

EXTENDED TO JULY 15, 2021

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **SEP 1, 2019** and ending **AUG 31, 2020**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**QUEBEC-LABRADOR FOUNDATION, INC.**

Doing business as

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

**4 SOUTH MAIN STREET**

City or town, state or province, country, and ZIP or foreign postal code

**IPSWICH, MA 01938**

**F** Name and address of principal officer: **ELIZABETH ALLING**  
**SAME AS C ABOVE**

**D** Employer identification number

**13-6155399**

**E** Telephone number

**978-356-0038**

**G** Gross receipts \$ **2,363,555.**

**H(a)** Is this a group return

for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: **QLF.ORG**

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

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

**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: <b>QUEBEC-LABRADOR FOUNDATION U.S. (QLF) EXISTS TO PROMOTE GLOBAL LEADERSHIP DEVELOPMENT, TO SUPPORT</b>							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		3	10				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	8				
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	10				
6 Total number of volunteers (estimate if necessary)		6	0				
7 a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
b Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
		Prior Year	Current Year				
8 Contributions and grants (Part VIII, line 1h)		659,353.	764,294.				
9 Program service revenue (Part VIII, line 2g)		10,880.	12,240.				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		278,273.	203,850.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		91,021.	89,000.				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,039,527.	1,069,384.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,585.	7,500.				
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		699,750.	809,441.				
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>21,787.</b>							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		694,171.	465,678.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,412,506.	1,282,619.				
19 Revenue less expenses. Subtract line 18 from line 12		-372,979.	-213,235.				
		Beginning of Current Year	End of Year				
20 Total assets (Part X, line 16)		5,123,971.	5,292,862.				
21 Total liabilities (Part X, line 26)		150,451.	156,740.				
22 Net assets or fund balances. Subtract line 21 from line 20		4,973,520.	5,136,122.				

**Part II Signature Block**

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

Sign Here	Signature of officer	<i>Elizabeth Alling</i>	Date	<i>31 March 2021</i>
	Type or print name and title	<b>ELIZABETH ALLING, PRESIDENT</b>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	<b>EDWARD TAYLOR</b>	<b>EDWARD TAYLOR</b>	<b>03/25/21</b>	<b>P00299025</b>
Firm's name	Firm's EIN		Phone no.	
	<b>NARDELLA &amp; TAYLOR, LLP</b>	<b>04-2979611</b>	<b>781-862-6833</b>	
Firm's address		Firm's EIN		
<b>24 HARTWELL AVENUE</b>		<b>04-2979611</b>		
<b>LEXINGTON, MA 02421</b>				

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



**Part III Statement of Program Service Accomplishments**

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

☒ X**1** Briefly describe the organization's mission:

QLF EXISTS TO PROMOTE GLOBAL LEADERSHIP DEVELOPMENT, TO SUPPORT THE RURAL COMMUNITIES AND ENVIRONMENT OF EASTERN CANADA AND NEW ENGLAND, AND TO CREATE MODELS FOR STEWARDSHIP OF NATURAL RESOURCES AND CULTURAL HERITAGE THAT CAN BE SHARED WORLDWIDE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 582,843. including grants of \$ 5,000. ) (Revenue \$ )

**I. CONSERVATION AND STEWARDSHIP IN 2020, QLF'S CONSERVATION AND STEWARDSHIP INITIATIVES CONSIST OF THE FOLLOWING PROGRAMS AND PROJECTS:**  
 1) THE SOUNDS CONSERVANCY MARINE RESEARCH PROGRAM; 2) BIODIVERSITY CONSERVATION PROGRAM WITH ITS PROJECTS, AQUATIC SPECIES AT RISK, HABITAT STEWARDSHIP FOR SPECIES AT RISK, MARINE BIRD CONSERVATION; AND PROTECTED AREAS STEWARDSHIP; 3) THE NATIONAL PARK SERVICE STEWARDSHIP INSTITUTE WITH ITS PROJECTS, STEWARDSHIP TODAY, NEW PARKS/NEW PARTNERSHIPS, AND THE CHESAPEAKE BAY GATEWAYS NETWORK; 4) CONSERVATION EXCHANGE PROGRAMS TO INCLUDE THE EAST ASIA CONSERVATION EXCHANGE PROGRAM WITH CONSERVATION LEADERS FROM MONGOLIA AND NEW ENGLAND AND THE GREAT FLYWAYS, A MIDDLE EAST CONSERVATION EXCHANGE PROGRAM ALONG THE RIFT VALLEY/RED SEA FLYWAYS; AND 5) THE QLF GLOBAL PROGRAM WITH ITS

**4b** (Code: ) (Expenses \$ 98,914. including grants of \$ 2,500. ) (Revenue \$ )**II. LEADERSHIP PROGRAMS**

CONSERVATION INTERNSHIP PROGRAM THE CONSERVATION INTERNSHIP PROGRAM IS MANAGED BY STAFF FROM THE HEADQUARTERS IN MASSACHUSETTS. AS CONSERVATION LEADERSHIP IS AMONG QLF'S HIGHEST PRIORITIES AND HAS HISTORICALLY BEEN A HALLMARK OF OUR PROGRAMS, QLF INVESTS IN THE NEXT GENERATION OF ENVIRONMENTAL LEADERS WHO ARE UNDERGRADUATE AND GRADUATE STUDENTS AND YOUNG PROFESSIONALS. EACH YEAR, QLF SUPPORTS UP TO 24 INTERNS WHO REPRESENT ACADEMIC INSTITUTIONS WORLDWIDE AND WHO ARE ASSIGNED TO PROGRAMS IN QLF'S HOME REGION: MARITIMES, NEWFOUNDLAND AND LABRADOR, THE QUEBEC NORTH SHORE ALONG THE GULF OF ST. LAWRENCE; AND NEW ENGLAND. INTERNSHIPS PROVIDE HANDS-ON, EXPERIENTIAL TRAINING, AND

**4c** (Code: ) (Expenses \$ 163,997. including grants of \$ ) (Revenue \$ 88,673. )**III. SPECIAL PROJECTS**

SPECIAL PROJECTS ARE MANAGED BY QLF PRESIDENT AND PRESIDENT EMERITUS AND CONSIST OF RESEARCH FOR NEW CONSERVATION PROGRAMS AND INITIATIVES BOTH IN-REGION AND OVERSEAS; NEW PUBLIC/PRIVATE CONSERVATION PARTNERSHIPS; AND NEW CONSERVATION CONSULTING ASSIGNMENTS IN-REGION. SPECIAL PROJECTS ADVANCE THE ORGANIZATION'S MISSION WITH ITS CURRENT FOCUS ON BIODIVERSITY CONSERVATION AS A STRATEGY TO BUILD RESILIENCE IN A CHANGING CLIMATE. IN ADDITION, QLF'S PRESIDENT EMERITUS IS WRITING A SERIES OF ARTICLES AND ESSAYS ON THE HISTORY OF THE ORGANIZATION, PROGRAM ACCOMPLISHMENTS, AND MANY OF THE ORGANIZATION'S CONSTITUENTS THAT HAVE BEEN AND CONTINUE TO BE PROMINENT AND INFLUENTIAL

**4d** Other program services (Describe on Schedule O.)(Expenses \$ 318,061. including grants of \$ ) (Revenue \$ )**4e** Total program service expenses 1,163,815.Form **990** (2019)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 <b>Section 501(c)(3) organizations.</b> 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, 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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 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
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
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	X
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	X
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b 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



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

	Yes	No
<b>22</b> 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		X
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



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

		Yes	No
<b>2a</b> 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>2a</b> 10		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and annual contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		8												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
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
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														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?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
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				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?						X								
14 Did the organization have a written document retention and destruction policy?						X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization									X					
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
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?														

**Section C. Disclosure**

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

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

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **ELIZABETH ALLING - 978-356-0038**  
**4 SOUTH MAIN ST., IPSWICH, MA 01938-2331**





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

[illegible]

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

2

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		X
4	X	
5		X

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	191,493.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	572,801.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f			764,294.			
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICES	<b>Business Code</b>	541900	12,240.	12,240.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f			12,240.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			133,423.			133,423.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other	1,364,598.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		1,294,171.			
	<b>c</b> Gain or (loss)	<b>7c</b>		70,427.			
	<b>d</b> Net gain or (loss)			70,427.			70,427.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MANAGEMENT FEES	<b>Business Code</b>	561000	89,000.	89,000.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e</b> <b>Total.</b> Add lines 11a-11d			89,000.			
<b>12</b> <b>Total revenue.</b> See instructions			1,069,384.	101,240.	0.	203,850.	



**Part IX Statement of Functional Expenses**

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

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

☒ X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000.	5,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,500.	2,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	325,779.	306,784.	14,836.	4,159.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	348,781.	328,445.	15,884.	4,452.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,384.	5,070.	245.	69.
9 Other employee benefits	77,760.	73,226.	3,541.	993.
10 Payroll taxes	51,737.	48,721.	2,356.	660.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,703.	2,365.	264.	74.
c Accounting	30,940.	27,071.	3,022.	847.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,160.		19,160.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	130,624.	115,401.	11,890.	3,333.
12 Advertising and promotion				
13 Office expenses	40,748.	35,711.	3,934.	1,103.
14 Information technology	6,154.	5,385.	601.	168.
15 Royalties				
16 Occupancy	41,003.	34,099.	5,392.	1,512.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,277.	48,551.	2,129.	597.
20 Interest	5,153.	4,331.	642.	180.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,880.	12,365.	1,964.	551.
23 Insurance	38,364.	31,895.	5,053.	1,416.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TELECOMMUNICATIONS</b>	19,598.	17,596.	1,564.	438.
b <b>PRINTING</b>	19,464.	17,273.	1,712.	479.
c <b>STIPENDS</b>	12,700.	12,700.		
d <b>POSTAGE &amp; SHIPPING</b>	9,429.	8,481.	740.	208.
e All other expenses	23,481.	20,845.	2,088.	548.
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>1,282,619.</b>	<b>1,163,815.</b>	<b>97,017.</b>	<b>21,787.</b>
<b>26 Joint costs.</b> 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)



**Part 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
<b>Assets</b>	1 Cash - non-interest-bearing .....	20,772.	1	252,543.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	3,975.	3	1,392.
	4 Accounts receivable, net .....	9,205.	4	24,959.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	12,292.	9	7,555.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	187,965.		
	10b Less: accumulated depreciation .....	177,471.		
	11 Investments - publicly traded securities .....	26,239.	10c	10,494.
	12 Investments - other securities. See Part IV, line 11 .....	4,261,366.	11	4,198,165.
	13 Investments - program-related. See Part IV, line 11 .....	614,527.	12	592,838.
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	175,595.	14	204,916.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,123,971.	15	5,292,862.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	75,493.	16	53,436.
	18 Grants payable .....		17	
	19 Deferred revenue .....		18	
	20 Tax-exempt bond liabilities .....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....	74,958.	22	103,304.
	24 Unsecured notes and loans payable to unrelated third parties .....		23	
	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 .....		24	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	150,451.	25	156,740.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions .....		96,271.	26	98,295.
28 Net assets with donor restrictions .....		4,877,249.	27	5,037,827.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			28	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			29	
31 Retained earnings, endowment, accumulated income, or other funds .....			30	
32 <b>Total net assets or fund balances</b> .....		4,973,520.	31	5,136,122.
33 <b>Total liabilities and net assets/fund balances</b> .....	5,123,971.	32	5,292,862.	

Form 990 (2019)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,069,384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,282,619.
3	Revenue less expenses. Subtract line 2 from line 1	3	-213,235.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,973,520.
5	Net unrealized gains (losses) on investments	5	375,834.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,136,122.

**Part XII Financial Statements and Reporting**

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)



Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

2019

**Open to Public Inspection**

Name of the organization

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Employer identification number**  
13-6155399

Part 1		Reason for Public Charitable Status	
<p>QUEBEC-LABRADOR FOUNDATION, INC.</p>			

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_

**g Provide the following information about the supported organization(s).**

Part III. Information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1240786.	1015409.	871,838.	659,353.	650,766.	4438152.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	1240786.	1015409.	871,838.	659,353.	650,766.	4438152.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						981,045.
6 <b>Public support.</b> Subtract line 5 from line 4.						3457107.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....	1240786.	1015409.	871,838.	659,353.	650,766.	4438152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	182,513.	153,105.	113,604.	126,901.	133,423.	709,546.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						5147698.
12 Gross receipts from related activities, etc. (see instructions) .....					12	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	67.16 %
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	85.03 %
16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV** Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete line 2 below.b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		



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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

**Section E - Distribution Allocations** (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



**Part VI**

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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public  
Inspection

Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number

13-6155399

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

932051 10-02-19

11580325 742892 1370.0

2019.05080 QUEBEC-LABRADOR FOUNDATIO 1370.0\_1

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,875,499.	5,551,672.	5,586,113.	5,294,859.	5,413,934.
b Contributions	20,400.	40,550.	1,000.		14,000.
c Net investment earnings, gains, and losses	561,919.	87,467.	609,664.	656,704.	286,503.
d Grants or scholarships					
e Other expenditures for facilities and programs	419,990.	804,190.	625,139.	365,450.	419,578.
f Administrative expenses			19,966.		
g End of year balance	5,037,828.	4,875,499.	5,551,672.	5,586,113.	5,294,859.

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 84.03 %  
 c Term endowment ☒ 15.97 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,727.	18,540.	1,187.
d Equipment		88,776.	86,587.	2,189.
e Other		79,462.	72,344.	7,118.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,494.

Schedule D (Form 990) 2019



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) BROADSTONE NET LEASE,		
(B) INC.	592,838.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	592,838.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,426,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	375,834.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	375,834.
3	Subtract line 2e from line 1	3	1,050,224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,160.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	19,160.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,069,384.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,263,459.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,263,459.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,160.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	19,160.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,282,619.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:****UNCERTAIN TAX POSITIONS**

THE ORGANIZATIONS ACCOUNT FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS.

**Part XIII** Supplemental Information (continued)

THE ORGANIZATIONS HAVE IDENTIFIED THEIR TAX STATUS AS A TAX EXEMPT ENTITY AND THEIR DETERMINATION AS TO INCOME BEING RELATED OR UNRELATED AS THEIR ONLY SIGNIFICANT TAX POSITIONS; HOWEVER, THE ORGANIZATIONS HAVE DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATIONS ARE NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATIONS' UNITED STATES FEDERAL AND STATE TAX RETURNS, AND CANADIAN TAX RETURNS, ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**QUEBEC-LABRADOR FOUNDATION, INC.**

Employer identification number  
**13-6155399**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |
- 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
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 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 contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 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:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 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
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2019



**13-6155399**

**Schedule J (Form 990) 2019**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Officers.**

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). Do not list any individuals that aren't listed on Form 990, Part VII.

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

[illegible]

Part III Supplemental Information

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

PART I, LINE 1A:

SOCIAL CLUB DUES ARE PAID ON BEHALF OF THE PRESIDENT EMERITUS IN ORDER TO  
HAVE A CONVENIENT LOCATION TO MEET WITH DONORS & BOARD MEMBERS. THESE DUES  
ARE TREATED AS BUSINESS-RELATED AND, THEREFORE, AS NONTAXABLE COMPENSATION  
TO THE RECIPIENTS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number

13-6155399

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE RURAL COMMUNITIES AND ENVIRONMENT OF EASTERN CANADA AND NEW  
ENGLAND, AND TO CREATE MODELS FOR STEWARDSHIP OF NATURAL RESOURCES AND  
CULTURAL HERITAGE THAT CAN BE SHARED WORLDWIDE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PROGRAM MISSION OF THE QUEBEC-LABRADOR FOUNDATION U.S. (QLF) IS  
DEFINED IN TWO PARTS: A REGIONAL COMPONENT (NEW ENGLAND AND EASTERN  
CANADA), AND AN INTERNATIONAL COMPONENT, WHICH TIES OUR REGIONAL MODEL  
TO A GLOBAL NETWORK. QLF EXISTS TO PROMOTE GLOBAL LEADERSHIP  
DEVELOPMENT, TO SUPPORT THE RURAL COMMUNITIES AND ENVIRONMENT OF  
EASTERN CANADA AND NEW ENGLAND, AND TO CREATE MODELS FOR STEWARDSHIP OF  
NATURAL RESOURCES AND CULTURAL HERITAGE THAT CAN BE SHARED WORLDWIDE.

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

PROJECTS TO INCLUDE STEWARDSHIP IN LATIN AMERICA, PRIVATELY PROTECTED  
AREAS WITH THE INTERNATIONAL UNION FOR CONSERVATION OF NATURE, WORLD  
HERITAGE CONVENTION, SPECIAL CONSERVATION ASSIGNMENTS, SPECIAL EDITION  
ON PARKS THE INTERNATIONAL JOURNAL OF PROTECTED AREAS AND CONSERVATION.

THE SOUNDS CONSERVANCY MARINE RESEARCH PROGRAM THE SOUNDS CONSERVANCY  
IS A MARINE RESEARCH PROGRAM ALONG THE SIX SOUNDS, ESTUARIES, AND  
COASTAL WATERS OF SOUTHERN NEW ENGLAND AND NEW YORK. FROM SOUTH TO  
NORTH, THE SOUNDS ARE LONG ISLAND, FISHERS ISLAND, BLOCK ISLAND, RHODE  
ISLAND, MARTHA'S VINEYARD, AND NANTUCKET. THE PROGRAM IS DEDICATED TO

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

11580325 742892 1370.0

2019.05080 QUEBEC-LABRADOR FOUNDATIO 1370.0\_1



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number  
13-6155399

CONSERVE, PROTECT, AND STEWARD THE SOUNDS AND ITS COASTAL WATERS, AND TO SUPPORT MARINE RESEARCH, ENVIRONMENTAL POLICY, AND ENVIRONMENTAL EDUCATION. EACH YEAR, QLF AWARDS SUPPLEMENTAL RESEARCH GRANTS TO GRADUATE STUDENTS, FELLOWS, AND PRACTITIONERS IN MARINE CONSERVATION. AS WELL, EACH YEAR, QLF STAFF UPDATE THE SOUNDS CONSERVANCY'S 200-PAGE ELECTRONIC PUBLICATION, WHICH DOCUMENTS TWENTY-FIVE YEARS OF WORK BY THE PROGRAM'S FELLOWS.

BIODIVERSITY CONSERVATION - QLF'S BIODIVERSITY CONSERVATION PROGRAM IS MANAGED BY A SENIOR PROGRAM CONSULTANT IN MASSACHUSETTS WITH QLF STAFF MEMBERS. THE GOALS OF THE PROGRAM ARE TO ENCOURAGE LOCAL COMMUNITIES TO TAKE AN ACTIVE ROLE AS CITIZEN SCIENTISTS, PROMOTE INITIATIVES THAT SECURE SUSTAINABLE DEVELOPMENT, STEWARD AND CONSERVE ECOSYSTEMS, AND LEAD BIODIVERSITY CONSERVATION INITIATIVES AS A STRATEGY TO MITIGATE THE IMPACTS OF A CHANGING CLIMATE. 2020 PROJECTS ARE:

AQUATIC SPECIES AT RISK - THE GOVERNMENT OF CANADA'S DEPARTMENT OF FISHERIES AND OCEANS AWARDED QLF A FOUR-YEAR GRANT SECURED BY A QLF SENIOR CONSULTANT WHO IS RECOGNIZED WORLDWIDE FOR HER PIONEERING WORK IN COMMUNITY-BASED CONSERVATION. THE PROJECT CONTRIBUTES TO THE RECOVERY OF ENDANGERED AND THREATENED MARINE SPECIES BY REDUCING THREATS CAUSED BY FISHERIES SUCH AS ENTANGLEMENT WITH FISHING GEAR, INGESTION OF PLASTICS, AND BY-CATCH MORTALITY.

HABITAT STEWARDSHIP FOR SPECIES AT RISK - FOR A DECADE, QLF HAS BEEN WORKING WITH COMMUNITIES, FISH HARVESTERS TO REDUCE THREATS TO MARINE SPECIES SUCH AS ACCIDENTAL CATCH, ENTANGLEMENT IN FISHING GEAR, AND INGESTION OF PLASTIC DEBRIS. QLF WORKS IN COLLABORATION WITH THE FISHERIES IN COASTAL COMMUNITIES TO SERVE AS STEWARDS OF MARINE



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number

13-6155399

ECOSYSTEMS OFF NEWFOUNDLAND AND LABRADOR ALLOWING FOR MARINE SPECIES TO TRAVEL UNENCUMBERED BY ACCIDENTAL CATCH AND/OR MARINE DEBRIS.

MARINE BIRD CONSERVATION: RENEWING SEABIRD CONSERVATION ON THE QUEBEC NORTH SHORE - 2020 MARKS THE FIRST YEAR OF A TWO-YEAR PROJECT, MARINE BIRD CONSERVATION, WHICH IS MANAGED BY A SENIOR CONSULTANT IN MASSACHUSETTS. QLF LAUNCHED THIS PROJECT IN COMMUNITIES OF THE QUEBEC LOWER NORTH SHORE, WHICH IS HOME TO TEN OF CANADA'S OLDEST MIGRATORY BIRD SANCTUARIES. PROJECT GOALS ARE TO ENGAGE RESIDENTS IN ACTIVITIES THAT PROTECT THE IMPORTANT SEABIRD COLONIES ALONG THE COAST AND RAISE AWARENESS OF THREATS TO NESTING COLONIES OF SEABIRDS AND SEA DUCKS.

PROTECTED AREAS STEWARDSHIP: CONSERVATION AND STEWARDSHIP OF ECOLOGICALLY SIGNIFICANT SPECIES IN NEW BRUNSWICK'S PROTECTED AREAS - THE GOAL OF THE PROTECTED AREAS STEWARDSHIP PROGRAM IS THE CONSERVATION AND STEWARDSHIP OF PROTECTED AREAS IN NEW BRUNSWICK. THE PROGRAM, MANAGED BY QLF STAFF AT THE HEADQUARTERS, IS DIRECTED IN PARTNERSHIP WITH THE NATURE TRUST NEW BRUNSWICK, A CHARITABLE LAND CONSERVATION ORGANIZATION DEDICATED TO THE CONSERVATION AND STEWARDSHIP OF 60 NATURE PRESERVES OF ECOLOGICAL SIGNIFICANCE THROUGHOUT THE PROVINCE, QLF STAFF CONTRIBUTE TO SURVEYS AND LONGITUDINAL STUDIES OF SEABIRDS, SEA DUCKS, AND MIGRATORY BIRDS AS WELL AS FLORA AND FAUNA ACROSS NEW BRUNSWICK'S PROTECTED AREAS.

THE NATIONAL PARK SERVICE STEWARDSHIP INSTITUTE QLF IS THE PRINCIPAL PARTNER IN THE NATIONAL PARK SERVICE STEWARDSHIP INSTITUTE, WHICH WAS FOUNDED WITH THE CONVICTION THAT THE NATIONAL PARK SERVICE (NPS) HAS A GREAT PUBLIC PURPOSE AND THAT ITS PEOPLE CHARGED WITH THE STEWARDSHIP OF SOME OF AMERICA'S GREATEST TREASURES SHOULD BE SUPPORTED, CHALLENGED, AND PROVIDED OPPORTUNITIES FOR RENEWAL. PROJECTS CONSIST OF



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number  
13-6155399

THE FOLLOWING.

STEWARDSHIP TODAY - QLF STAFF GUIDED NEW INITIATIVES UNDER A BANNER OF "STEWARDSHIP TODAY" TO INCLUDE PLANS FOR THE 250TH ANNIVERSARY OF THE UNITED STATES IN 2026.

NEW PARKS/NEW PARTNERSHIPS - QLF STAFF AND THE STEWARDSHIP INSTITUTE HAVE BEEN WORKING WITH NEW-PARK SUPERINTENDENTS AND REGIONAL STAFF TO DEFINE LESSONS LEARNED ON THE ESTABLISHMENT OF NEW PARKS AND PARTNERSHIPS.

CHESAPEAKE BAY GATEWAYS NETWORK QLF BEGAN A NEW INITIATIVE TO DEVELOP A STRATEGIC PLAN FOR THE CHESAPEAKE BAY GATEWAYS NETWORK TO INCLUDE PARKS, WILDLIFE REFUGES, MARITIME MUSEUMS, HISTORIC SITES AND WATER TRAILS.

CONSERVATION EXCHANGE PROGRAMS CONSERVATION EXCHANGE PROGRAMS FOSTER AN EXCHANGE OF KNOWLEDGE, EXPERIENCE, CONSERVATION AND INNOVATION ACROSS BORDERS WHILE PROMOTING CROSS-BORDER, INTERNATIONAL COOPERATION BETWEEN COMMUNITIES AND REGIONS WORLDWIDE. INTERNATIONAL FELLOWS WHO HAVE PARTICIPATED IN QLF'S CONSERVATION EXCHANGES REPRESENT 75 COUNTRIES AND SIX REGIONS WORLDWIDE.

EAST ASIA CONSERVATION EXCHANGE PROGRAM - WITH CONSERVATION LEADERS FROM MONGOLIA AND NEW ENGLAND IN EARLY 2020, QLF MADE ARRANGEMENTS TO LEAD THE SECOND EAST ASIA CONSERVATION EXCHANGE PROGRAM IN MONGOLIA FOR PRACTITIONERS FROM NEW ENGLAND AND MONGOLIA REPRESENTING THE PUBLIC AND PRIVATE SECTOR. THIS EXCHANGE WAS POSTPONED UNTIL TRAVEL RESTRICTIONS ARE RELEASED AND UNTIL IT IS SAFE TO TRAVEL.

THE GREAT FLYWAYS, A MIDDLE EAST CONSERVATION EXCHANGE PROGRAM ON THE



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number

13-6155399

RIFT VALLEY/RED SEA FLYWAYS - SINCE 1992, QLF HAS DIRECTED EXCHANGE PROGRAMS FOR CONSERVATION LEADERS FROM THE MIDDLE EAST, NORTH AFRICA, AND THE GULF STATES. A FOCUS OF THE PROGRAM IS THE ENVIRONMENT, WHICH SERVES AS A BRIDGE TO MUTUAL UNDERSTANDING AND COLLABORATION ACROSS BORDERS, POLITICAL BOUNDARIES, AND CULTURAL FRAMEWORKS. IN EARLY 2020, QLF PLANNED FOR A SECOND CONSERVATION EXCHANGE PROGRAM ON THE GREAT FLYWAYS TO BE HELD ON THE RIFT VALLEY/RED SEA FLYWAYS IN JORDAN. THE PROGRAM IS POSTPONED UNTIL IT IS DEEMED SAFE TO TRAVEL.

QLF GLOBAL PROGRAM - THE QLF GLOBAL PROGRAM CONSISTS OF SPECIAL ASSIGNMENTS THAT PROMOTE INNOVATIVE SOLUTIONS FOR LOCAL AND REGIONAL ENVIRONMENTAL CHALLENGES SHARED WORLDWIDE. PROJECTS ARE:

STEWARDSHIP IN LATIN AMERICA - QLF CONTINUES TO SHARE ITS MODEL OF COMMUNITY-BASED CONSERVATION AND STEWARDSHIP OF NATURAL RESOURCES THROUGHOUT LATIN AMERICA THROUGH WORKSHOPS AND INITIATIVES THAT ADVANCE STRATEGIC CONSERVATION OBJECTIVES.

PRIVATELY PROTECTED AREAS WITH THE INTERNATIONAL UNION FOR CONSERVATION OF NATURE - QLF'S SENIOR VICE PRESIDENT CHAIRS A SPECIALIST GROUP OF THE WORLD COMMISSION ON PROTECTED AREAS WITHIN THE INTERNATIONAL UNION FOR THE CONSERVATION OF NATURE (IUCN). ITS NOTED PUBLICATION, GUIDELINES FOR PRIVATELY PROTECTED AREAS, WRITTEN IN COLLABORATION WITH A QLF STAFF MEMBER, IS CENTRAL TO A GLOBAL EFFORT TO CONSERVE PRIVATELY PROTECTED AREAS. IN 2020, AND WITH SUPPORT FROM A GERMAN AGENCY, QLF IS IMPLEMENTING A SERIES OF TRAINING WORKSHOPS, BASED ON THE GUIDELINES FOR PRIVATELY PROTECTED AREAS.

WORLD HERITAGE CONVENTION - QLF'S SENIOR VICE PRESIDENT PROVIDES TECHNICAL ADVICE TO THE INTERNATIONAL UNION FOR CONSERVATION OF NATURE



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number  
13-6155399

(IUCN) IN ITS ROLE AS AN ADVISORY BODY TO UNESCO ON THE WORLD HERITAGE CONVENTION.

SPECIAL CONSERVATION ASSIGNMENTS - QLF'S SENIOR VICE PRESIDENT SERVES ON NUMEROUS INTERNATIONAL BODIES INCLUDING THE PROTECTED LANDSCAPES SPECIALIST GROUP; COMMISSION ON ENVIRONMENTAL, ECONOMIC AND SOCIAL POLICY OF THE INTERNATIONAL UNION FOR CONSERVATION OF NATURE; AND THE JOINT TASK FORCE WITH THE SPECIES SURVIVAL COMMISSION AND COMMISSION ON ENVIRONMENTAL LAW.

SPECIAL EDITION OF PARKS, THE INTERNATIONAL JOURNAL OF PROTECTED AREAS AND CONSERVATION - QLF SENIOR VICE PRESIDENT IS CO-EDITING A SPECIAL ISSUE OF PARKS, THE INTERNATIONAL JOURNAL OF PROTECTED AREAS AND CONSERVATION, ON THE IMPACT AND IMPLICATION OF SARS-COV-2 ON CONSERVATION AREAS.

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

FIELD WORK IN BIODIVERSITY CONSERVATION, MARINE BIRD CONSERVATION, CONSERVATION AND STEWARDSHIP OF MARINE ENVIRONMENTS, PRIVATELY PROTECTED AREAS, AND WILDLIFE CONSERVATION. INTERNSHIPS ARE OFTEN DIRECTED IN PARTNERSHIP WITH MULTIPLE ORGANIZATIONS IN-REGION. INTERNSHIPS BASED AT QLF HEADQUARTERS IN IPSWICH, MASSACHUSETTS, FOCUS ON COMMUNICATIONS, NEW REGIONAL AND GLOBAL INITIATIVES, AND SPECIAL CONSERVATION ASSIGNMENTS. QLF PROVIDES AN ARRAY OF EXPERIENTIAL LEARNING THAT OFTEN RESULT IN A TRANSFORMATIVE EXPERIENCE LASTING A LIFETIME. THE PHILANTHROPIC IMPACT OF THE PROGRAM STRETCHES FAR BEYOND A SUMMER, THE SEMESTER, OR THE YEAR. SUPPORTING THE CONSERVATION INTERNSHIP PROGRAM IS AN INVESTMENT IN THE NEXT GENERATION'S CONSERVATION LEADERS AND STEWARDS OF OUR ENVIRONMENT.

INVESTING IN THE NEXT GENERATION'S CONSERVATION LEADERS BASED IN



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number

13-6155399

MASSACHUSETTS, QLF MANAGES A THREE-YEAR PROGRAM, INVESTING IN THE NEXT GENERATION'S CONSERVATION LEADERS ACROSS THE GREAT NORTHERN PENINSULA OF NEWFOUNDLAND AND SOUTHERN LABRADOR. THROUGHOUT THE YEAR, STAFF PROVIDE ENVIRONMENTAL EDUCATION WORKSHOPS TO MORE THAN 300 YOUTH AND TEACHERS ACROSS THE GREAT NORTHERN PENINSULA OF NEWFOUNDLAND AND SOUTHERN LABRADOR. THE PROGRAM IS DESIGNED TO INSPIRE YOUTH AS THE NEXT GENERATION LEADERS. WORKSHOPS FOCUS ON THE IMPACT OF CLIMATE CHANGE ON BIODIVERSITY CONSERVATION; SEABIRDS, SEA DUCKS, AND MIGRATORY BIRDS; MARINE MAMMALS AT RISK; REDUCING MARINE DEBRIS AND RESTORING MARINE ECOSYSTEMS; PROTECTION OF WILDLIFE AND THEIR HABITATS. THIS PROGRAM IS MANAGED WITH SEVERAL PARTNERS IN NEWFOUNDLAND AND SOUTHERN LABRADOR.

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IV. COMMUNITY SERVICE FOUNDED BY A BUSH PILOT AND ARCHDEACON OF THE QUEBEC NORTH SHORE, QLF BEGAN AS A COMMUNITY SERVICE ORGANIZATION, WHICH EVOLVED OVER DECADES AS A COMMUNITY-BASED CONSERVATION TO ADDRESS THE NEEDS OF COMMUNITY, CULTURE, AND CONSERVATION. IN RECENT YEARS, THE EMPHASIS ON COMMUNITY SERVICE HAS PIVOTED TO BIODIVERSITY CONSERVATION IN NEW ENGLAND AND THE RURAL COMMUNITIES OF EASTERN CANADA. TODAY'S COMMUNITY SERVICE INITIATIVES ARE PROVIDED THROUGH COMMUNITY-BASED CONSERVATION IN QLF'S HOME REGION AND IS MANAGED FROM QLF HEADQUARTERS IN IPSWICH, MASSACHUSETTS.

EXPENSES \$ 20,638. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number  
13-6155399

V. CULTURE AND HERITAGE - QLF'S CULTURE AND HERITAGE PROGRAM IS MANAGED FROM THE HEADQUARTERS IN MASSACHUSETTS. AS THE ORGANIZATION'S PROGRAM MISSION IS FOCUSED ON BIODIVERSITY CONSERVATION, THE CULTURE AND HERITAGE PROGRAM BECOMES LESS PROMINENT. IN THE FIRST MONTHS OF 2020, A PROGRAM STAFF MEMBER COMPLETED THE FINAL REPORTS OF THE RECENTLY COMPLETED PROGRAM. IN ADDITION, A QLF SENIOR CONSULTANT MANAGED THE CULTURE AND HERITAGE PROJECT, WHICH CONSISTED OF A THEATRICAL PRODUCTION ON CULTURAL AND NATURAL HERITAGE PRESERVATION ON THE QUEBEC NORTH SHORE.

EXPENSES \$ 27,015. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VI. COMMUNICATIONS IN 2020, QLF ESTABLISHED NEW MEDIA AND COMMUNICATIONS TO INCLUDE A WEBINAR SERIES, VOICES OF QLF, WHICH IS BROADCAST ONCE A MONTH AND HIGHLIGHTS THE ACCOMPLISHMENTS OF STAFF AND ALUMNI WHO ARE PROMINENT CONSERVATION LEADERS IN-REGION AND WORLDWIDE. THIS SERIES IS A SIGNIFICANT PROGRAM REQUIRING THE TIME AND RESOURCES OF SEVERAL STAFF AND COMMUNICATIONS CONSULTANTS.

OTHER COMMUNICATIONS INCLUDE THE QLF WEBSITE, SOCIAL MEDIA, AND ELECTRONIC NEWS, ONLINE REPORTS AND PUBLICATIONS. QLF STAFF CONTINUE TO WRITE A SERIES OF ARTICLES DOCUMENTING THE WORK OF QLF'S GLOBAL LEADERSHIP NETWORK OF ALUMNI AND WRITE CASE STUDIES ON THE LONGITUDINAL STUDIES CONDUCTED BY STAFF AND ALUMNI. ARTICLES AND CASE STUDIES ARE POSTED ON THE QLF WEBSITE UNDER THE SECTION, OUR IMPACT. ANALYTICS INDICATE THAT QLF MEDIA AND COMMUNICATIONS ARE SUCCESSFUL WITH A DRAMATIC INCREASE IN VIEWERS.

EXPENSES \$ 270,408. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number

13-6155399

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY MANAGEMENT AND THEN, SEPARATELY, BY THE AUDIT COMMITTEE. THE ORGANIZATION SENDS A LINK TO THE BOARD OF DIRECTORS, QUEBEC-LABRADOR FOUNDATION, INC. - U.S. TO A PROTECTED BOARD WEBSITE TO WHICH THE 990 IS POSTED. DIRECTORS REVIEW THE 990 PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

FOR PURPOSES OF THIS PROVISION, THE TERM "INTEREST" SHALL INCLUDE PERSONAL INTEREST, INTEREST AS A DIRECTOR, OFFICER, MEMBER, STOCKHOLDER, SHAREHOLDER, PARTNER, MANAGER, OR BENEFICIARY OF ANY CONCERN OR HAVING AN IMMEDIATE FAMILY MEMBER WHO HOLDS SUCH AN INTEREST IN ANY CONCERN. THE TERM "CONCERN" SHALL MEAN ANY CORPORATION, ASSOCIATION, TRUST, PARTNERSHIP, LIMITED LIABILITY ENTITY, FIRM, PERSON OR OTHER ENTITY OTHER THAN THE ORGANIZATION, QUEBEC-LABRADOR FOUNDATION, INC.

NO DIRECTOR, OFFICER OR KEY EMPLOYEE OF THE ORGANIZATION SHALL BE DISQUALIFIED FROM HOLDING ANY OFFICE OR POST IN THE ORGANIZATION BY REASON OF ANY INTEREST IN ANY CONCERN. A DIRECTOR, OFFICER OR KEY EMPLOYEE OF THE ORGANIZATION SHALL NOT BE DISQUALIFIED FROM ENGAGING, EITHER AS VENDOR, PURCHASER OR OTHERWISE, OR CONTRACTING OR ENTERING INTO ANY TRANSACTION WITH THE ORGANIZATION OR WITH ANY ENTITY OF WHICH THE ORGANIZATION IS AN AFFILIATE, PROVIDED, HOWEVER, THAT THE FOLLOWING PRECAUTIONS ARE UNDERTAKEN:

1. THE INTEREST OF SUCH DIRECTOR, OFFICER OR KEY EMPLOYEE IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS PRIOR TO ITS ENTERING INTO THE TRANSACTION.

2. NO INTERESTED DIRECTOR, OFFICER OR KEY EMPLOYEE MAY VOTE OR LOBBY ON THE



Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number  
13-6155399

MATTER OR BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT THE MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH MATTER IS VOTED UPON.

3. ANY TRANSACTION IN WHICH A DIRECTOR, OFFICER OR KEY EMPLOYEE HAS AN INTEREST SHALL BE DULY APPROVED BY THE DISINTERESTED BOARD MEMBERS AS BEING IN THE BEST INTERESTS OF THE ORGANIZATION.

4. PAYMENTS TO THE INTERESTED DIRECTOR, OFFICER OR KEY EMPLOYEE SHALL BE REASONABLE AND SHALL NOT EXCEED FAIR MARKET VALUE.

5. THE MINUTES OF MEETINGS AT WHICH SUCH VOTES ARE TAKEN SHALL RECORD SUCH DISCLOSURE, ABSTENTION, AND RATIONALE FOR APPROVAL.

THE FOREGOING PROCEDURES SHALL NOT BE REQUIRED IF THE INTEREST OF THE AFFECTED DIRECTOR, OFFICER OR KEY EMPLOYEE CONSISTS OF DIRECT OR INDIRECT OWNERSHIP OF 1% OR LESS OF PUBLIC TRADED SECURITIES OF THE CONCERN OR IF THE TRANSACTION IS DE MINIMIS IN RELATION TO THE 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 IS REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS, AND IS PERIODICALLY COMPARED TO COMPARABLE DATA AT SIMILAR ORGANIZATIONS.



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

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, GOVERNANCE REFERENCE MANUAL, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE QLF WEBSITE. THE GOVERNANCE REFERENCE MANUAL INCLUDES BY- LAWS, MEMBERS OF THE GOVERNING BOARDS, BOARD COMMITTEES AND CORRESPONDING BOARD CHARTERS, STAFF, AND POLICIES OF THE QUEBEC- LABROADOR FOUNDATION TO INCLUDE: CONFLICT OF INTEREST, WHISTLEBLOWER POLICY, DOCUMENT RETENTION AND DESTRUCTION POLICY, COMPENSATION SETTING POLICY, AND THE JOINT VENTURE POLICY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	15,657.
MANAGEMENT AND GENERAL EXPENSES	757.
FUNDRAISING EXPENSES	212.
TOTAL EXPENSES	16,626.

CONTRACTORS:

PROGRAM SERVICE EXPENSES	6,679.
MANAGEMENT AND GENERAL EXPENSES	745.
FUNDRAISING EXPENSES	209.
TOTAL EXPENSES	7,633.

OTHER:

PROGRAM SERVICE EXPENSES	67,433.
MANAGEMENT AND GENERAL EXPENSES	7,527.
FUNDRAISING EXPENSES	2,110.
TOTAL EXPENSES	77,070.

Name of the organization

QUEBEC-LABRADOR FOUNDATION, INC.

Employer identification number  
13-6155399

## DEVELOPMENT COUNSEL FEES:

PROGRAM SERVICE EXPENSES

25,632.

MANAGEMENT AND GENERAL EXPENSES

2,861.

FUNDRAISING EXPENSES

802.

TOTAL EXPENSES

29,295.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

130,624.

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

3.

## Related Organizations and Unrelated Partnerships

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

➔ Go to [www.ks.gov/Form990](http://www.ks.gov/Form990) for instructions and the latest information.

Name of the organization

**Employer identification number**  
**13-6155399**

QUEBEC-LABRADOR FOUNDATION, INC.

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
QUEBEC LABRADOR FOUNDATION (CANADA), INC.	SUPPORTING THE RURAL COMMUNITIES & ENVIRONMENT OF EASTERN CANADA	CANADA	CANADIAN REGISTERED				X
606 RUE CATHCART, BUREAU 335							
MONTREAL, QUEBEC, CANADA H3B 1K9							

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

Schedule R (Form 990) 2019



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

[illegible]

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) QUEBEC-LABRADOR FOUNDATION (CANADA), INC.	D	204,916.	FMV OF CASH PROVIDED
(2) QUEBEC-LABRADOR FOUNDATION (CANADA), INC.	L	89,000.	FMV OF SERVICES PROVIDED
(3)			
(4)			
(5)			
(6)			





<b>Part VII</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide additional information for responses to questions on Schedule R. See instructions.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.