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 black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 — **2008** — Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning** SEP 1, 2008 **and ending** AUG 31, 2009

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: QUEBEC-LABRADOR FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 55 SOUTH MAIN STREET

City or town, state or country, and ZIP + 4: IPSWICH, MA 01938

**D Employer identification number** 13-6155399

**E** Telephone number 978-356-0038

**G** Gross receipts $ 2,379,584.

**F** Name and address of principal officer: LAWRENCE B. MORRIS
55 SOUTH MAIN ST. , IPSWICH, MA 01938-2396

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ QLF.ORG

**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1963 **M** State of legal domicile: MA

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: IMPROVE THE QUALITY OF LIFE AND ENVIRONMENT FOR PEOPLE AND THEIR COMMUNITIES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 27 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 25 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 17 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 10 |
| 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 2,061,690. | 1,368,496. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,810. | 3,478. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,010,782. | 202,996. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 10,029. | 21,392. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,084,311. | 1,596,362. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 54,022. | 26,850. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,377,380. | 1,034,634. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,497. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,257,963. | 1,076,849. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,689,365. | 2,138,333. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 394,946. | -541,971. |
| | | | **Beginning of Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 7,645,878. | 6,519,575. |
| | 21 | Total liabilities (Part X, line 26) | 876,276. | 975,834. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 6,769,602. | 5,543,741. |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer — Date

▶ LAWRENCE B. MORRIS, PRESIDENT
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ EDWARD TAYLOR — Date 02/11/10 — Check if self-employed ▶ ☒ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NARDELLA & TAYLOR, LLP
24 HARTWELL AVE.
LEXINGTON, MA 02420

EIN ▶

Phone no. ▶ 781 862 6833

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

## Part III Statement of Program Service Accomplishments (see instructions)

**1** Briefly describe the organization's mission:
TO SUPPORT THE RURAL COMMUNITIES AND ENVIRONMENT OF EASTERN CANADA AND NEW ENGLAND, AND TO CREATE MODELS FOR STEWARDSHIP OF NATURAL RESOURCES AND CULTURAL HERITAGE THAT CAN BE APPLIED WORLDWIDE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 524,996. including grants of $ 26,050. ) (Revenue $ )
THE ATLANTIC CENTER FOR THE ENVIRONMENT PROVIDES WORKSHOPS, SEMINARS AND SPECIAL PROJECTS TO PROMOTE ENVIRONMENTAL STEWARDSHIP, LEADERSHIP AND AWARENESS ACROSS THE GLOBE.

**4b** (Code: ) (Expenses $ 188,787. including grants of $ 800. ) (Revenue $ )
CHAIRMAN'S PROGRAMS PROVIDE CULTURAL AND EDUCATIONAL EXCHANGE PROGRAMS AND OPPORTUNITIES WITHIN THE COMMUNITIES OF NORTHERN NEW ENGLAND AND EASTERN CANADA.

**4c** (Code: ) (Expenses $ 503,334. including grants of $ ) (Revenue $ )
COMMUNITY DEVELOPMENT PROGRAMS PROVIDE A BROAD RANGE OF ENVIRONMENTALLY-BASED SERVICES AND PROGRAMS WITHIN EASTERN CANADA AND NORTHERN NEW ENGLAND COMMUNITIES.

**4d** Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses ▶ $** 1,217,117. *(Must equal Part IX, Line 25, column (B).)*

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | X | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12 | X | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | X | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I* | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | X |
| 17 | Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |
| 21 | Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |
| 22 | Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | X | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | X |

## Part IV Checklist of Required Schedules *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| **28** | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| **a** | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV* | **28a** | X | |
| **b** | Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV* | **28b** | X | |
| **c** | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* | **28c** | | X |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | X |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | X |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | X |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | X |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | X |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | X | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35** | | X |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | X |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | X |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 1a | 40 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 17 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? | | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | | X |
| 8 | **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: N/A | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: N/A | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | | | | |

**Part VI Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

## Section A. Governing Body and Management

*For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

| | |  |  | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body | 1a | 27 | | |
| b | Enter the number of voting members that are independent | 1b | 25 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | | X |
| 6 | Does the organization have members or stockholders? | 6 | | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | | X | |
| 11 | Is there any officer, director or 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* | 11 | | X | |

## Section B. Policies

| | |  | Yes | No |
|---|---|---|---|---|
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 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: | | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | X | |
| b | Other officers or key employees of the organization? | 15b | X | |
| | Describe the process in Schedule O. (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA,NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MARCUS EDWARD - 978-356-0038

55 SOUTH MAIN STREET, IPSWICH, MA 01938

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| LAWRENCE B. MORRIS<br>PRESIDENT | 40.00 | X | | X | | X | | 303,113. | 0. | 27,663. |
| ROBERT A. BRYAN<br>FOUNDER | 40.00 | X | | X | | | | 72,730. | 0. | 9,044. |
| JOHN H. BUCK III<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| JAMES CARPENTER<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| DONALD K. CLIFFORD JR.<br>CHAIRMAN | 3.00 | X | | X | | | | 0. | 0. | 0. |
| JONATHAN T. DAWSON<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| L.F. BOKER DOYLE<br>TRUSTEE | 3.00 | X | | | | | | 0. | 0. | 0. |
| JAMESON S. FRENCH<br>TRUSTEE | 3.00 | X | | | | | | 0. | 0. | 0. |
| ROSEMARY N. FURFEY<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| RANDALL A. HACK<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| ELIZABETH C. KENT<br>TRUSTEE | 3.00 | X | | | | | | 0. | 0. | 0. |
| LAWTON S. LAMB<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| JAMES LEVITT<br>CHAIRMAN, EXECUTIVE COMM | 3.00 | X | | X | | | | 0. | 0. | 0. |
| NANCY G. MILBURN<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| BENJAMIN B. MORRILL<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| FREDERICK S. MOSELEY IV<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| KATHRYN J. OLMSTED<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week | (C) Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| MS. SUSAN W. PECK<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| BANCROFT R. POOR<br>TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| FREDERICK G.P. THORNE<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| MR. ERNEST B. TRACY<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| RICHARD J. WARREN<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| JO-ANN WATSON<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| DAVID J. WIMBERLY<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| BAYARD BROKAW<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT LIBERMAN<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| CLARE TWEEDY MCMORRIS<br>TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| **1b Total** ▶ | | | | | | | | 596,024. | 0. | 77,528. |

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

**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. NONE

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 338,728. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1029768. | | | | |
| | g Noncash contributions included in lines 1a-1f: $ | | | | | | |
| | h **Total.** Add lines 1a-1f ▶ | | | 1,368,496. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a PROG.SERV.REVENUE-RELA | | 611710 | 3,478. | 3,478. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f ▶ | | | 3,478. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 171,805. | 171,805. | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a Gross Rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 785,779. | 28,634. | | | | |
| | b Less: cost or other basis and sales expenses | 756,750. | 26,472. | | | | |
| | c Gain or (loss) | 29,029. | 2,162. | | | | |
| | d Net gain or (loss) ▶ | | | 31,191. | 31,191. | | |
| | 8 a 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 ▶ | | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | |
| | 10 a 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 | | | | |
| | 11 a MISC. REVENUE-RELATED- | | 611710 | 21,392. | 21,392. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d ▶ | | | 21,392. | | | |
| | 12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | | 1,596,362. | 227,866. | 0. | 0. |

## 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) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 3,500. | 3,500. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 23,350. | 23,350. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 612,657. | 325,683. | 220,064. | 66,910. |
| 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 | 280,110. | 243,997. | 25,034. | 11,079. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 11,610. | 7,430. | 3,135. | 1,045. |
| 9 Other employee benefits | 66,699. | 42,687. | 18,009. | 6,003. |
| 10 Payroll taxes | 63,558. | 40,677. | 17,161. | 5,720. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 256,663. | 194,843. | 60,790. | 1,030. |
| b Legal | 8,040. | 531. | 6,986. | 523. |
| c Accounting | 30,406. | | 30,406. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 19,622. | | 19,622. | |
| g Other | 176,326. | 59,017. | 117,309. | |
| 12 Advertising and promotion | 721. | | 721. | |
| 13 Office expenses | 22,333. | 7,584. | 12,459. | 2,290. |
| 14 Information technology | 35,127. | 9,380. | 24,452. | 1,295. |
| 15 Royalties | | | | |
| 16 Occupancy | 68,136. | 11,364. | 56,772. | |
| 17 Travel | 176,450. | 145,947. | 17,874. | 12,629. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 5,184. | 5,184. | | |
| 20 Interest | 25,132. | 812. | 24,320. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 46,475. | 5,364. | 41,111. | |
| 23 Insurance | 74,659. | 30,713. | 43,946. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a PRINTING AND PUBLICATIO | 50,645. | 24,277. | 19,477. | 6,891. |
| b REPAIRS AND MAINTENANCE | 27,943. | 8,583. | 19,360. | |
| c POSTAGE AND SHIPPING | 17,404. | 5,720. | 6,781. | 4,903. |
| d STIPENDS | 12,594. | 11,994. | 600. | |
| e PERMITS AND FEES | 6,702. | 3,433. | 2,520. | 749. |
| f All other expenses | 16,287. | 5,047. | 9,810. | 1,430. |
| 25 **Total functional expenses.** Add lines 1 through 24f | 2,138,333. | 1,217,117. | 798,719. | 122,497. |
| 26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 16,316. | 1 | 5,277. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 581,674. | 3 | 414,184. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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 | 63,295. | 9 | 18,109. |
| | 10a | Land, buildings, and equipment: cost basis 10a 252,986. | | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D 10b 129,988. | 116,633. | 10c | 122,998. |
| | 11 | Investments - publicly traded securities | 4,322,356. | 11 | 4,078,313. |
| | 12 | Investments - other securities. See Part IV, line 11 | 2,176,722. | 12 | 1,524,664. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 368,882. | 15 | 356,030. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 7,645,878. | 16 | 6,519,575. |
| Liabilities | 17 | Accounts payable and accrued expenses | 212,359. | 17 | 171,230. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 25,560. | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 70,000. | 22 | 45,787. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 543,591. | 23 | 726,710. |
| | 24 | Unsecured notes and loans payable | 4,766. | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 20,000. | 25 | 32,107. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 876,276. | 26 | 975,834. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | -69,219. | 27 | -292,130. |
| | 28 | Temporarily restricted net assets | 2,350,650. | 28 | 1,243,675. |
| | 29 | Permanently restricted net assets | 4,488,171. | 29 | 4,592,196. |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] 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 | 6,769,602. | 33 | 5,543,741. |
| | 34 | Total liabilities and net assets/fund balances | 7,645,878. | 34 | 6,519,575. |

**Part XI Financial Statements and Reporting**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| 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? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | |

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**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: (Please check only **one** organization.)

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).** (Attach Schedule H.)

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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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 the Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

**a** [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

**e** [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | **11g(i)** | | |
| **(ii)** A family member of a person described in (i) above? | **11g(ii)** | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? | **11g(iii)** | | |

**h** Provide the following information about the organizations the organization supports.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule A (Form 990 or 990-EZ) 2008**

832021 12-17-08

## 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.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1024314. | 1777519. | 1648769. | 2063500. | 1371974. | 7886076. |
| 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 - 3 | 1024314. | 1777519. | 1648769. | 2063500. | 1371974. | 7886076. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public Support.** Subtract line 5 from line 4. | | | | | | 7886076. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 1024314. | 1777519. | 1648769. | 2063500. | 1371974. | 7886076. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 170,267. | 201,764. | 340,895. | 382,609. | 171,805. | 1267340. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 9153416. |

12 Gross receipts from related activities, etc. (see instructions) ..... 12

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** ..... ▶ ☐

### Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 86.15 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 87.31 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

## Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000 | | | | | | |
| 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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h | 18 | % |

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

# Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

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.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule D (Form 990) 2008**

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements.** Complete if 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 XIV and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

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

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 6,616,395. | | | | |
| b Contributions | 111,525. | | | | |
| c Investment earnings or losses | -483,065. | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 523,280. | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 5,721,575. | | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ .61 %

b Permanent endowment ▶ 80.26 %

c Term endowment ▶ 19.13 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | X |
| (ii) related organizations | 3a(ii) | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 136,672. | 108,895. | 27,777. |
| e Other | | 116,314. | 21,093. | 95,221. |
| **Total.** Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 122,998. |

**Schedule D (Form 990) 2008**

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**Part VII Investments - Other Securities.** 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 |
|---|---|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| TIFF ABSOLUTE RETURN POOL | 353,582. | END-OF-YEAR MARKET VALUE |
| FORESTER PARTNERS II, LP | 1,171,082. | END-OF-YEAR MARKET VALUE |
| **Total.** (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶ | 1,524,664. | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| **Total.** (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| CASH SURRENDER VALUE, LIFE INSURANC | 9,844. |
| DUE FROM QLF (CANADA), INC. | 346,186. |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶ | 356,030. |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| AGENCY FUNDS PAYABLE | 7,000. |
| OVERDRAFT OF CHECKING ACCOUNT | 25,107. |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶ | 32,107. |

In Part XIV, 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.

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,596,362. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,138,333. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -541,971. |
| 4 | Net unrealized gains (losses) on investments | 4 | -683,890. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | -683,890. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -1,225,861. |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 912,472. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | -683,890. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | -683,890. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,596,362. |
| 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 XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0. |
| 5 | Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.) | | | 5 | 1,596,362. |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,138,333. |
| 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 | Losses reported on Form 990, Part IX, line 25 | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 2,138,333. |
| 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 XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0. |
| 5 | Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.) | | | 5 | 2,138,333. |

## Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: ENDOWMENT INCOME SHALL BE USED TO FUND OPERATIONS AND PROGRAMS IN ACCORDANCE WITH DONOR STIPULATIONS.

**Schedule F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

| **Name of the organization** | **Employer identification number** |
|---|---|
| QUEBEC-LABRADOR FOUNDATION, INC. | 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 the grants or 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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3** Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| **(a)** Region | **(b)** Number of offices in the region | **(c)** Number of employees or agents in region | **(d)** Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | **(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region | **(f)** Total expenditures in region |
|---|---|---|---|---|---|
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | | 33,714. |
| MIDDLE EAST | 0 | 0 | PROGRAM SERVICES | | 25,336. |
| EAST ASIA | 0 | 0 | PROGRAM SERVICES | | 1,522. |
| CANADA | 0 | 0 | PROGRAM SERVICES | | 4,814. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Totals** .......................... ▶ | | | | | 65,386. |

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**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. Check this box if no one recipient received more than $5,000 ▶ ☐
Use Schedule F-1 (Form 990) 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) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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| | | | | | | | | |

2 Enter total number of organizations that are recognized as charities by the foreign country 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.
Use Schedule F-1 (Form 990) 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) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.**

**▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization: QUEBEC-LABRADOR FOUNDATION, INC.

**Employer identification number** 13-6155399

**Part I** **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ ☐

| **1 (a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| THE SOUNDS CONSERVANCY AWARD | 24 | 22,550. | 0. | | |
| SCHOLARSHIPS | 1 | 800. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

**▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization** QUEBEC-LABRADOR FOUNDATION, INC.

**Employer identification number** 13-6155399

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **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.<br>☐ First-class or charter travel<br>☐ Travel for companions<br>☒ Tax indemnification and gross-up payments<br>☐ Discretionary spending account<br>☐ Housing allowance or residence for personal use<br>☐ Payments for business use of personal residence<br>☐ Health or social club dues or initiation fees<br>☐ Personal services (e.g., maid, chauffeur, chef) | | | |
| **b** | If line 1a is 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 | **1b** | X | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | X |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.<br>☒ Compensation committee<br>☒ Independent compensation consultant<br>☐ Form 990 of other organizations<br>☐ Written employment contract<br>☐ Compensation survey or study<br>☐ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a: | | | |
| **a** | Receive a severance payment or change of control payment? | **4a** | | X |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | X |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | **4c** | | X |
| | **Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.** | | | |
| **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? | **5a** | | X |
| **b** | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III. | **5b** | | X |
| **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? | **6a** | | X |
| **b** | Any related organization?<br>If "Yes" to line 6a or 6b, describe in Part III. | **6b** | | X |
| **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 | **7** | | X |
| **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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III | **8** | | X |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| LAWRENCE B. MORRIS | (i) | 168,269. | 0. | 134,844. | 5,000. | 22,663. | 330,776. | 242,658. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: DURING 2008 A SPLIT-DOLLAR VALUE LIFE INSURANCE POLICY ESTABLISHED AS A RETIREMENT PLAN FOR THE PRESIDENT OF QLF WAS TERMINATED DUE TO REGULATORY CHANGES THAT AFFECTED THE TAX ADVANTAGED STATUS OF THE PLAN. THE BOARD OF TRUSTEES VOTED TO RELEASE THE FUNDS TO MR. MORRIS TO ALLOW HIM TO REINVEST THE FUNDS AS HE APPROACHES RETIREMENT AGE. MR. MORRIS RECEIVED THE CASH SURRENDER VALUE OF $133,235 DURING FISCAL YEAR 2008. THE BOARD ALSO APPROVED $70,000 TO COVER THE TAX LIABILITY, TO BE PAID OVER THREE YEARS. THE TOTAL BENEFIT OF $203,235 WAS REPORTED ON THE FISCAL 2008 FORM 990.

IN 2008, OFFICERS' COMPENSATION WAS REPORTED FOR THE FISCAL YEAR ENDING AUGUST 31, 2008.

IN 2009, OFFICERS' COMPENSATION IS REQUIRED TO BE REPORTED ON A CALENDAR YEAR, AND THEREFORE INCLUDES COMPENSATION ROPORTED IN THE PRIOR FORM 990 OF $242,658.

**SCHEDULE J-2** (Form 990)

Department of the Treasury
Internal Revenue Service

# Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the Organization: QUEBEC-LABRADOR FOUNDATION, INC.

Employer Identification number: 13-6155399

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Average hours per week | (C) Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| THOMAS HORN<br>SENIOR VP | 40.00 | | | X | | | | 69,774. | 0. | 2,743. |
| ELIZABETH ALLING<br>EXECUTIVE VP | 40.00 | | | X | | | | 92,003. | 0. | 19,039. |
| BRENT MITCHELL<br>VP | 40.00 | | | X | | | | 58,404. | 0. | 19,039. |

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

Schedule J-2 (Form 990) 2008

832201 12-18-08



11330211 742892 QLF 2008.05020 QUEBEC-LABRADOR FOUNDATION, QLF____1

**SCHEDULE L**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

Name of the organization: QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number: 13-6155399

## Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | No |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

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

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | No | (f) Approved by board or committee? Yes | No | (g) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|
| LAWRENCE B. MORRI | X | | 70,000. | 45,787. | | X | X | | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total ▶ $ | | | | 45,787. | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
| JESSICA BROWN | FORMER OFFICER & SP | 33,002. | CONSULTANT | | X |
| ELIZABETH KENT, CAMBRIDGE | TRUSTEE | 6,425. | MANAGMENT F | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule L (Form 990 or 990-EZ) 2008**

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

832131 12-17-08

**SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization: QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number: 13-6155399

FORM 990, PART VI, SECTION A, LINE 2: JESSICA BROWN (A FORMER EMPLOYEE WHO WAS EMPLOYED UP TO JANUARY 2009) IS MARRIED TO BRENT MITCHELL WHO IS ALSO AN EMPLOYEE. JESSICA BECAME A QLF CONSULTANT IN JANUARY 2009.

FORM 990, PART VI, SECTION A, LINE 10: AUDIT COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS FILED. IT IS THEN POSTED ON THE BOARD WEBSITE AND OTHER BOARD MEMBERS ARE INFORMED THAT IT IS AVAILABLE FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE IS DISCUSSED AT BOARD MEETINGS AND POLICIES ARE ENFORCED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS REVIEWED BY THE CHAIRMAN OF THE EXECUTIVE COMPENSATION COMMITTEE WITH A REVIEW DONE BY AN EXTERNAL THIRD PARTY.

FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS POSTED ON THE QLF WEBSITE AND ALSO ON THE QLF BOARD WEBSITE

FORM 990, PART VI, SECTION B, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE QLF WEBSITE AND ALSO ON THE QLF BOARD WEBSITE.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LAWRENCE B. MORRIS

(A) PURPOSE OF LOAN:

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number: 13-6155399

INCOME TAX GROSS UP PAYABLE ON CASH SURRENDER OF LIFE INSURANCE POLICY

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT $ 70000.  (D) BALANCE DUE $ 45787.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JESSICA BROWN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER OFFICER & SPOUSE OF CURRENT OFFICER

(C) AMOUNT OF TRANSACTION $ 33002.

(D) DESCRIPTION OF TRANSACTION: CONSULTANT ON ENVIRONMENTAL AND

COMMUNITY DEVELOPMENT PROJECTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ELIZABETH KENT, CAMBRIDGE ASSOCIATES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION $ 6425.

(D) DESCRIPTION OF TRANSACTION: MANAGMENT FEES - CAMBRIDGE ASSOCIATES

RECEIVES INVESTMENT MANAGEMENT FEES THAT ARE SUBSTANTIALLY DISCOUNTED AND

INVESTMENT ASSETS ARE BELOW MINIMUM FOR SERVICES PROVIDED. TRUSTEE IS A

MANAGING DIRECTOR AT CAMBRIDGE ASSOCIATES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number: 13-6155399

## Part I Identification of Disregarded Entities

| (A) Name, address, and EIN 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

| (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 |
|---|---|---|---|---|---|
| QUEBEC-LABRADOR FOUNDATION (CANADA), INC.<br>505 RENE LEVESQUE BOULEVARD WEST SUITE 901<br>MONTREAL, CANADA H2Z 1Y7 | SUPPORTING THE RURAL COMMUNITIES AND ENVIRONMENT OF EASTERN CANADA | CANADA | CANADIAN REGISTERED | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

**Part III Identification of Related Organizations Taxable as a Partnership**

| (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, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? Yes | (H) No | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? Yes | (J) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

| (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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part V Transactions With Related Organizations**

| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV. | | Yes | No |
|---|---|---|---|
| 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 (iv) rent from a controlled entity | 1a | | X |
| b Gift, grant, or capital contribution to other organization(s) | 1b | | X |
| c Gift, grant, or capital contribution from other organization(s) | 1c | | X |
| d Loans or loan guarantees to or for other organization(s) | 1d | X | |
| e Loans or loan guarantees by other organization(s) | 1e | | X |
| f Sale of assets to other organization(s) | 1f | | X |
| g Purchase of assets from other organization(s) | 1g | | X |
| h Exchange of assets | 1h | | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | 1i | | X |
| j Lease of facilities, equipment, or other assets from other organization(s) | 1j | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | 1m | | X |
| n Sharing of paid employees | 1n | | X |
| o Reimbursement paid to other organization for expenses | 1o | | X |
| p Reimbursement paid by other organization for expenses | 1p | | X |
| q Other transfer of cash or property to other organization(s) | 1q | | X |
| r Other transfer of cash or property from other organization(s) | 1r | | X |

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 other organization(s) | (B) Transaction type (a-r) | (C) Amount involved |
|---|---|---|
| (1) QUEBEC-LABRADOR FOUNDATION (CANADA), INC. | D | 346,186. |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

**Part VI Unrelated Organizations Taxable as a Partnership**

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) Are all partners section 501(c)(3) organizations? Yes | No | (E) Share of end-of-year assets | (F) Disproportionate allocations? Yes | No | (G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (H) General or managing partner? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | SEAL SCULPTURE | 090196 | SL | 20.00 | 16 | 3,000. | | | 3,000. | 1,875. | | 150. |
| 46 | MAC COMPUTER | 102404 | SL | 5.00 | 16 | 1,517. | | | 1,517. | 1,364. | | 152. |
| 47 | COMPUTER | 110703 | SL | 5.00 | 16 | 1,548. | | | 1,548. | 1,394. | | 154. |
| 48 | PHONE SYSTEM | 111803 | SL | 5.00 | 16 | 63,020. | | | 63,020. | 56,718. | | 6,302. |
| 49 | APPLE COMPUTER | 012804 | SL | 5.00 | 16 | 2,753. | | | 2,753. | 2,478. | | 274. |
| 50 | LASERJET PRINTER | 012804 | SL | 5.00 | 16 | 1,299. | | | 1,299. | 1,170. | | 130. |
| 51 | APPLE COMPUTER | 022304 | SL | 5.00 | 16 | 2,090. | | | 2,090. | 1,881. | | 209. |
| 52 | DELL COMPUTER | 031604 | SL | 5.00 | 16 | 1,590. | | | 1,590. | 1,431. | | 159. |
| 53 | DELL COMPUTER | 031604 | SL | 5.00 | 16 | 1,590. | | | 1,590. | 1,431. | | 159. |
| 54 | DELL COMPUTER | 031604 | SL | 5.00 | 16 | 1,590. | | | 1,590. | 1,431. | | 159. |
| 55 | CABINET | 083104 | SL | 5.00 | 16 | 2,319. | | | 2,319. | 2,088. | | 232. |
| 56 | CABINET | 083104 | SL | 5.00 | 16 | 1,428. | | | 1,428. | 1,286. | | 142. |
| 57 | COMPUTER | 063005 | SL | 5.00 | 16 | 903. | | | 903. | 633. | | 181. |
| 58 | CLOCK | 063005 | SL | 5.00 | 16 | 1,546. | | | 1,546. | 1,082. | | 309. |
| 59 | DELL COMPUTER | 083106 | SL | 5.00 | 16 | 670. | | | 670. | 425. | | 134. |
| 60 | COMPUTER | 083106 | SL | 5.00 | 16 | 1,308. | | | 1,308. | 654. | | 436. |
| 63 | (D)2003 FORD ESCAPE | 121103 | SL | 5.00 | 16 | 19,421. | | | 19,421. | 17,478. | | 1,942. |
| 66 | NON-DEPRECIABLE COLLECTION | 123196 | NC | .000 | | 19,000. | | | 19,000. | | | 0. |

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 67 | NON-DEPRECIABLE MARBLE DONATION | 083105 | NC | .000 | | 10,000. | | | 10,000. | | | 0. |
| 68 | COMPUTER | 083107 | SL | 3.00 | 16 | 1,371. | | | 1,371. | 685. | | 457. |
| 69 | MAC ROUTER/PRINTER | 083107 | SL | 3.00 | 16 | 1,272. | | | 1,272. | 636. | | 424. |
| 70 | DELL COMPUTER | 083107 | SL | 3.00 | 16 | 1,027. | | | 1,027. | 514. | | 342. |
| 71 | HP LASER JET MONOCHROME PRINTER | 083107 | SL | 3.00 | 16 | 1,108. | | | 1,108. | 554. | | 369. |
| 72 | LEASED COMPUTER EQUIPMENT | 083107 | SL | 3.00 | 16 | 6,270. | | | 6,270. | 1,045. | | 4,180. |
| 73 | (D)2006 VW JETTA | 083107 | SL | 5.00 | 16 | 21,170. | | | 21,170. | 6,351. | | 2,117. |
| 74 | DONATED PAINTING | 083107 | NC | .000 | | 10,000. | | | 10,000. | | | 0. |
| 75 | LEASED COMPUTER EQUIPMENT | 030108 | SL | 3.00 | 16 | 18,247. | | | 18,247. | | | 9,123. |
| 76 | COMPUTER EQUIPMENT | 030108 | SL | 3.00 | 16 | 3,776. | | | 3,776. | | | 1,888. |
| 77 | CAPITALIZED WEBSITE DEVELOPMENT COSTS | 030108 | SL | 3.00 | 16 | 27,200. | | | 27,200. | 6,800. | | 8,160. |
| 78 | APPLE COMPUTER | 030109 | SL | 3.00 | 16 | 3,819. | | | 3,819. | | | 636. |
| 79 | APPLE COMPUTER | 030109 | SL | 3.00 | 16 | 1,234. | | | 1,234. | | | 206. |
| 80 | VERIZON TELEPHONE SYSTEM | 030109 | SL | 5.00 | 16 | 7,727. | | | 7,727. | | | 773. |
| 81 | COPIER | 030109 | SL | 5.00 | 16 | 2,648. | | | 2,648. | | | 442. |
| 82 | 2009 VW JETTA | 030109 | SL | 4.00 | 16 | 18,283. | | | 18,283. | | | 2,285. |
| 83 | 2008 FORD ESCAPE | 033109 | SL | 5.00 | 16 | 19,850. | | | 19,850. | | | 1,985. |
| 84 | WEBSITE UPGRADES | 033109 | SL | 36.00 | 16 | 9,981. | | | 9,981. | | | 1,664. |



(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 85 | BLACKBAUD SOFTWARE | 033109 | SL | 5.00 | 16 | 2,000. | | | 2,000. | | | 200. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | 293,575. | | 0. | 293,575. | 111,404. | 0. | 46,475. |



(D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Massachusetts Office of the Attorney General
# Division of Public Charities

## FORM PC

**To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth**

**Report for the Fiscal Period: Beginning** 09/01/08 **Ending** 08/31/09

Check all items attached: Form PC X Schedule A1 X Schedule A2 X Schedule RO X AG Schedule B ___
Probate Account ___ Copy of IRS Return X Audited Financial Statements/Review X Filing Fee X Amended Articles/Bylaws ___

Attorney General's Acct. No.: 007507 Federal ID Number: 13-6155399

When did the organization first engage in charitable work in Massachusetts? 08/23/63

Has the organization applied for or been granted IRS tax exempt status? Yes X No ___

If yes, Date of Application: ___ **OR** Date of Determination Letter: 05/01/64

IRS Exemption under 501(c): 3 Check box if **No** IRS Exemption ___

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes X No ___

| **ORGANIZATION DATA** | | |
|---|---|---|
| Name: QUEBEC-LABRADOR FOUNDATION, INC. | | |
| Mailing Address: 55 SOUTH MAIN STREET | | |
| City: IPSWICH | State: MA | ZIP: 01938 |
| Phone: 978-356-0038 | Fax: 978-356-7322 | |
| E-Mail: BUSINESSOFFICE@QLF.ORG | Web Site (URL): http://www.QLF.ORG | |

In the section below, please enter the appropriate codes from the corresponding tables found on pages 12 and 13:

| Category | Code | Enter **up to 2** codes from Table 3 for your organization's main purpose(s) | Code |
|---|---|---|---|
| County (Table 1) | 5 | Organization Purpose Code 1 | 28 |
| Type of Organization (Table 2) | 3 | Organization Purpose Code 2 | 29 |

Please check box if final return prior to dissolution ☐

Payment Received
Office Use Only

878001
07-24-08

**All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.**

| 1. On what date was the organization created? | 2. Where was the organization created? |
|---|---|
| 06/01/1963 | NEW YORK |

| 3. What is the form of the organization? | |
|---|---|
| Corporation X | Testamentary trust |
| Unincorporated association | Inter Vivos trust |
| Other (please describe): | |

**4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")?**
Yes ___ No X If yes, please complete the Schedule RO on pages 10 and 11.

| | 5. Summary of Financial Data | Amounts |
|---|---|---|
| A | Contributions, gifts, grants, and similar amounts received | $ 1,368,496. |
| B | Gross Support and Revenue | $ 1,565,171. |
| C | Program services and similar amounts paid out | $ 1,217,117. |
| D | Fundraising expenses | $ 122,497. |
| E | Management and general expenses | $ 798,719. |
| F | Payments to affiliates | $ |
| G | Total Expenses | $ 2,138,333. |
| H | Net assets or fund balances at the end of the year | $ 5,543,741. |

**6. List the total compensation you provided to your five highest paid employees.**

| | Name | Title | Hours Per Week | Salary & Other Income | Benefit Plans | Other Compensation |
|---|---|---|---|---|---|---|
| 1 | LARRY MORRIS | PRESIDENT | 40 | 184,601. | 21,989. | 3,375. |
| 2 | ROBERT BRYAN | TRUSTEE | 40 | 67,404. | 10,430. | 4,022. |
| 3 | ELIZABETH ALLIN | EXEC VP | 40 | 93,996. | 18,567. | 138. |
| 4 | BRENT MITCHELL | VP | 40 | 62,030. | 18,567. | 0. |
| 5 | THOMAS HORN | SENIOR VP | 40 | 65,606. | 4,248. | 500. |

**7. Was any compensation provided to any of the individuals listed in 6 above which was not quantified in your response to 6?**
Yes ___ No X If yes, please provide explanation

8. **List the name, amount of compensation paid, and the nature of services rendered by each of the organization's FIVE highest paid consultants providing professional services (e.g., attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel.)**

| | Name | Amount of Compensation | Type of Service(s) |
|---|---|---|---|
| 1 | AJC ENTERPRISES | 67,525. | ACCOUNTING MANAGER |
| 2 | NARDELLA & TAYLOR | 43,688. | AUDITORS |
| 3 | KEVIN J. PORTER | 33,950. | WEBSITE/IT |
| 4 | SUSAN DAWE | 33,535. | ACCOUNTANT |
| 5 | JESSICA BROWN | 33,003. | PROGRAM CONSULTANT |

9. **Bank(s) in which the organization's funds are deposited (include bank address and phone number):**

| Bank | Address | Phone Number |
|---|---|---|
| | 31 MARKET ST. IPSWICH, MA | |
| 1ST NATL BANK OF IPSWICH | | 978-356-3700 |
| | | |

10. **What is the organization's accounting method?** Cash ___ Accrual X Other (specify) ______

11. **If organization's mailing address is a P.O. Box Number, list the organization's full street address:**

| Street Address | City, State | ZIP |
|---|---|---|
| | | |

12. **Name, address and telephone number of Contact Person:**

| Name | Street Address | City, State, ZIP | Telephone Number |
|---|---|---|---|
| MARCUS EDWARD | 55. S. MAIN ST. | IPSWICH, MA 01938 | 978-356-0038 |

13. **During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?** Yes X No ___

14. **At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, have solicited contributions?** Yes X No ___

**IF YOU ANSWERED "YES" IN RESPONSE TO QUESTION 13 OR QUESTION 14, YOU MUST COMPLETE SCHEDULES A-1 AND/OR A-2 UNLESS YOU ARE EXEMPT FROM THE SOLICITATION CERTIFICATE REQUIREMENT.**

15. **If you are claiming an exemption from the solicitation certificate requirement, please indicate by placing an 'X' in the box to the right to identify which exemption applies to your organization.**

| | |
|---|---|
| a religious organization | |
| an organization which (a) does not raise more than $5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption. | |

**16.** **Names, addresses (street & P.O.) and telephone numbers of other offices/chapters/branches/affiliates (attach list).**
STATEMENT 1

**17.** **List the names, titles and addresses (street & P.O.) of officers, directors, trustees, and the principal salaried executives of organization (attach separate sheet).**
STATEMENT 2

**18.** **Attach separate sheet listing names and addresses (street & P.O.) for all below:**

**Individual(s) responsible for custody of funds**
**Individual(s) responsible for distribution of funds**
**Individual(s) responsible for fund raising**
**Individual(s) responsible for custody of financial records**
**Individual(s) authorized to sign checks**

STATEMENT 3

**19.** **Has this organization or any of its officers, directors, employees or fund raisers solicited funds in any other state?** Yes X No ___

If "yes", attach list of states where solicitation was conducted, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc) of the solicitation conducted.
STATEMENT 4

**20.** **Has this organization or any of its officers, directors, employees:**
If yes, please attach an explanation

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes ___ No X

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes ___ No X

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes ___ No X

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes ___ No X

**21.** **Have any restrictions been removed during the year from donor-restricted funds?** Yes ___ No X
If yes, please attach an explanation

**22.** **Have donor-restricted funds been loaned to unrestricted funds?** Yes ___ No X
If yes, please attach an explanation

**23.** **This question involves "Termination of Employment or Change of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.**

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes ___ No X

(b) Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement? Yes ___ No X

If you answered "yes" for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

| FORM PC | NAME, ADDRESS, PHONE OF OTHER OFFICES | STATEMENT 1 |
|---|---|---|

| NAME | PHONE NUMBER |
|---|---|
| QLF ATLANTIC CENTER | |

ADDRESS

P.O. BOX 217 MONTPELIER, VT 05602

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 2

| NAME | TITLE |
|---|---|
| LAWRENCE B. MORRIS | TRUSTEE/PRESIDENT |
| ADDRESS | |
| 474 IPSWICH ROAD BOXFORD, MA 01921 | |
| NAME | TITLE |
| ELIZABETH ALLING | EXECUTIVE VP |
| ADDRESS | |
| 4 SAGAMORE CIRCLE ESSEX, MA 01929 | |
| NAME | TITLE |
| ROBERT BRYAN | TRUSTEE/FOUNDING CHAIRMAN |
| ADDRESS | |
| 265 ARGILLA ROAD IPSWICH, MA 01938 | |
| NAME | TITLE |
| BRENT MITCHELL | VICE PRESIDENT |
| ADDRESS | |
| 275 HIGH ROAD NEWBURY, MA 01951 | |
| NAME | TITLE |
| THOMAS HORN | SENIOR VICE PRESIDENT |
| ADDRESS | |
| 778 HOWES ROAD MORETOWN, VT 05660 | |
| NAME | TITLE |
| BAYARD BROKAW | TRUSTEE |
| ADDRESS | |
| P.O. BOX 7221 KETCHUM, ID 83340 | |

| NAME | TITLE |
|---|---|
| JOHN H. BUCK | TRUSTEE |
| ADDRESS | |
| 155 HART ST. BEVERLY FARMS, MA 01915 | |

| NAME | TITLE |
|---|---|
| JAMES F. CARPENTER | TRUSTEE |
| ADDRESS | |
| 145 HUDSON ST. 4TH FL. NEW YORK, NY 10013 | |

| NAME | TITLE |
|---|---|
| DONALD K. CLIFFORD | TRUSTEE/CHAIRMAN |
| ADDRESS | |
| 109 CROSS RIVER RD. MT. KISCO, NY 10549 | |

| NAME | TITLE |
|---|---|
| JONATHAN T. DAWSON | TRUSTEE |
| ADDRESS | |
| 354 PEQUOT AVE. SOUTHPORT, CT 06890 | |

| NAME | TITLE |
|---|---|
| BOKER DOYLE | TRUSTEE |
| ADDRESS | |
| 1438 3RD AVE. APT 30E NEW YORK, NY 10028 | |

| NAME | TITLE |
|---|---|
| JAMESON S. FRENCH | TRUSTEE |
| ADDRESS | |
| 45 DRFITWOOD LANE PORTSMOUTH, NH 03801 | |

| NAME | TITLE |
|---|---|
| ROSEMARY FURFEY | TRUSTEE |
| ADDRESS | |
| 7022 SW 33RD AVE. PORTLAND, OR 97219 | |

| NAME | TITLE |
| --- | --- |
| RANDALL A. HACK | TRUSTEE |

ADDRESS

4700 PROVINCE LINE RD PRINCETON, NJ 08540

| NAME | TITLE |
| --- | --- |
| ELIZABETH KENT | TRUSTEE |

ADDRESS

11 HUTCHINSON ST. CAMBRIDGE, MA 02138

| NAME | TITLE |
| --- | --- |
| LAWTON S. LAMB C/O INGALLS & SNYDER | TRUSTEE |

ADDRESS

61 BROADWAY 31ST FL NEW YORK, NY 10006

| NAME | TITLE |
| --- | --- |
| JAMES N. LEVITT | TRUSTEE/CHAIRMAN EXEC. COMM. |

ADDRESS

50 CHURCH ST SUITE B BELMONT, MA 02479

| NAME | TITLE |
| --- | --- |
| ROBERT LIBERMAN C/O THE ADLER GROUP | TRUSTEE |

ADDRESS

654 MADISON AVE #1401 NEW YORK, NY 10065

| NAME | TITLE |
| --- | --- |
| NANCY G. MILBURN | TRUSTEE |

ADDRESS

399 PARK AVE 34RD FL NEW YORK, NY 10022

| NAME | TITLE |
| --- | --- |
| BENJAMIN B. MORRILL | TRUSTEE |

ADDRESS

175 ANDOVER ST. #302 DANVERS, MA 01923

| NAME | TITLE |
|---|---|
| CLARE MCMORRIS | TRUSTEE |
| ADDRESS | |
| 365 WEST END AVE #12A NEW YORK, NY 10024 | |
| NAME | TITLE |
| FREDERICK S. MOSELEY IV | TRUSTEE |
| ADDRESS | |
| 265 FRANKLIN ST. 20 FL BOSTON, MA 02110 | |
| NAME | TITLE |
| KATHRYN J. OLMSTEAD | TRUSTEE |
| ADDRESS | |
| P.O. BOX 626 CARIBOU, ME 04736 | |
| NAME | TITLE |
| SUSAN W. PECK | TRUSTEE |
| ADDRESS | |
| 8420 ST. MARTINS LANE PHILADELPHIA, PA 19118 | |
| NAME | TITLE |
| BANCROFT R. POOR | TRUSTEE/TREASURER |
| ADDRESS | |
| 63 HIGH HAITH ROAD ARLINGTON, MA 01773 | |
| NAME | TITLE |
| FREDERICK G.P. THORNE | TRUSTEE |
| ADDRESS | |
| 20 OAK ST. SUITE 4 BEVERLY FARMS, MA 01915 | |
| NAME | TITLE |
| ERNEST B. TRACY | TRUSTEE |
| ADDRESS | |
| P.O. BOX 78  LONDONDERRY, VT 05148 | |

| NAME | TITLE |
|---|---|
| RICHARD J. WARREN | TRUSTEE |

ADDRESS

P.O. BOX 1329 BANGOR, ME 04402

FORM PC PAGE 4 LINE 18 STATEMENT 3

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| LARRY MORRIS, PRESIDEN | RESPONSIBLE FOR CUSTODY OF FUNDS |

ADDRESS

474 IPSWICH ROAD BOXFORD, MA 01921

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| BETH ALLING, EXEC VP | RESPONSIBLE FOR CUSTODY OF FUNDS |

ADDRESS

4 SAGAMORE CIRCLE ESSEX, MA 01929

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| LARRY MORRIS, PRESIDEN | RESPONSIBLE FOR DISTRIBUTION OF FUNDS |

ADDRESS

474 IPSWICH ROAD BOXFORD, MA 01921

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| BETH ALLING, EXEC VP | RESPONSIBLE FOR DISTRIBUTION OF FUNDS |

ADDRESS

4 SAGAMORE CIRCLE ESSEX, MA 01929

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| LARRY MORRIS, PRESIDEN | RESPONSIBLE FOR FUNDRAISING |

ADDRESS

474 IPSWICH ROAD BOXFORD, MA 01921

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| BETH ALLING, EXEC VP | RESPONSIBLE FOR FUNDRAISING |
| ADDRESS | |
| 4 SAGAMORE CIRCLE ESSEX, MA 01929 | |

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| LARRY MORRIS, PRESIDEN | CUSTODY OF FINANCIAL RECORDS |
| ADDRESS | |
| 474 IPSWICH ROAD BOXFORD, MA 01921 | |

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| BETH ALLING, EX VP | CUSTODY OF FINANCIAL RECORDS |
| ADDRESS | |
| 4 SAGAMORE CIRCLE ESSEX, MA 01929 | |

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| LARRY MORRIS, PRESIDEN | AUTHORIZED TO SIGN CHECKS |
| ADDRESS | |
| 474 IPSWICH ROAD BOXFORD, MA 01921 | |

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| THOMAS HORN, SENIOR VP | AUTHORIZED TO SIGN CHECKS |
| ADDRESS | |
| 778 HOWES ROAD MORETOWN, VT 05660 | |

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| ROBERT BRYAN, CHAIRMAN | AUTHORIZED TO SIGN CHECKS |
| ADDRESS | |
| 265 ARGILLA ROAD IPSWICH, MA 01938 | |

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| BRENT MITCHELL, VP | AUTHORIZED TO SIGN CHECKS |
| ADDRESS | |
| 275 HIGH ROAD NEWBURY, MA 01951 | |

| NAME | AREA OF RESPONSIBILITY |
|---|---|
| BETH ALLING, EX VP | AUTHORIZED TO SIGN CHECKS |

ADDRESS

4 SAGAMORE CIRCLE ESSEX, MA 01929

FORM PC — PAGE 4 LINE 19 — STATEMENT 4

| STATE | REG AGENCY | DATE OF REG | REG NUMBER |
|---|---|---|---|
| MAINE | | | |

| OTHER NAMES USED | SOLICIT DATE | TYPE OF SOLICITATION |
|---|---|---|
| | 11/15/08 | INDIVIDUAL MAILINGS |

| STATE | REG AGENCY | DATE OF REG | REG NUMBER |
|---|---|---|---|
| NEW YORK | | | 49376 |

| OTHER NAMES USED | SOLICIT DATE | TYPE OF SOLICITATION |
|---|---|---|
| | 11/15/08 | INDIVIDUAL MAILINGS |

**24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g., in-kind gifts, waiver of interest not otherwise reported).**

If the answer to any part of Question 24 is "Yes", attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

| **During the year, has your organization:** | Yes | No |
|---|---|---|
| (a) Sold or transferred assets to or purchased assets from or exchanged assets with a related party? | | X |
| (b) Leased assets to or leased assets from a related party? | | X |
| (c) Been indebted to a related party? | | X |
| (d) Allowed a related party to be indebted to it? | X | |
| (e) Made or held an investment in a related party? | | X |
| (f) Furnished goods, services, or facilities to a related party? | | X |
| (g) Acquired goods, services, or facilities from a related party who received compensation or other value in return? | | X |
| (h) Paid or became obligated to pay wages, salary or other compensation to a related party? | | X |
| (i) Transferred income or assets to or for use by a related party? | | X |
| (j) Was the organization a party to any transaction in which any of its officers, directors or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation? | | X |
| (k) Has the organization invested in any corporate stock in which any officer, director, or trustee owns more than 10% of the outstanding shares? | | X |
| (l) Is any property of the organization held in the name of or commingled with the property of any other person or organization? | | X |
| (m) Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees has a relationship? | | X |

STATEMENT 5

| FORM PC | PAGE 5 LINE 24 | STATEMENT 5 |
|---|---|---|

NAME

QUEBEC-LABRADOR FOUNDATION (CANADA

ADDRESS

505 RENE LEVESQUE BOULEVARD WEST MONTREAL, QUEBEC , H2Z 1Y7 CANADA

| NATURE OF TRANSACTION | AMOUNT INVOLVED |
|---|---|
| ADVANCE | 346,186. |

PROCEDURE FOLLOWED

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

| | | |
|---|---|---|
| | PRESIDENT | |
| Signature of president or other authorized officer or trustee | Title | Date |

NARDELLA & TAYLOR, LLP
Name of Preparer

24 HARTWELL AVE.
LEXINGTON, MA 02420
Address

781 862 6833
Phone Number

## SOLICITATION ACTIVITIES

**Schedule A-1**
**Solicitation activities during fiscal year covered by this report**

| List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1. |
|---|
| A. ATLANTIC CENTER FOR THE ENVIRONMENT |
| B. QLF |
| C. |

| Types of solicitation activities in which you expect to engage (check all that apply): | | | |
|---|---|---|---|
| | Mass mailings | | Raffle, beano, bingo or gaming event |
| | Door-to-door | | Sale of goods other than by telephone |
| | Entertainment event | X | Individual mailings |
| | Telemarketing without sale of goods or ads | X | Corporate solicitations |
| | Telemarketing with sale of goods | X | Grant proposals |
| | Telemarketing with sale of ads | | Other (explain): |
| | Via the internet | | |

| Identify the method or methods you expect to use for fundraising (check all that apply): | | | |
|---|---|---|---|
| | A. Professional solicitor | X | D. Own employees |
| | B. Professional fundraising counsel | | E. Volunteers |
| | C. Commercial co-venturer | | |

With respect to categories A, B and C, furnish names and addresses:

| Name | Address |
|---|---|
| | |
| | |
| | |
| | |

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:

| Name | Title |
|---|---|
| LARRY MORRIS | PRESIDENT |
| THOMAS HORN | SENIOR VICE PRESIDENT |
| | |

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

| Name | Title |
|---|---|
| LARRY MORRIS | PRESIDENT |
| ELIZABETH ALLING | EXECUTIVE VICE PRESIDENT |
| | |

**Schedule A-2**
**Solicitation activities planned for fiscal year which follows the reporting year.**

List any names which will be used by the organization in connection with the solicitation of funds, other than the name which appears on page 1.

A. ATLANTIC CENTER FOR THE ENVIRONMENT

B. QLF

C.

Types of solicitation activities in which you expect to engage (check all that apply):

| | | | |
|---|---|---|---|
| | Mass mailings | | Raffle, beano, bingo or gaming event |
| | Door-to-door | | Sale of goods other than by telephone |
| | Entertainment event | X | Individual mailings |
| | Telemarketing without sale of goods or ads | X | Corporate solicitations |
| | Telemarketing with sale of goods | X | Grant proposals |
| | Telemarketing with sale of ads | | Other (explain): |
| | Via the internet | | |

Identify the method or methods you expect to use for fundraising (check all that apply):

| | | | |
|---|---|---|---|
| | A. Professional solicitor | X | D. Own employees |
| | B. Professional fundraising counsel | | E. Volunteers |
| | C. Commercial co-venturer | | |

With respect to categories A, B and C, furnish names and addresses:

| Name | Address |
|---|---|
| | |
| | |
| | |
| | |

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:

| Name | Title |
|---|---|
| LARRY MORRIS | PRESIDENT |
| THOMAS HORN | SENIOR VICE PRESIDENT |
| | |

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

| Name | Title |
|---|---|
| LARRY MORRIS | PRESIDENT |
| BETH ALLING | EXECUTIVE VICE PRESIDENT |
| | |

**Certification by Organization - TWO DIFFERENT SIGNATURES ARE REQUIRED**

Under penalty of perjury, we declare that the information furnished above, including any attachments, is true and correct to the best of our knowledge.

| Signature of President or other authorized officer or trustee | Title | Date |
|---|---|---|
| | PRESIDENT | |

| Signature of President or other authorized officer or trustee | Title | Date |
|---|---|---|
| | EXECUTIVE VICE PRESIDENT | |

## SCHEDULE RO

I. Please read the instructions and definition of "Related Organization" carefully before completing this section.
(If you have more than 5 Related Organizations, please attach a list)

| Name QLF (CANADA) INC. | | Primary purpose or activity CULTURAL AND ENVIRONMENT | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-)_ liabilities | B. 3rd Party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| 08/31/09 | 899,752. | 77,366. | 16,697. | 993,815. |

| Name | | Primary purpose or activity | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-)_ liabilities | B. 3rd Party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| Name | | Primary purpose or activity | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-)_ liabilities | B. 3rd Party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| Name | | Primary purpose or activity | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-)_ liabilities | B. 3rd Party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| Name | | Primary purpose or activity | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-)_ liabilities | B. 3rd Party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

II. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at I, above, receiving the highest aggregate compensation (see Instructions). Use additional lines below to itemize by compensation source.

| Name LAWRENCE B. MORRIS | | Title PRESIDENT | |
|---|---|---|---|
| Income Source | Salary & Other Income | Benefits Plan | Other Compensation |
| QLF | 184,601. | 21,989. | 3,375. |

| Name ROBERT BRYAN | | Title FOUNDING CHAIRMAN | |
|---|---|---|---|
| Income Source | Salary & Other Income | Benefits Plan | Other Compensation |
| QLF | 67,404. | 10,430. | 4,022. |

| Name BRENT MITCHELL | | Title VICE PRESIDENT | |
|---|---|---|---|
| Income Source | Salary & Other Income | Benefits Plan | Other Compensation |
| QLF | 62,030. | 18,567. | 0. |

| Name THOMAS HORN | | Title SENIOR VICE PRESIDENT | |
|---|---|---|---|
| Income Source | Salary & Other Income | Benefits Plan | Other Compensation |
| QLF | 65,606. | 4,248. | 500. |

| Name ELIZABETH ALLING | | Title EXECUTIVE VICE PRESIDENT | |
|---|---|---|---|
| Income Source | Salary & Other Income | Benefits Plan | Other Compensation |
| QLF | 93,996. | 18,567. | 138. |

III. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? If yes, place an "X" in the box to the right. ☐

| Form **CHAR500** | **Annual Filing for Charitable Organizations**<br>New York State Department of Law (Office of the Attorney General)<br>Charities Bureau - Registration Section<br>120 Broadway<br>New York, NY 10271<br>http://www.oag.state.ny.us/bureaus/charities/about.html | **2008** |
|---|---|---|
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | | **Open to Public Inspection** |

**1. General Information**

a. For the fiscal year beginning (mm/dd/yyyy) 09/01/2008 and ending (mm/dd/yyyy) 08/31/2009

| b. Check if applicable for NYS: | c. Name of organization | d. Fed. employer ID no. (EIN) |
|---|---|---|
| ☐ Address change<br>☐ Name change<br>☐ Initial filing<br>☐ Final filing<br>☐ Amended filing<br>☐ NY registration pending | QUEBEC-LABRADOR FOUNDATION, INC. | 13-6155399 |
| | | e. NY State registration no. 00-61-59 |
| | Number and street (or P.O. box if mail not delivered to street address): 55 SOUTH MAIN STREET — Room/suite: | f. Telephone number 978 356-0038 |
| | City or town, state or country and ZIP + 4: IPSWICH, MA 01938 | g. Email MEDWARD@QLF.ORG |

**2. Certification - Two Signatures Required**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | Signature | Printed Name | Title | Date |
|---|---|---|---|---|
| a. President or Authorized Officer | | LAWRENCE B. MORRIS | PRESIDENT | |
| b. Chief Financial Officer or Treas. | | MARCUS EDWARD | DIRECTOR OF FINANCE | |

**3. Annual Report Exemption Information**

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check ☐ if gross receipts did not exceed $25,000 **and** assets (market value) did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. *Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

**4. Article 7-A Schedules**

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ☐ Yes* ☒ No
*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? ☒ Yes* ☐ No
*** If "Yes", complete Schedule 4b.**

**5. Fee Submitted:** See last page for **summary of fee requirements**.

Indicate the filing fee(s) you are submitting along with this form:

| | | |
|---|---|---|
| a. Article 7-A filing fee | $ 25. | **Submit only one check or money order for the total fee, payable to "NYS Department of Law"** |
| b. EPTL filing fee | $ 250. | |
| c. **Total fee** | **$** 275. | |

**6. Attachments -** For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments

QUEBEC-LABRADOR FOUNDATION, INC.

## Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

| Government Agency Name | Grant Amount |
|---|---|
| STATE OF VERMONT | $ 105,000. |
| NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION | $ 48,583. |
| BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS | $ 115,300. |
| NATIONAL PARKS SERVICE | $ 69,845. |
| | $ |
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| **Total Government Contributions (Grants)** | **$** 338,728. |

## 5. Fee Instructions

*The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.*

| Organization's Registration Type | Fee Instructions |
|---|---|
| • **Article 7-A** | Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0. |
| • **EPTL** | Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is $0. |
| • **Dual** | Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee. |

**a) Article 7-A filing fee**

| Total Support & Revenue | Article 7-A Fee |
|---|---|
| more than $250,000 | $25 |
| up to $250,000 * | $10 |

* *Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.*

**b) EPTL filing fee**

| Net Worth at End of Year | EPTL Fee |
|---|---|
| Less than $50,000 | $25 |
| $50,000 or more, but less than $250,000 | $50 |
| $250,000 or more, but less than $1,000,000 | $100 |
| $1,000,000 or more, but less than $10,000,000 | $250 |
| $10,000,000 or more, but less than $50,000,000 | $750 |
| $50,000,000 or more | $1500 |

## 6. Attachments - Document Attachment Check-List

**Check the boxes for the documents you are attaching.**

**For All Filers**

Filing Fee

[X] Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

[X] **IRS Form 990**
[X] All required schedules (including Schedule B)
[ ] IRS Form 990-T

[ ] **IRS Form 990-EZ**
[ ] All required schedules (including Schedule B)
[ ] IRS Form 990-T

[ ] **IRS Form 990-PF**
[ ] All required schedules (including Schedule B)
[ ] IRS Form 990-T

**Additional Article 7-A Document Attachment Requirement**

Independent Accountant's Report

[X] Audit Report *(total support & revenue more than $250,000)*
[ ] Review Report *(total support & revenue $100,001 to $250,000)*
[ ] No Accountant's Report Required *(total support & revenue not more than $100,000)*