Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning SEP 1 , 2016, and ending AUG 31 , 2017

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Internal Revenue Service Name of exempt organization Employer identification number 13-6155399 QUEBEC-LABRADOR FOUNDATION, INC. Name and title of officer ELIZABETH ALLING PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____1,798,332. 1a Form 990 check here X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) ______ 3b __ 3a Form 1120-POL check here 4a Form 990-PF check here 5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c) 5b _ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize CBIZ MHM, to enter my PIN Enter five numbers, but ERO firm name as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 04737791068 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ➤ CBIZ MHM, LLC Date > 07/12/18 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So Form 8879-EO (2016) LHA For Paperwork Reduction Act Notice, see instructions.

623051 09-26-16

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A	or the	e 2016 calendar year, or tax year beginning SEP 1, 2016 and e	ending A	UG 31, 201	L7
В	Check if	C Name of organization		D Employer iden	ntification number
X	Addres chang Name	~		12	C155300
F	lchang				-6155399
	return _Final _return/	4 SOUTH MAIN STREET	Room/suite	E Telephone num 978	8-356-0038
22	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,017,215.
	Ameno	IFSWICH, MA 01938-2331		H(a) Is this a grou	
L	Application pendir	F Name and address of principal officer: BBTBABBTTT ABBTING			ates? Yes X No
_	II. Segriniosa	SAME AS C ABOVE			tes included? Yes No
_		empt status: X 501(c)(3)	or 527		ch a list. (see instructions)
		te: > QLF.ORG		H(c) Group exemp	
	orm of	organization; X Corporation	L Year	of formation: 1963	3 M State of legal domicile: NY
1.0		Briefly describe the organization's mission or most significant activities: QLF E	EXTSTS	TO PROMOT	E GLOBAL
92		LEADERSHIP DEVELOPMENT, TO SUPPORT THE RUI			
Activities & Governance		Check this box if the organization discontinued its operations or dispose			
Ver				1	3 19
ő		Number of independent voting members of the governing body (Part VI, line 1b)			4 16
9		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5 10
ritie		Total number of volunteers (estimate if necessary)			6 25
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
_		Net unrelated business taxable income from Form 990-T, line 34			7b 0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,240,786	
Revenue		Program service revenue (Part VIII, line 2g)		27,717	
Je V		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		889,412	
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	AND DESCRIPTION OF THE PARTY OF	36,580	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,194,495	
	50000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,850	
	8.655	Benefits paid to or for members (Part IX, column (A), line 4)			0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		761,869	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
άX	D	Total fundraising expenses (Part IX, column (D), line 25) 110,02		772,099	1,153,674.
-	**	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,553,818	
	CC38720 D	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		640,677	797,012.
- 2		nevertue less experises. Subtract line 16 from line 12		ginning of Current Ye	
sts o	20	Total assets (Part X, line 16)	De	5,804,712	
ASS	21	Total liabilities (Part X, line 26)		347,377	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		5,457,335	
Pa	ırt II	Signature Block			
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	
		\			
Sign	1	Signature of officer		Date	
Her	e	ELIZABETH ALLING, PRESIDENT			
_		Type or print name and title	In	Table 1	DTIN DTIN
		Print/Type preparer's name Preparer's signature		check	PARAMETER SERVICE SERV
Paid		BRENDA L. BOOTH Vruda X. Can	V4. 0	7/12/18 self-en	0.5 0.5504.04
Prep		Firm's name CBIZ MHM, LLC		Firm's EIN	26-3753134
Use	Unity	Firm's address 500 BOYLSTON STREET BOSTON, MA 02116		Dh 4	517-761-0600
Mari	the ID			Prione no. C	
iviay	the IH	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2016)

1,647,369.

4e Total program service expenses ▶

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
**	If "Yes," complete Schedule A	1	х	
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, or have a section 501(h) election in effect	_		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
(CF)	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
175-770	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		4744	
	as applicable.		The state of	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school 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 United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

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Form 990 (2016) QUEBEC-LABRADOR FO Part IV Checklist of Required Schedules (continued)

	. Journal of		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			100
	instructions for applicable filing thresholds, conditions, and exceptions):			100
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			-
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	559		
	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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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, Part II, III, or IV, and		v	
05	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OE!		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		47
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	- 1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
	114/417 W. 1 21111 000 III of a lo reduited to complete officacie of	- 00		_

	01111000						
ļ	Part V	Statements Re	garding	Other IRS	Filings	and Tax	Compliance

a Gross income from members or shareholders		Check if Schedule O contains a response or note to any line in this Part V	*******		
b Enter the number of Forms W2G included in line 1a Enter O-I find applicable				Yes	No
b Enter the number of Forms W-2G included in line 1s. Enter 0- If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1 3
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to pizza withmens? 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 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 is and 2a is greater than 250, you may be required to e_rige (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the paym? 3a If Yes, has it filed a Form 980-T for this year? if "No," to line 3b, provide an explanation in Schedule O 5b If "Yes," and it filed a Form 980-T for this year? if "No," to line 3b, provide an explanation in Schedule O 6b If "Yes," and the filed of foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8868-T? 6c Does the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible? 6c Deside the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible? 6c Deside the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Did the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution and party for goods and services provided to the payor? 6c Did the organization have a	b				
gambling) winnings to prize winners? 8 Effect for umber 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 9 If a least one is reported on line 2a, did the organization file all required foederal employment tax returns? 20 X 8 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 8 If "Yes," has it filed a Form 9907 for this year? "Thi?", to file 8b, zorwide an explanation in Schedule 0 8 If "Yes," and it filed a Form 9907 for this year? "Thi?", to file 8b, zorwide an explanation in Schedule 0 8 A 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 accounts (FBAR). 8 If "Yes," and the man of the foreign country is a bank account, securities account, or other financial accounts (FBAR). 8 Was the organization apenty to a prohibited tax shelfer transaction? 9 Even instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of the organization solicit any contributions that were not tax eductibles and schraftable contributions? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 Did the organization receive and partly during the year 11 Did be organization received and contribution or under section 1900. 12 The organization rece	С				-0.
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Ea 1.0 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have untrested 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 for foreign country. 5b If "Yes," enter the name of the foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c University of the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the organization has constituted and the organization solicity any contributions under section 170(c). 6c University of the organization through the organization that were not tax deductible? 6c University of the organization through the			1c	Х	
filed for the calendary year ending with or within the year covered by this return	2a				430
b If a least one is reported on line 2a, did the organization file all required federal employment tax returne? Note, if the sum of lines 1a and 2a is greater than 250, you may be required toeffice see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A any time during the calendary 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 accounts (PBAR). 5b If "Yes," there the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR). 5a Was the organization have to a prohibited tax sheller transaction? 5b If a was the organization with a sheller transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes, "to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes," did the organization netting the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If If Yes," did the organization notify the donor of the value of the goods or services provided? 5c If If Yes, "did the organization notify the donor of the value of the goods or services provided? 5c If If Yes," did the organization notify the donor of the value of the goods or services provided? 5c If If Yes, "land the organization				9-11	147.5
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to g-rise (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O a Al 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 X b If "Yes," enter the name of the foreign country; Image as bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the organization that it was or is a parry to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization flee Form 8580-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible Form 8580-7? 5c If "Yes," did the organization to titax deductible form 8580-7. 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a X 8b If "Yes," indicate the number of Forms 8282 filed during the year 9b If "Yes," indicate the number of Forms 8282 filed during the year 1b If the organization receive a payfunds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 8b Sponsoring organization received an contribution of qualified intellectual property, did the organization file Form 1998 as required? 9 If the organization received an contribution of qualified intellectual property, did the organi	b		2b	Х	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14 Did the or	d	If "Yes," indicate the number of Forms 8282 filed during the year			100
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	c	Enter the amount of reserves on hand			v
					Λ_
	b	If "Yes," has it filed a Form /20 to report these payments? If "No," provide an explanation in Schedule O	A STREET, SQUARE, SQUA	gan	(2010)

QUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 19 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ELIZABETH ALLING - 978-356-0038

Form **990** (2016)

01938-2331

4 SOUTH MAIN STREET, IPSWICH, MA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson i	than is both	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAWRENCE B. MORRIS	40.00								1921	
PRESIDENT/EMERITUS (AS OF 1-1-17)		X		X				186,064.	0.	36,158.
(2) ROBERT A. BRYAN	15.00									
DIRECTOR AND FOUNDING CHAIRMAN		X		X				41,953.	0.	4,470.
(3) BAYARD BROKAW	1.00									
DIRECTOR		X						0.	0.	0.
(4) JOHN BUCK III DIRECTOR	1.00	X						0.	0.	0.
(5) ELIZABETH CABOT	1.00									
DIRECTOR		X						17,500.	0.	0.
(6) JAMES F. CARPENTER	1.00									
DIRECTOR		X						0.	0.	0.
(7) ALFRED D. CHANDLER III	1.00									
DIRECTOR		X						0.	0.	0.
(8) DONALD K. CLIFFORD JR.	1.00									
DIRECTOR		X						0.	0.	0.
(9) CONSTANCE DE BRUN	1.00									
DIRECTOR		X		-				0.	0.	0.
(10) JAMESON S. FRENCH	3.00									
DIRECTOR AND CHAIRMAN		X		X				0.	0.	0.
(11) ROSEMARY N. FURFEY	1.00									
DIRECTOR		X						0.	0.	0.
(12) HALLIDAY E. HART	1.00									
DIRECTOR		X						0.	0.	0.
(13) JAMES N. LEVITT	1.00								2	20
DIRECTOR		X						0.	0.	0.
(14) CLARE TWEEDY MCMORRIS	1.00								<u> </u>	124
DIRECTOR		X						0.	0.	0.
(15) REVEREND EDWARD O. MILLER, JR. DIRECTOR	1.00	х						0.	0.	0.
(16) FREDERICK S. MOSELEY IV	1.00									
DIRECTOR		X						0.	0.	0.
(17) KATHRYN J. OLMSTEAD	1.00									
DIRECTOR		X						0.	0.	0.
632007 11-11-16										Form 990 (2016)

632007 11-11-16

Form 990 (2016)

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	and	Hig	ghes	t C	compensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(de	not c	Pos			one	Reportable	Reportable		Estima	ted
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	1	amoun	
	week (list any		T a			1		from	from related organizations		othe ompens	
	hours for	direct				_		the organization	(W-2/1099-MISC)	12,435	from t	
	related	38 01 0	stee			nsatec		(W-2/1099-MISC)	(** 2/ 1000 141100)	9 1	organiza	
	organizations	trust	nal tru		yee	ompe		, , , , , , ,			and rela	ated
	below	individual trustee or director	Institutional trustee	193	Key employee	Highest compensated employee	Former			0	rganiza	tions
7.00	line)	ig	Inst	Officer	<u>\$</u>	Hg	E.			+		
(18) SUSAN W. PECK	1.00	١,,							0			0
DIRECTOR	3 00	X	\vdash	-	-	-	H	0.	0	•		0.
(19) JAMES J. POHLMAN	3.00	٠,						0.	0			0
DIRECTOR AND TREASURER	1.00	X		Х		-		0.	0	•		0.
(20) BANCROFT R. POOR DIRECTOR	1.00	x						0.	0			0.
(21) ERNEST B. TRACY III	1.00	^	\vdash			-		0.		-		0.
DIRECTOR	1.00	x						0.	0			0.
(22) JO-ANN WATSON	1.00									+		
DIRECTOR	1.00	x						0.	0			0.
(23) ELIZABETH ALLING	40.00	1				\vdash						
PRESIDENT		1		x				133,776.	0		35,4	176.
(24) LAUREN MARANO	40.00						Г					
ASSISTANT TREASURER				x				58,608.	0		10,1	136.
(25) BRENT MITCHELL	40.00							1				
SR. VICE PRESIDENT				X				61,250.	0		6,5	598.
1b Sub-total							•	499,151.	0		92,8	
c Total from continuation sheets to Pa	art VII, Section A						▶	0.	0			0.
d Total (add lines 1b and 1c)							>	499,151.	0	•	92,8	338.
2 Total number of individuals (including		nose	liste	d at	ove) wh	o re	eceived more than \$100,	000 of reportable			2
compensation from the organization	<u> </u>	_	_	_	_	_	_				Yes	No
6 Billion 1 iii Billion 1							1200				168	INO
3 Did the organization list any former of				-		700000		AND AND ASSESSMENT OF THE PROPERTY OF THE PROP		3		Х
line 1a? If "Yes," complete Schedule J										3		21
4 For any individual listed on line 1a, is t										4	X	
and related organizations greater thanDid any person listed on line 1a receiv										-	22	
rendered to the organization? If "Yes."							alati	ed organization of marvio	idal for services	5		X
Section B. Independent Contractors	complete Scredu	H 1/1	OF SL	IC/LI	JEIS	OH.						
Complete this table for your five highe	st compensated inc	depe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of compen	sation	from	
the organization. Report compensation		20										
(A				-				(B)			(C)	
Name and busi								Description of s	ervices	Com	pensati	on
VIAJES EL CORTE INGLES								QLF CONGRESS				
BOLIVIA 234-236, BARCE	LONA, SPAI	N	08	02	0			PLANNING		1	19,5	506.
							- 1		1			

Form 990 (2016)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

13-6155399 OUEBEC-LABRADOR FOUNDATION, INC. Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d 88,199. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 927,210. similar amounts not included above 1f 42,225. g Noncash contributions included in lines 1a-1f: \$ 1,015,409 Total. Add lines 1a-1f Business Code 2 a PROGRAM SERVICE 541900 95,579. 95,579. Program Service Revenue 6,436. b PROGRAM FEES 541900 6,436. f All other program service revenue 102,015. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 153,105. 153,105. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 2,655,354 assets other than inventory b Less: cost or other basis 2,218,883. and sales expenses 436,471, c Gain or (loss) 436,471 436,471. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____ b

C Net income or (loss) from sales of inventory

Miscellaneous Revenue

Business Code

11 a MANAGEMENT FEE 561000 85,000. 85,000.

B RESTITUTION OF SETTLEMENT 900099 6,332.

d All other revenue
e Total. Add lines 11a-11d

Total revenue. See instructions.

c Net income or (loss) from fundraising events
9 a Gross income from gaming activities. See
Part IV, line 19
b Less: direct expenses
c Net income or (loss) from gaming activities

and allowances
b Less: cost of goods sold

10 a Gross sales of inventory, less returns

1,798,332. 187,015. 0. 595,908. Form **990** (2016)

6,332.

91,332.

C

632009 11-11-16

_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D) X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	2 222			
	and domestic governments. See Part IV, line 21	8,900.	8,900.	Sur Mohan v	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,375.	3,375.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0 500	0 500		
	individuals. See Part IV, lines 15 and 16	9,500.	9,500.		4174
5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	429,433.	342,817.	43,357.	43,259
6	Compensation not included above, to disqualified	425,435.	342,017.	43,3371	43,233
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages	290,462.	267,731.	10,716.	12,015
8	Pension plan accruals and contributions (include	, - , - , - ,			
0.77	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			A	
а	Management				
	Legal	12,738.		12,225.	513
	Accounting	42,680.		40,529.	2,151
	Lobbying				
	Professional fundraising services. See Part IV, line 17			st this commit	
f	Investment management fees	22,035.		21,407.	628.
g	Other. (If line 11g amount exceeds 10% of line 25,				10/12/1 (2/12/12/
	column (A) amount, list line 11g expenses on Sch O.)	319,367.	305,980.	3,172.	10,215
12	Advertising and promotion	0.10			
13	Office expenses	943.	943.	4 200	
14	Information technology	14,816.	10,439.	4,377.	
15	Royalties	40 605	20 (10		2 002
16	Occupancy	42,605.	39,612.		2,993.
17	Travel	68,467.	67,060.		1,407.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,152.	2,141.		11.
19 20	Conferences, conventions, and meetings	16,723.	16,348.		375.
21	Payments to affiliates	10,723.	10,540.		3731
22	Depreciation, depletion, and amortization	37,366.	36,632.		734.
23	Insurance	53,345.	49,874.		3,471.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOOD AND LODGING	341,848.	338,494.		3,354.
b	PRINTING/PUBLICATIONS	43,006.	30,098.		12,908.
C	SUPPLIES	36,386.	34,475.		1,911.
d	POSTAGE AND SHIPPING	24,952.	17,165.		7,787.
	All other expenses	74,245.	65,785.	2,165.	6,295.
25	Total functional expenses. Add lines 1 through 24e	1,895,344.	1,647,369.	137,948.	110,027.
26	Joint costs. Complete this line only if the organization			•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	22,678.	1	16,120.
	2	Savings and temporary cash investments		2	154,123.
	3	Pledges and grants receivable, net	20,325.	3	216,911.
	4	Accounts receivable, net	30,357.	4	16,509.
	5	Loans and other receivables from current and former officers, directors,		300	1 - 1 - 1 - 1 - 1 - 1
	111 0100	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	The second second	01.10 F	SPACE OF THE SPACE
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	131,705.	9	13,441.
	10a	Land, buildings, and equipment: cost or other		na l	
	05050500	basis. Complete Part VI of Schedule D 10a 206,352.			
	b	Less: accumulated depreciation 10b 135,375.	69,894.	10c	70,977.
	11	Investments - publicly traded securities	4,564,029.	11	4,969,288.
	12	Investments - other securities. See Part IV, line 11	830,834.	12	462,702.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	134,890.	15	59,539.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	5,804,712.	16	5,979,610.
	17	Accounts payable and accrued expenses	65,217.	17	128,205.
	18	Grants payable		18	
	19	Deferred revenue	20,140.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
Pill		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	262,020.	23	423,954.
	24	Unsecured notes and loans payable to unrelated third parties		24	/20-1
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	347,377.	26	552,159.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
,,		complete lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	69,534.	27	-184,787.
alar	28	Temporarily restricted net assets	1,145,939.	28	1,370,376.
B	29	Permanently restricted net assets	4,241,862.	29	4,241,862.
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse		Paid-in or capital surplus, or land, building, or equipment fund		31	
t A		Retained earnings, endowment, accumulated income, or other funds		32	
Se		Total net assets or fund balances	5,457,335.	33	5,427,451.
		Total liabilities and net assets/fund balances	5,804,712.	34	5,979,610.

Form 990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Inspection

Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

Nam	e of t	he organization						Employe	ridentification number	
		QUEB	EC-LABRADO	R FOUNDATION	, INC	•		1	3-6155399	
Pa	rtl	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) Se	ee instructions	3.		
The	organi	zation is not a private found								
1	Ŭ.	A church, convention of ch					n(A)(i).			
2	一	A school described in sect					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3	Ħ	A hospital or a cooperative				100	in.			
4	H							VIII) Entor	the heepital's name	
4		A medical research organiz	ation operated in co	njunction with a nospital	described	ini sectio	A)(i)(d)O11 III	Mill). Eliter	the nospital s hame,	
-		city, and state:		W	1			-14 -111-		
5		An organization operated for		liege or university owner	or operat	ed by a go	vernmentai ui	nit describ	ea in	
1924		section 170(b)(1)(A)(iv). (0			1000 000		2121			
6		A federal, state, or local go	de la company de							
7	X	An organization that norma		ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8	\sqsubseteq	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
	_	university:								
10	Ш	An organization that norma	ılly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersh	nip fees, ar	d gross receipts from	
		activities related to its exer	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of it	s support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 8	509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.		
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	pporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	d organization	n(s), by hav	ring	
		control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.	1915 + Emily 192 m * 1942 to 1955 to 1964		200 - 100 C 100 - 100 C	•		
С		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	ed with,	
		its supported organization						,	,	
d		Type III non-functionally						ted organiz	ration(s)	
		that is not functionally int								
		requirement (see instruct						an attorn		
0		Check this box if the orga						I Type III		
~		functionally integrated, or					Type I, Type I	ii, Type iii		
f	Ento	r the number of supported of			210 30 . 100000 00 00001.91.00	alion.				
		de the following information		d organization(e)				********		
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization	85.35	(described on lines 1-10	Yes	No No	support (see in	structions)	support (see instructions)	
				above (see instructions))	100	140				
_										
	To									
Total										

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						19
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	100000000000000000000000000000000000000		1/233333			
	membership fees received. (Do not			1			
	include any "unusual grants.")	1295606.	907,078.	692,800.	1240786.	1015409.	5151679.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	U.					
4	Total. Add lines 1 through 3	1295606.	907,078.	692,800.	1240786.	1015409.	5151679.
5	The portion of total contributions	CHEST IN THE		m III waxaya aya aya	Live 3 to		
•	by each person (other than a						
	governmental unit or publicly	IN THE RESERVE					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.	The second		The second	n the second		
	column (f)						860,746.
6	Public support. Subtract line 5 from line 4.						4290933.
	ction B. Total Support						4250555.
3	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1295606.	907,078.	692,800.	1240786.	1015409.	5151679.
	Gross income from interest,		30.70.01	032,0001	22207001	20201031	0101075
J	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	67,540.	96,733.	212 848	182,513.	153 105	712,739.
9	Net income from unrelated business	07,540.	50,755.	212,040.	102,313.	133,103.	112,155.
9							
	activities, whether or not the	6,843.					6,843.
40	business is regularly carried on	0,045.					0,043.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5871261.
	Total support. Add lines 7 through 10		SHAPA W				192,512.
	Gross receipts from related activities,					12	194,514.
13	First five years. If the Form 990 is for	3.70	first, second, third	I, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Public	c Support Per	centage				
-				1 (0)		44	73.08 %
	Public support percentage for 2016 (li				A DESCRIPTION OF THE PROPERTY	14	
	Public support percentage from 2015					15	
16a	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2015. If the o	~					
-02-2-7	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					t VI how the organ	ization
	meets the "facts-and-circumstances" t	COUNTY OF THE PARTY OF THE PART	어려웠는 어래 있는 아이를 하는 것이 없는 아니는 아니는 아이를 다 했다.				
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						Sec. 2
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	

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

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

Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (c) 2014 (d) 2015 (e) 2014 (d) 2015 (e) 2015 (e) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2017 (e) 2018 (e)	d) 2015	(e) 2016 (f) Total
membership fees received. (Do not		
include any "unusual grants.")		
2 Gross receipts from admissions,		
merchandise sold or services per-	1	
formed, or facilities furnished in		- 1
any activity that is related to the organization's tax-exempt purpose		
3 Gross receipts from activities that		
are not an unrelated trade or bus-		4
iness under section 513		
4 Tax revenues levied for the organ-	1	
ization's benefit and either paid to	1	
or expended on its behalf		
5 The value of services or facilities		
furnished by a governmental unit to		
the organization without charge		
6 Total. Add lines 1 through 5		
7a Amounts included on lines 1, 2, and		
3 received from disqualified persons		
b Amounts included on lines 2 and 3 received		
from other than disqualified persons that		
exceed the greater of \$5,000 or 1% of the		
amount on line 13 for the year		
c Add lines 7a and 7b		
8 Public support. (Subtract line 7c from line 6.)		
Section B. Total Support		i i ci successados William Constituir de
	d) 2015	(e) 2016 (f) Total
9 Amounts from line 6		
10a Gross income from interest,		
dividends, payments received on securities loans, rents, royalties		
and income from similar sources		
b Unrelated business taxable income		
(less section 511 taxes) from businesses		
acquired after June 30, 1975		
c Add lines 10a and 10b		
11 Net income from unrelated business		
activities not included in line 10b,		
whether or not the business is		
regularly carried on		
12 Other income. Do not include gain or loss from the sale of capital		
assets (Explain in Part VI.)		
13 Total support. (Add lines 9, 10c, 11, and 12.)		
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	as a section 501((c)(3) organization,
check this box and stop here		>
Section C. Computation of Public Support Percentage		
15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
8 Investment income percentage from 2015 Schedule A, Part III, line 17		
9a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is n		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support		
b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 18 is not more than 23 1/3% check this have and otten have. The experiencian qualifies as a re-		
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a pu		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box a	and see instruction	ons

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		V = 1
1		
	Am.	lins'
2		
За		
V_1 8 7	43	F84.
01		
3b	Batter	
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1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	NATIONAL STREET	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated Type	Ill supporting organization (see	

7

8

Schedule A (Form 990 or 990-EZ) 2016

Current Year

Recoveries of prior-year distributions
 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

instructions)

Schedule A (Form 990 or 990-EZ) 2016

a

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

	QU	EBEC-LABRADOR FOUNDATION, INC.	13-6155399						
Organiza	ation type (check or	ne):							
Filers of	:	Section:							
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 99	0-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.						
General	Rule								
	NOTE: THE PARTY OF	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	70 min and a single and a singl						
Special I	Rules								
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, o , during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, plete any of the parts unless the General Rule applies to this organization because it received, contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., eceived nonexclusively						
but it mu	st answer "No" on I	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

16 Open to Public Inspection

Name of the organization

OUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number 13-6155399

Total number at end of year	Pa			or Accounts. Complete if the
1 Total rumber at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of or of year Aggregate value of or of year Aggregate value of grants from (during year) Aggregate value of or of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization for grant and grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring incernisisty private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 7. 1 Purpose(s) of conservation assements held by the organization (helds all that apply). Proservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of pen space and the organization held a qualified conservation contribution in the form of a conservation assement of the organization held a qualified conservation contribution in the form of a conservation assement of the tax year. a Total number of conservation easements and conflict historic structure included in (a) b Total acreage restricted by conservation easements. 2a In the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year A Number of states where property subject to conservation easement is holded in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is holded? Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization decreased as part of the conservation easements in holds? Part III Organization fer		organization answered "Yes" on Form 990, Part IV, line		
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b Assets included in Form 990, Part X				. •
				Schedule D (Form 990) 2016

632051 08-29-16

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A) REAL ESTATE INVESTMENT			
(B) TRUST	462,702.	END-OF-YEAR MAI	RKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	160 700		
Part VIII Investments - Program Related.	462,702.		
Complete if the organization answered "Yes" o (a) Description of investment	on Form 990, Part IV, line 11 (b) Book value		3. st or end-of-year market value
	(b) BOOK Value	(c) Method of Valuation, Cos	n or one-or-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		STEWNSTER SAFE	
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(9) Idal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Idal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line 11	e or 11f. See Form 990, Part X,	(b) Book value
(9) btal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line 11	e or 11f. See Form 990, Part X,	(b) Book value
(9) Idal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Idal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line 11	e or 11f. See Form 990, Part X,	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line 11	e or 11f. See Form 990, Part X,	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line 11	e or 11f. See Form 990, Part X,	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line 11	e or 11f. See Form 990, Part X,	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X
Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

ASSESSMENT"

THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN

UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

QUEBEC-LABRADOR	FOUNDAT	ION, INC	•	13-615539	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "\	es" on
Form 990, Part IV	/, line 14b.		70.00 (10.00)		
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outs	ide the
United States.					
3 Activities per Region. (The	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
.,	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
		III the region			
				TO DEVELOP THE SUMMER	
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERN PROGRAM	15,725.
					10,,201
EUROPE (INCLUDING					
ICELAND & GREENLAND)	o	0	PROGRAM SERVICES	ALUMNI CONGRESS	279,315.
TOBBAND & GREENBAND)	0	U	FROGRAM SERVICES	ALOMNI CONGRESS	215,515.
MIDDLE BACK AND					
MIDDLE EAST AND					0 500
NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		9,500.
O = Cub total	0	0		-	304 540
3 a Sub-total	U	U			304,540.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a	307	222			221 212
and 3b)	0	0			304,540.

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 QUEBEC-LABRADOR FOUNDATION, INC.

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

 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities 					1 (a) Name of organization
recipient organizatio the grantee or couns other organizations					(b) IRS code section and EIN (if applicable)
ns listed above that ar el has provided a secti or entities				MIDDLE EAST AND	(c) Region
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities				CREATE A WILDLIFE OBSERVATION TOWER IN JERUSALEM	(d) Purpose of grant
foreign country,				9,500.	(e) Amount of cash grant
recognized as tax-ex				9,500. WIRE TRANSFER	(f) Manner of cash disbursement
empt by				0.	(g) Amount of noncash assistance
Sche					(h) Description of noncash assistance
1 0 Schedule F (Form 990) 2016					(i) Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

				(a) Type of grant or assistance (b) Region
				(b) Region
				(c) Number of recipients
				(d) Amount of cash grant
				(e) Manner of cash disbursement
				(f) Amount of noncash assistance
				(g) Description of noncash assistance
				(h) Method of valuation (book, FMV, appraisal, other)

Pan	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No
		Schedule F (For	m 990) 2016

Schedule F	F (Form 990) 2016	QUEBEC-LABI	ADOR F	OUNDAT	ION,	INC.	13-6	155399	Page 5
Part V		al Information							
	Provide the infor	mation required by Part	I, line 2 (mon	itoring of fu	nds); Pa	rt I, line 3, colum	nn (f) (accounting method;	amounts of	
							unting method); and Part		i
	(estimated numb	per of recipients), as app	icable. Also d	complete th	is part to	provide any ad	ditional information. See in	structions.	
PART	I, LINE 2:								
THE OF	RGANIZATIO	N REQUESTS A	REPORT	FROM	THE	GRANTEE	ORGANIZATION	ON HOW	
THE FU	UNDS WERE	SPENT.							
-									
_									
-									
-									
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-									
-									

(Form 990)

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

OMB No. 1545-0047 Open to Public

Name of the organization Part I General Information on Grants and Assistance QUEBEC-LABRADOR FOUNDATION, Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 INC. Employer identification number 13-6155399 Inspection

Schedule I (Form 990) (2016)					ons for Form 990.	, see the Instructi	_HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
0.					1 table	s listed in the line	
> 1.				e line 1 table	ganizations listed in th	nd government or	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
PROVIDE STIPENDS TO			0.	5,400.	501(C)(3)	22-3436451	RINCETON INTERNSHIPS IN CIVIC SERVICE - P.O. BOX 261 - PRINCETON, NJ 08542
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
V, line 21, for any	es" on Form 990, Part I	inization answered "Y	omplete if the orga ad.	Governments. Conal space is neede	zations and Domestic be duplicated if additi	Domestic Organia \$5,000, Part II can	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
[States.	funds in the United	oring the use of grant	ocedures for monit	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
No No	stance, and the selection	for the grants or assis	grantees eligibility	or assistance, the g	amount of the grants	to substantiate tne	criteria used to award the grants or assistance?

SCHEDULE J (Form 990)

Compensation Information

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

QUEBEC-LABRADOR FOUNDATION

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

INC

2016
Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

13-6155399

Pa	art I Questions Regarding Compensation			
1.		171-1	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	Car.	8,14	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		7,1	11/11/
	First-class or charter travel Housing allowance or residence for personal use		300	
	Travel for companions Payments for business use of personal residence	THO	1	13.00
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees	1000	1 75	1916
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			Ber.
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	100	Fall	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
	, , , , , , , , , , ,	- 30		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
50	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	27		183
	establish compensation of the CEO/Executive Director, but explain in Part III.	100		
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study	1		
	X Form 990 of other organizations X Approval by the board or compensation committee		1911	100
	/ pprovar by the board of compensation committee	1750		1135
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			122
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	_		X
	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	100	NOTE:	
	The second of most are persons and previous are appropriate arrivation for sacrificant arrivation.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1561		
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.	9,00		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	154.1		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1 16		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Populations section 52 4059 6/o/2	0		

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

Schedule J (Form 990) 2016

Page 2

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

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

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

		B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0-(D)	in column (B) reported as deferred on prior Form 990
(1) LAWRENCE B. MORRIS	3	186,064.	0.	0.	7,742.	28,416.	222,222.	0.
PRESIDENT/EMERITUS (AS OF 1-1-17)	9	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH ALLING	3	133,776.	0.	0.	5,727.	29,749.	169,252.	0.
PRESIDENT	3	0.	0.	0.	0.	0.	0.	0.
	3							
	€							
	3							
	€							
	3							
	(II)							
	3							
	(iii)							
	3							
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	9							
	(ii)							
	3							
	(1)							
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	3							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SOCIAL CLUB DUES ARE PAID ON BEHALF OF THE PRESIDENT AND THE FOUNDING

CHAIRMAN IN ORDER FOR THE PRESIDENT AND THE FOUNDING CHAIRMAN TO HAVE A

TO THE RECIPIENTS.

ARE TREATED AS BUSINESS RELATED AND,

THEREFORE, AS NONTAXABLE COMPENSATION

THESE BENEFITS

CONVENIENT LOCATION TO MEET WITH DONORS AND BOARD MEMBERS.

ON A RETIREMENT BENEFIT.

IN CALENDAR YEAR 2016,

ELIZABETH ALLING RECEIVED \$5,000 OF 401(K) GROSS-UP

THE BENEFIT IS INCLUDED IN TAXABLE INCOME.

GROSS-UP ON A RETIREMENT BENEFIT.

IN CALENDAR YEAR 2016, LAWRENCE B.

MORRIS RECEIVED \$22,000 OF 401(K)

THE BENEFIT IS INCLUDED IN TAXABLE

INCOME.

PART I,

LINE

1B:

۱	Į	1	6	
i	i		s	
•				

Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

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

2016

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer identification number

OUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 Types of Property Part I (d) (a) (c) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 18 42,225. SALES PRICE Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

632141 08-23-16

LHA

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

Schedule M (Form 990) (2016)

Schedule I	M (Form 99	90) (2016	QU:	EBE	C-LAE	BRAD	OR_	FOUND	MOITA	INC	•			155399		age 2
Part II	Suppl	ementa	al Info	rma	tion. Pr	ovide t	he info	ormation re	quired by	Part I, line	es 30b, 32b,	and 33	, and whet	her the orga	nization	
	is repor	ting in Pa t for any :	art I, col	umn (b), the nu	ımber c	of conf	tributions, t	he numbe	r of items	received, or	a com	bination of	both. Also o	complete	9
	uns par	t ior arry i	additioi	iai inii	orriadori.											
SCHEDI	ULE M,	PAR	TI,	, CC	OLUMN	(B)):									
				-	~~		·- \		~~~~~	-		^-	~~~			
THE N	UMBER	IN P	ART	I,	COLU	MN ((B)	REPRE	SENTS	THE	NUMBER	OF	CONTR	IBUTIO	NS	
OF TEN																
OF IT	EMS.															
															72-17	
						_										

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization OUEBEC-LABRADOR FOUNDATION, INC. Employer identification number 13-6155399

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENVIRONMENT OF EASTERN CANADA AND NEW ENGLAND, AND TO CREATE MODELS FOR STEWARDSHIP OF NATURAL RESOURCES AND CULTURAL HERITAGE THAT CAN BE SHARED WORLDWIDE.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: SPECIES (LABRADOR STRAITS); AND THE STEWARDSHIP OF MARINE AND COASTAL WATERS (GREAT NORTHERN PENINSULA OF NEWFOUNDLAND).

THE SOUNDS CONSERVANCY - THE SOUNDS CONSERVANCY IS A MARINE RESEARCH PROGRAM ALONG THE SIX SOUNDS, ESTUARIES, AND COASTAL WATERS OF SOUTHERN NEW ENGLAND AND NEW YORK (LONG ISLAND, FISHERS ISLAND, BLOCK ISLAND, RHODE ISLAND, MARTHA'S VINEYARD, AND NANTUCKET SOUND). THE PROGRAM IS DESIGNED TO WORK WITH PRACTITIONERS AND RESEARCHERS TO PROTECT THE SOUNDS AND THEIR COASTAL WATERS, SUPPORT RESEARCH AND ENVIRONMENTAL POLICY, ENVIRONMENTAL EDUCATION AND COMMUNITY OUTREACH. IN 2017, SOUNDS CONSERVANCY STAFF PROVIDED TWENTY-ONE SUPPLEMENTAL GRANTS TO GRADUATE STUDENTS, MID-LEVEL AND SENIOR PROFESSIONALS WITH EXPERTISE IN MARINE CONSERVATION AND STEWARDSHIP. FOR EXAMPLE, GRANTEES ARE STUDYING THE HEALTH STATUS OF SHARKS IN THE COASTAL NORTHWESTERN ATLANTIC, THE GREAT GULL ISLAND PROJECT (A 45-YEAR LONGITUDINAL STUDY OF THE MIGRATION OF COMMON AND ROSEATE TERNS), COASTAL WATERBIRDS, AND THE IMPACT OF CLIMATE CHANGE ON COASTAL ENVIRONMENTS. PROGRAM STAFF ALSO COMPLETED AN EXTENSIVE ELECTRONIC PUBLICATION, THE SOUNDS CONSERVANCY 1995 - 2017, WHICH DOCUMENTS MORE THAN TWO DECADES OF

RESEARCH BY SOUNDS CONSERVANCY GRANTEES, AND CATEGORIZES THE RESEARCH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization

OUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number 13-6155399

BY SOUND, YEAR, AND SUBJECT.

STEWARDSHIP PROGRAM - IN 1981, QLF CREATED THE INTERNATIONAL

STEWARDSHIP PROGRAM WITH A REGIONAL AND INTERNATIONAL FOCUS DESIGNED TO

FOSTER AN EXCHANGE OF EXPERIENCE AND INNOVATIONS AMONG ORGANIZATIONS

AND INDIVIDUALS IN OTHER PARTS OF THE WORLD WHERE COMMUNITIES AND

REGIONS FACE SIMILAR CHALLENGES AND OPPORTUNITIES. ORGANIZED AROUND A

THEMATIC FOCUS ON STEWARDSHIP - EFFORTS TO CREATE, NURTURE, AND ENABLE

RESPONSIBILITY IN LANDOWNERS AND RESOURCE USERS TO MANAGE AND PROTECT

LAND AND ITS NATURAL AND CULTURAL HERITAGE - THE PROGRAM WORKS ON A

REGIONAL BASIS AND ALSO WITHIN GLOBAL FRAMEWORKS. THE PROGRAM IS

DIRECTED BY QLF'S SENIOR VICE PRESIDENT AND MUCH OF THE REGIONAL WORK

IN 2017 WAS DIRECTED IN PARTNERSHIP WITH THE NATIONAL PARK SERVICE

STEWARDSHIP INSTITUTE, WHICH ADVANCES INNOVATION IN COLLABORATIVE

CONSERVATION FOR THE STEWARDSHIP OF THE U.S. NATIONAL SYSTEM OF PARKS

AND "SPECIAL PLACES."

QLF IS A FOUNDING PARTNER WITH THE NATIONAL PARK SERVICE, UNIVERSITY OF

VERMONT, AND SHELBURNE FARM IN VERMONT. QLF IS ALSO THE PRINCIPAL

PARTNER IN THE NATIONAL PARK SERVICE COLLABORATIVE FOR INNOVATIVE

LEADERSHIP. THE GOAL OF THE COLLABORATIVE IS TO ACCELERATE THE SPREAD

OF IDEAS, ENCOURAGE INNOVATION, AND INSPIRE PEER-TO-PEER COLLABORATION

TO SOLVE MISSION-CRITICAL PROBLEMS AND ADVANCE ORGANIZATIONAL

EXCELLENCE. PROJECTS IN 2017 WERE:

URBAN MATTERS = QLF WORKED WITH THE NATIONAL PARK SERVICE TO DEVELOP

AND ACTIVATE AN "URBAN AGENDA," A BROAD ACTION PLAN FOR THE AGENCY TO

MORE FULLY SUPPORT AND LEVERAGE THE POTENTIAL OF ITS URBAN PARKS AND

Name of the organization

OUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number 13-6155399

PROGRAMS. QLF'S ROLE WAS TO FACILITATE AN ENGAGEMENT PROCESS TO

CROWD-SOURCE SOLUTIONS TO LONG-STANDING PROBLEMS IN: APPLYING

WILDERNESS PARK POLICIES TO URBAN ENVIRONMENTS; CULTURAL AND

ADMINISTRATIVE BARRIERS TO DIVERSIFYING THE WORKFORCE; AND SHARING OF

LOCAL INNOVATION NATIONWIDE.

SCALING UP = FOR THE LAST YEAR, A DEDICATED GROUP OF NATIONAL PARK SERVICE STAFF FROM PARKS, REGIONAL OFFICES, AND NATIONAL PROGRAMS HAVE BEEN LEADING THE EFFORTS OF A CALL TO ACTION: "SCALING UP." AS THE NATIONAL PARK SERVICE CARRIES OUT ITS MISSION TO PROTECT AND PRESERVE OUR NATURAL AND CULTURAL RESOURCES AND PROVIDE FOR VISITOR ENJOYMENT, THEY MUST INCLUDE LARGE LANDSCAPE CONSERVATION AS PART OF THEIR BROADER STRATEGY. THE SCALING UP TEAM'S GOAL IS TO EXPAND THE CONVERSATION ABOUT THE VALUE OF THESE EFFORTS AND SUCCESSFUL MODELS FOR COLLABORATIVE CONSERVATION IN ALL LEVELS OF THE ORGANIZATION AND ACROSS A MULTITUDE OF PROGRAMS AND DISCIPLINES AND IT NEEDS TO INCLUDE THE GREAT ARRAY OF PARTNERS DEDICATED TO THIS TYPE OF WORK AS WELL. AS A PARTNER IN THE STEWARDSHIP INSTITUTE, QLF WAS ASKED TO ASSIST THE SCALING UP TEAM IN BUILDING AN ENGAGEMENT STRATEGY THAT WILL LEAD TO BROADER NATIONAL PARK SERVICE AND PARTNER INVOLVEMENT IN DEVELOPING CREATIVE SOLUTIONS AND ACTION IN SUPPORT OF LARGE LANDSCAPE CONSERVATION. THE STEWARDSHIP INSTITUTE, THROUGH THE COLLABORATIVE FOR INNOVATIVE LEADERSHIP, DEVELOPED AN ENGAGEMENT FRAMEWORK THAT INTEGRATES EFFECTIVE APPROACHES IN HOW TO MOTIVATE AND ENGAGE DIVERSE AUDIENCES TO TAKE ACTION.

QLF'S SENIOR VICE PRESIDENT, STEWARDSHIP ALSO SERVES ON NUMEROUS OTHER INTERNATIONAL BODIES INCLUDING THE PROTECTED LANDSCAPES SPECIALIST

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Employer identification number Name of the organization 13-6155399 QUEBEC-LABRADOR FOUNDATION, INC. GROUP; THE IUCN COMMISSION ON ENVIRONMENTAL, ECONOMIC AND SOCIAL POLICY; JOINT TASK FORCES WITH THE SPECIES SURVIVAL COMMISSION AND COMMISSION ON ENVIRONMENTAL LAW. HE CONTRIBUTED TO A MANUAL, ENGAGING LOCAL CONSERVATION IN STEWARDSHIP OF WORLD HERITAGE, PUBLISHED BY UNESCO AS WORLD HERITAGE PAPER. OLF'S SENIOR VICE PRESIDENT ALSO REMAINS ENGAGED IN THE GEORGE WRIGHT SOCIETY AS PAST PRESIDENT. THE MIDDLE EAST CONSERVATION EXCHANGE PROGRAM SINCE 1992, QLF HAS DIRECTED FELLOWSHIPS AND EXCHANGE PROGRAMS FOR CONSERVATION LEADERS FROM THE MIDDLE EAST AND NORTH AMERICA. PROGRAM ALUMNI NOW REPRESENT LEADING ENVIRONMENTAL ORGANIZATIONS ACROSS THE REGION THE MIDDLE EAST, NORTH AFRICA, AND THE GULF STATES. A CENTRAL THEME OF THE PROGRAM IS USING THE ENVIRONMENT AS A BRIDGE TO MUTUAL UNDERSTANDING, ALLOWING FOR COLLABORATIVE CONSERVATION ACROSS BORDERS ACROSS GEOGRAPHY, POLITICAL BOUNDARIES, CULTURAL FRAMEWORKS, AND SOCIOECONOMIC BORDERS. THE MIDDLE EAST CONSERVATION EXCHANGE PROGRAM HAS TRADITIONALLY FOCUSED ON SPECIFIC THEMES THAT IMPACT CONSERVATION LEADERS IN-REGION, INCLUDING MIGRATORY BIRDS; CONSENSUS BUILDING AND COLLABORATIVE CONSERVATION; ENVIRONMENTAL CONFLICT RESOLUTION; ENVIRONMENTAL AND SOCIAL JUSTICE; NATURAL RESOURCE MANAGEMENT; AND WILDLIFE CONSERVATION. IN THE AFTERMATH OF RECENT ISRAELI/PALESTINIAN CONFLICT, THERE IS AN EVER-PRESSING NEED FOR DIALOGUE BETWEEN ISRAELIS, PALESTINIANS, AND THEIR ARAB NEIGHBORS. A SMALL NON-PROFIT LIKE OLF HAS ACCOMPLISHED MUCH AS A CONVENER, BRINGING TOGETHER LEADERS WHO SHARE A COMMON

REGION, AND THE GLOBAL ENVIRONMENT DESPITE THEIR CULTURAL AND POLITICAL

COMMITMENT TO THE CONSERVATION AND STEWARDSHIP OF THEIR COMMUNITY,

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Employer identification number Name of the organization QUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 DIFFERENCES. ON 12 NOVEMBER 2016, QLF DIRECTED A MIDDLE EAST PROGRAM REGIONAL MEETING IN BARCELONA, CATALONIA PRIOR TO THE OFFICIAL START OF THE SECOND OLF ALUMNI CONGRESS. THE MEETING WAS ATTENDED BY ALUMNI FROM COUNTRIES ACROSS THE MIDDLE EAST AS WELL AS ALUMNI FROM OTHER REGIONS AS WELL. DURING THE MEETING, ALUMNI THE OPPORTUNITY TO REFLECT ON THE IMPACT OF THE MIDDLE EAST EXCHANGE PROGRAM AS IT APPROACHES ITS 25TH ANNIVERSARY. ALUMNI IDENTIFIED NEW AND INNOVATIVE WAYS THE PROGRAM MAY TRANSITION TO ITS NEXT STAGE. THIS WAS AN OPPORTUNITY FOR ALUMNI TO FORM NEW CONSULTING TEAMS, REGIONAL, AND GLOBAL PARTNERSHIPS. QLF OFFERED DISCRETIONARY GRANT AWARDS TO MIDDLE EAST ALUMNI TO LAUNCH NEW PROGRAMS, PROJECTS, AND CONSULTING OPPORTUNITIES IN THE REGION. SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM IN APRIL 2017, QLF DIRECTED ITS SECOND SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM IN PARTNERSHIP WITH THE VIET NATURE, THE BIRDLIFE INTERNATIONAL PARTNER BASED IN HANOI, VIETNAM. THE PROGRAM'S GOAL WAS TO SHARE CONSERVATION KNOWLEDGE, EXPERIENCE, AND CONSERVATION INNOVATION WITH A FOCUS ON PUBLIC/PRIVATE PARTNERSHIPS IN BIODIVERSITY CONSERVATION. VIETNAM, WHICH OCCUPIES LESS THAN ONE PERCENT OF THE GLOBAL LAND AREA, IS A COUNTRY THAT IS RICH IN BIODIVERSITY. FOREST PROTECTION AND FOREST STEWARDSHIP, BIODIVERSITY CONSERVATION AND MARINE CONSERVATION ARE HIGH ON VIETNAM'S ENVIRONMENTAL AGENDA. THIS EXCHANGE WAS INSPIRED BY THE PRESIDENT AND DEPUTY DIRECTOR, VIET NATURE CONSERVATION CENTRE (HANOI) AND THE HEAD OF THE OUANG TRI

PROVINCIAL FOREST PROTECTION DEPARTMENT, WHO ATTENDED THE QLF ALUMNI

Schedule O (Form 990 or 990-EZ) (2016)

PARK SERVICE STEWARDSHIP INSTITUTE. IN WASHINGTON, D.C., FELLOWS MET

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number QUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 WITH THE EMBASSY OF VIETNAM; THE LAND TRUST ALLIANCE; AND THE INTERNATIONAL TECHNICAL ASSISTANCE PROGRAM, U.S. DEPARTMENT OF THE INTERIOR. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AND CONSULTANTS HAVE COMPLETED THE MAPPING OF ALUMNI WORLDWIDE AND HAVE CONSTRUCTED AN INTERACTIVE WEBSITE, THE GLOBAL LEADERSHIP NETWORK ONLINE OR GLN ONLINE, WHICH ALLOWS ALUMNI ACCESS TO SET UP AN ACCOUNT, POST PAPERS AND RESEARCH, NETWORK AND CONVENE ONLINE. ALSO POSTED ON THE NEWLY CONSTRUCTED GLN ONLINE ARE ARTICLES DOZENS OF ARTICLES THAT HIGHLIGHT THE ACCOMPLISHMENTS OF ALUMNI WORLDWIDE. AND STAFF HAVE COORDINATED TEAMS OF ALUMNI CONSULTANTS TASKED TO ADDRESS CRITICAL CONSERVATION ISSUES IN RURAL COMMUNITIES WORLDWIDE. THE LEADERSHIP PROGRAM - ESTABLISHED TO PROVIDE TRAINING AND EXPERIENTIAL LEARNING FOR VOLUNTEERS (HIGH SCHOOL STUDENTS) AND INTERNS (UNIVERSITY UNDERGRADUATE AND GRADUATE STUDENTS), THE 2017 LEADERSHIP PROGRAM DIRECTED AND MANAGED TWO-DOZEN INTERNSHIPS CORRESPONDING WITH THE FOLLOWING PROGRAMS MANAGED IN MASSACHUSETTS TO INCLUDE: BIODIVERSITY CONSERVATION; COMMUNICATIONS; GLOBAL LEADERSHIP NETWORK; MIDDLE EAST CONSERVATION EXCHANGE PROGRAM; SOUTHEAST ASIA CONSERVATION EXCHANGE PROGRAM; THE SECOND OLF ALUMNI CONGRESS; AND THE SOUNDS CONSERVANCY (A MARINE RESEARCH PROGRAM ALONG THE SOUNDS AND COASTAL WATERS OF SOUTHERN NEW ENGLAND AND NEW YORK). THE SCHOLARSHIP PROGRAM - QLF MANAGEMENT AND STAFF DIRECTED THE SCHOLARSHIP PROGRAM, WHICH PROVIDES SUPPLEMENTAL FINANCIAL SUPPORT TO

UNIVERSITY STUDENTS IN OUR HOME REGION. A SCHOLARSHIP DIRECTORY IS

Name of the organization QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number 13-6155399

REVISED EACH YEAR AND DOCUMENTS THE STUDENTS, ACADEMIC AFFILIATION, AND FIELD OF ACADEMIC STUDY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ISSUES. WORKSHOPS ARE DESIGNED TO PROVIDE PRACTICAL INFORMATION AND

SKILLS TO IDENTIFY SEABIRDS AND SEA DUCKS; MONITOR MARINE SPECIES AT

RISK; ADDRESS IMPACTS OF CLIMATE CHANGE IN-REGION; AND THE STEWARDSHIP

OF NATURAL RESOURCES AND CULTURAL HERITAGE.

SPECIAL PROJECT: BUSINESS PLAN, OLF GLOBAL ONE OF THE 2017 SPECIAL PROJECTS WAS A BUSINESS PLAN ESTABLISHED FOR QLF GLOBAL, A NEW GLOBAL CONSERVATION CONSULTING PROGRAM. CONSULTING ASSIGNMENTS PROMOTE INNOVATIVE SOLUTIONS TO SHARED LOCAL AND REGIONAL CONSERVATION CHALLENGES WORLDWIDE THAT RESULT IN MEASURABLE, BENEFICIAL SOCIAL AND ENVIRONMENTAL RETURN ON IMPACT. QLF GLOBAL REGIONAL CONSULTING TEAMS DRAW FROM OLF'S ALUMNI BASE (APPROXIMATELY 5,000 REPRESENTING 75 COUNTRIES). TAPPING THIS HIGHLY DIVERSE KNOWLEDGEBASE, OLF GLOBAL IS ABLE TO STAFF A BROAD RANGE OF PROJECTS. BINDING OLF'S PROGRAMS TOGETHER IS ITS COMMITMENT TO LEADERSHIP DEVELOPMENT THROUGH COMMUNITY SERVICE; COMMUNITY-BASED CONSERVATION; AND STEWARDSHIP OF NATURAL RESOURCES AND CULTURAL HERITAGE. THE QLF GLOBAL PROGRAM IS ALSO AN OPPORTUNITY FOR QLF TO AMPLIFY ITS MISSION, VISION, AND VALUES WITH POTENTIAL ACCESS TO NEW, DIVERSIFIED SOURCES OF FUNDING TO SUPPORT GROWTH.

SPECIAL PROJECT: QLF GLOBAL - IN 2017, QLF LAUNCHED QLF GLOBAL PROJECTS

IN-REGION AND WORLDWIDE THAT PROMOTE INNOVATIVE PARTNERSHIPS AND

SOLUTIONS THAT ADVANCE SUCCESSFUL CONSERVATION OUTCOMES AND STRENGTHEN

A GLOBAL COMMITMENT TO CARING FOR OUR ENVIRONMENT. QLF GLOBAL PROJECTS

Name of the organization Employer identification number QUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 ARE MANAGED BY OLF SENIOR STAFF FOR ASSIGNMENTS WITH NON-GOVERNMENTAL ORGANIZATIONS AND GOVERNMENT AGENCIES IN-REGION AND WORLDWIDE. AS AN EXAMPLE, QLF SENIOR VICE PRESIDENT CHAIRS A SPECIALIST GROUP OF THE WORLD COMMISSION ON PROTECTED AREAS ON PRIVATE APPROACHES TO CONSERVATION AND NATURE STEWARDSHIP. IN 2016 OLF INTRODUCED AN OFFICIAL RESOLUTION FOR ALL IUCN MEMBERS - WHICH INCLUDES MOST GOVERNMENTS - TO SUPPORT PRIVATELY PROTECTED AREAS (PPAS). THE RESOLUTION ALSO CALLED FOR GLOBAL GUIDANCE ON PPAS. ACCORDINGLY, IN 2017, THE SPECIALIST GROUP LED BY OLF SENIOR VICE PRESIDENT BEGAN AN EXTENSIVE PROCESS TO WRITE THE GUIDELINES FOR PRIVATELY PROTECTED AREAS FOR THE IUCN. (THIS PROJECT WOULD CONTINUE INTO THE FOLLOWING YEAR.) SPECIAL PROJECT: RESEARCH & DEVELOPMENT, CONSERVATION EXCHANGE PROGRAMS OLF MANAGEMENT EXPLORED NEW CONSERVATION EXCHANGE PROGRAMS TO BE DIRECTED IN THE FOLLOWING YEAR TO INCLUDE AN EXCHANGE PROGRAM ON BIODIVERSITY CONSERVATION FOR ENVIRONMENTAL LEADERS FROM MONGOLIA TO NEW ENGLAND; AND AN EXCHANGE PROGRAM ON COMMUNITY-BASED CONSERVATION FOR ENVIRONMENTAL LEADERS FROM ISRAEL TO NEW ENGLAND; AND AN EXCHANGE PROGRAM ON THE GREAT FLYWAYS TO TAKE PLACE ALONG THE RED SEA/RIFT VALLEY FLYWAYS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE SECOND QLF ALUMNI CONGRESS QLF HELD THE SECOND ALUMNI CONGRESS IN BARCELONA, CATALONIA, SPAIN, WITH 160 ALUMNI (FORMER INTERNS, VOLUNTEERS AND INTERNATIONAL FELLOWS) AND PARTNERS REPRESENTING 38 COUNTRIES. THE CONGRESS PROVIDED AN OPPORTUNITY FOR ALUMNI AND PARTNERS TO CONVENE AND NETWORK; PARTICIPATE

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STEWARDSHIP; THE NATURE IN US: CULTURAL HERITAGE & COMMUNITIES; NEW

DIRECTIONS IN PROTECTED AREAS; OUR LIVING PLANET: BIODIVERSITY & NATURE

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number QUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 CONSERVATION; AND SCALING UP AND CONSERVATION FINANCE. THE RECOMMENDATIONS SET FORTH AT THE CONGRESS WORKSHOP PLENARY MIRROR QLF'S PROGRAM DIRECTION; THAT IS, TO DIRECT CURRENT REGIONAL COMMUNITY-BASED CONSERVATION PROGRAMS AND INTERNATIONAL CONSERVATION EXCHANGE PROGRAM, AND LAUNCH NEW INITIATIVES UNDER THE BANNER OF THE GLOBAL LEADERSHIP NETWORK ONE OF WHICH IS THE QLF GLOBAL PROGRAM DESIGNED TO OFFER CONSULTING ASSIGNMENTS TO ALUMNI CONSERVATION LEADERS AND PRACTITIONERS. THE ASSIGNMENTS ARE EXPECTED TO GENERATE HIGH IMPACT AND INNOVATIVE SOLUTIONS TO SHARED ENVIRONMENTAL CHALLENGES IN COMMUNITIES WORLDWIDE. OLF GLOBAL PRESENTS AN OPPORTUNITY FOR NEW MISSION-DRIVEN PROGRAMS THAT RESULT IN DIVERSIFIED FUNDING TO SUPPORT OLF'S PROGRAMMATIC GROWTH AND OUR NETWORK OF ALUMNI. OLF GLOBAL HAS THE POTENTIAL TO MEET FUNDING CHALLENGES AS NONPROFITS EXPERIENCE INCREASED COMPETITION FOR PHILANTHROPIC SUPPORT. CREATIVE ADAPTATION IS CRUCIAL, AND THIS INITIATIVE SHOULD LEAD TO A MORE SUSTAINABLE ORGANIZATION. FOLLOWING THE CONGRESS, QLF SENIOR VICE PRESIDENT DIRECTED CATALAN STEWARDSHIP: A POST-CONGRESS POLICY STUDY TOUR FOR OLF ALUMNI JOINED WITH CATALAN POLICYMAKERS TO EXPLORE THE CURRENT PRACTICE AND FUTURE POTENTIAL FOR NATURE STEWARDSHIP AND PRIVATELY PROTECTED AREAS IN THE COUNTRY. THE TOUR INCLUDED FIELD SITE VISITS AND MEETINGS WITH ALUMNI IN CATALONIA. AND FOLLOWING THE CONGRESS QLF STAFF DIRECTED A POST-CONGRESS CULTURAL

Schedule O (Form 990 or 990-EZ) (2016)

TOUR IN SEVILLE AND CORDOBA, ANDALUSIA, ONE OF SPAIN'S SEVENTEEN

AUTONOMOUS COMMUNITIES BORDERING BOTH THE ATLANTIC AND MEDITERRANEAN

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Employer identification number Name of the organization QUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 OCEANS. OVER ITS LONG HISTORY, THE REGION HAS SEEN A SUCCESSION OF CULTURES AND RELIGIONS INCLUDING LONG PERIODS OF ROMAN AND ISLAMIC RULE. TODAY, ARCHITECTURE AND TRADITIONS IN ANDALUSIA REFLECT A BLEND OF CULTURES. ANDALUSIA IS NOTED FOR ITS UNESCO SITES, PROTECTED AREAS, IMPORTANT HISTORIC CROSS-BORDER TRADE, AND COEXISTENCE OF THE WORLD'S GREAT RELIGIONS. ANDALUSIA BEST REPRESENTS OLF'S COMMITMENT TO COMMUNITY, CULTURE, AND CONSERVATION, AND THE ORGANIZATION'S WORK ACROSS CULTURAL, RELIGIOUS, AND GEOGRAPHIC BORDERS. EXPENSES \$ 158,045. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: DIRECTOR BAYARD BROKAW AND FOUNDING CHAIRMAN, ROBERT BRYAN HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY MANAGEMENT AND THEN, SEPARATELY, BY THE AUDIT COMMITTEE. THE ORGANIZATION EMAILS ALL OF ITS GOVERNING BODY MEMBERS A LINK TO A PASSWORD-PROTECTED BOARD WEBSITE ON WHICH THE FORM 990 (WITH SCHEDULE B REDACTED TO PROTECT DONOR IDENTITY) CAN BE VIEWED, AND NOTES IN THE EMAIL THAT THE FORM 990 IS AVAILABLE FOR A REVIEW ON THAT SITE. FORM 990, PART VI, SECTION B, LINE 12C: FOR PURPOSES OF THIS PROVISION, THE TERM "INTEREST" SHALL INCLUDE PERSONAL INTEREST, INTEREST AS A DIRECTOR, OFFICER, MEMBER, STOCKHOLDER, SHAREHOLDER, PARTNER, MANAGER OR BENEFICIARY OF ANY CONCERN OR HAVING AN

IMMEDIATE FAMILY MEMBER WHO HOLDS SUCH AN INTEREST IN ANY CONCERN. THE TERM

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DISCLOSURE, ABSTENTION, AND RATIONALE FOR APPROVAL.

THE MINUTES OF MEETINGS AT WHICH SUCH VOTES ARE TAKEN SHALL RECORD SUCH

4. PAYMENTS TO THE INTERESTED DIRECTOR, OFFICER OR KEY EMPLOYEE SHALL BE

REASONABLE AND SHALL NOT EXCEED FAIR MARKET VALUE.

THE FOREGOING PROCEDURES SHALL NOT BE REQUIRED IF THE INTEREST OF THE

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Employer identification number Name of the organization QUEBEC-LABRADOR FOUNDATION, INC. 13-6155399 AFFECTED DIRECTOR, OFFICER OR KEY EMPLOYEE CONSISTS OF DIRECT OR INDIRECT OWNERSHIP OF 1% OR LESS OF PUBLIC TRADED SECURITIES OF THE CONCERN OR IF THE TRANSACTION IS DE MINIMIS IN RELATION TO THE ORGANIZATION'S ASSETS OR REVENUES. DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE CONFLICT OF INTEREST POLICY AND ANNUAL DISCLOSURE STATEMENT ARE MAILED TO THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF THE QUEBEC-LABRADOR FOUNDATION. THE SIGNED DISCLOSURE STATEMENT IS COLLECTED AND REVIEWED BY THE PRESIDENT OF THE ORGANIZATION, ELIZABETH ALLING. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS REVIEWED BY THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WITH A PERIODIC REVIEW DONE BY AN EXTERNAL THIRD PARTY. THE COMPENSATION OF THE PRESIDENT EMERITUS AND PRESIDENT ARE REVIEWED AND APPROVED BY THE FULL BOARD OF DIRECTORS, AND PERIODICALLY COMPARED TO COMPARABLE DATA AT SIMILAR ORGANIZATIONS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, GOVERNANCE REFERENCE MANUAL, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE OLF WEBSITE. THE GOVERNANCE REFERENCE MANUAL INCLUDES BY-LAWS, MEMBERS OF THE GOVERNING BOARDS, BOARD COMMITTEES AND CORRESPONDING BOARD CHARTERS, STAFF, AND POLICIES OF THE QUEBEC-LABROADOR FOUNDATION TO INCLUDE: CONFLICT OF

INTEREST, WHISTLEBLOWER POLICY, DOCUMENT RETENTION AND DESTRUCTION POLICY,

COMPENSATION SETTING POLICY, AND THE JOINT VENTURE POLCY.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization QUEBEC-LABRADOR FOUNDATION, INC.	Employer identification number 13-6155399
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM BUDGET AND FINANCE CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	196,477.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	196,477.
WEBSITE DESIGN FEES:	
PROGRAM SERVICE EXPENSES	5,064.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,064.
PHOTOGRAPHY AND DESIGN FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	7,152.
TOTAL EXPENSES	7,152.
STRATEGIC PLANNING FEES:	
PROGRAM SERVICE EXPENSES	43,254.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,254.
COMMUNICATIONS AND MARKETING FEES:	
PROGRAM SERVICE EXPENSES	15,878.
632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization QUEBEC-LABRADOR FOUNDATION, INC.	Employer identification number 13-6155399
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,878.
FOUNDER'S INITIATIVES:	
PROGRAM SERVICE EXPENSES	24,495.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,063.
TOTAL EXPENSES	27,558.
PROGRAM DELIVERY FEES:	
PROGRAM SERVICE EXPENSES	6,922.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,922.
ACCOUNTING FEES:	
PROGRAM SERVICE EXPENSES	13,890.
MANAGEMENT AND GENERAL EXPENSES	3,172.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,062.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	319,367.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection 2016

OMB No. 1545-0047

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

Employer identification number 13-6155399

QUEBEC-LABRADOR	OR FOUNDATION, INC.				13-6155399	99
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets	300	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990		ecause it had one or	Part IV, line 34 because it had one or more related tax-exempt	pt
(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	Section 512(b)(13) controlled entity?
QUEBEC LABRADOR FOUNDATION (CANADA), INC. 606 RUE CATHCART, BUREAU 401	SUPPORTING THE RURAL COMMUNITIES AND		CANADIAN			
MONTREAL, QUEBEC, CANADA H3B 1K9	ENVIRONMENT OF EASTERN	CANADA	REGISTERED			×

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

Page 2

	Part III or
	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" or organizations treated as a partnership during the tax year.
1.1	anizations Taxable a tnership during the tax
	s a Partnershi (year.
7.11	p. Complete if
	the organization answere
5	ed "Yes" on Form
	990, Part IV, line
	34 because it
	had one or more
	related

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	T = 3	Code V-UBI amount in box 20 of Schedule
		country)		sections 512-514)		assets	Yes N	
	1							

organizations treated as a corporation or trust during the tax year.

								Name, address, and EIN of related organization	(a)	
								Primary activity	(b)	9
							country)	Legal domicile (state or foreign	(c)	
								Direct controlling entity	(d)	
							C. 11401)	Type of entity (C corp, S corp, or trust)	(e)	
								Share of total income	3	
							-	Share of end-of-year	(g)	
								Percentage ownership	Ē	
							Yes No	512(b)(13) controlled enlity?	9	

2016	Schedule R (Form 990) 2016	Schedu		}	632163 09-06-16
					(6)
					(5)
					(4)
					(3)
					(2)
					(1)
	t involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
		ationships and transaction thresholds.	s line, including covered rela	no must complete this	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.
×	1s		100		S
×	-				r Other transfer of cash or property to related organization(s)
Þ	Iq		***************************************		q Heimbursement paid by related organization(s) for expenses
4	_			***************************************	
×	-				b Reimbursement paid to related organization(s) for expenses
	10 X	***************************************			Sharing of paid employees with related organization(s)
×	i in	***************************************			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	1m				m Performance of services or membership or fundralsing solicitations by related organization(s)
×	=				I Performance of services or membership or fundraising solicitations for related organization(s)
×	*				k Lease of facilities, equipment, or other assets from related organization(s)
×	<u>-</u>				U
×					
×					h Purchase of assets from related organization(s)
×	19				g Sale of assets to related organization(s)
×	=				f Dividends from related organization(s)
	\vdash	***************************************			
	1d X				
×	10				c Gift, grant, or capital contribution from related organization(s)
×	d				b Gift, grant, or capital contribution to related organization(s)
×	10		***************************************		a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
		Parts II-IV?	ated organizations listed in F	with one or more rela	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?
No	Yes				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
		r 36.	990, Part IV, line 34, 35b, o.	vered "Yes" on Form	Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
ana	.0000	H ()			ocupation in contrast to Sometiment to Contrast total

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

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

																	or entity	Name, address, and EIN	(a)
			1															Primary activity	(b)
																- 1	(state or foreign	Legal domicile	(c)
																	excluded from tax under orgs.?	Predominant income	(d)
																100	Ves No	partners sec. 501(c)(3)	(e)
																		Š	3
																	assets	Share of	(9)
											_					100	allocations?	Dispropor- tionate	Ē
																	of Schedule K-1 partner? Ownership	Code V-UBI	9
		_															partner?	General or managing	6
																	ownersnip	Percentage	Ē

Schedule R (Form 990) 2016 QUEBEC-LABRADOR FOUNDATION, INC.	13-6155399	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
PART II, IDENTIFICATION OF REDATED TAX EXEMPT ORGANIZATIONS.		
NAME OF RELATED ORGANIZATION:		
OHERES LARRADOR ECHNICAMION (CANADA) INC		
QUEBEC LABRADOR FOUNDATION (CANADA), INC.		
PRIMARY ACTIVITY: SUPPORTING THE RURAL COMMUNITIES AND ENVIRO	ONMENT OF	
EASTERN CANADA		
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