H COLLINS DIRECTOR	1 00	X						0	0	0
(21) JAMES J POHLMAN DIRECTOR AND TREASURER	3 00	X		X				0	0	0
(22) DAWN A LEANESS DIRECTOR	1 00	X						0	0	0
(23) REVEREND EDWARD O MILLER JR DIRECTOR	1 00	X						0	0	0
(24) CLARE MCMORRIS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
(26) JOHN BUCK III DIRECTOR	1 00	X					0	0	0	
(1) MARCUS EDWARD DIR OF FIN & ADMIN /ASST TREASURER	32 00			X			62,950	0	23,905	
(2) ELIZABETH ALLING EXECUTIVE VICE PRESIDENT/SECRETARY	40 00			X			127,384	0	36,531	

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.

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

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,249,610	1,363,407	1,295,606	907,078	692,800	5,508,501
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	1,249,610	1,363,407	1,295,606	907,078	692,800	5,508,501
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)						673,783
6 Public support. Subtract line 5 from line 4						4,834,718

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,249,610	1,363,407	1,295,606	907,078	692,800	5,508,501
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,515	173,950	67,540	96,733	212,848	656,586
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 VI.)						
11 Total support. Add lines 7 through 10						6,171,930

12 Gross receipts from related activities, etc. (see instructions)	12	532,555
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>		

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	78.330%
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	82.810%

- 16a 33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

Information about Schedule D (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 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art..., a Revenue included..., b Assets included...

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, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

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

- a Board designated or quasi-endowment 0 100 %
b Permanent endowment 78 100 %
c Temporarily restricted endowment 21 800 %
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 with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations

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

Table with 3 columns: Description, Yes, No. Row: 3b

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: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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	778,714	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	778,714	

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

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	646,570
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-390,101	
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	-390,101	
3	Subtract line 2e from line 1	3	1,036,671	
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	1,036,671	

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	1,729,533
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	1,729,533	
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	1,729,533	

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 FOUNDATION ACCOUNTS 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 FOUNDATION HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AND ITS DETERMINATION AS TO INCOME BEING RELATED OR UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS, HOWEVER, THE FOUNDATION HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE FOUNDATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE FOUNDATIONS FEDERAL AND STATE 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

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

2014

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LOGISTICAL SUPPORT (FOOD, LODGING, LOCAL TRAVEL) FOR PROGRAM DEVELOPMENT, GULF OF HONDURAS EXCHANGE PROGRAM	17,968
(2) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS		2,670
(3) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	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	6,429
(4)					
(5)					
3a Sub-total	0	0			27,067
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			27,067

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)									
(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  _____
- 3** Enter total number of other organizations or entities 

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; do not file with Form 990)* 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; do not file with Form 990)* 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

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.

▶ 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 idemnification 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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAWRENCE B MORRIS, DIRECTOR AND PRESIDENT	(i)	182,199	0	3,457	7,700	35,252	228,608	0
	(ii)	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
2 ELIZABETH ALLING, EXECUTIVE VICE PRESIDENT/SECRETARY	(i)	127,126	0	258	5,500	31,031	163,915	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 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 990-EZ 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

2014

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 ANY 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 A 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 FOREGOING 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 PUBLIC TRADED SECURITIES OF THE CONCERN OR IF THE TRANSACTION IS DE MINIMIS IN RELATION TO THE ORGANIZATIONS 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 WALLING
FORM 990, PART VI, SECTION B, LINE 15	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
FORM 990, PART XI, LINE 9	DONATED SERVICES TO QLF CANADA -38,277

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**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.
- ▶ 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 341 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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

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

Return Reference**Explanation**