

Department of the Treasury Internal Revenue Service

732001 11-28-17

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 for instructions and the latest information.

Open to Public Inspection

Form 990 (2017)

ΑF	or the	2017 calendar year, or tax year beginning and	ending	_	
B c	heck if	C Name of organization		D Employer identif	ication number
	Addres change	S QLS Acres, Inc. d/b/a Meadows, Inc.]	
	Name change	Doing business as		31-1	.510306
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return/	PO Box 311045		404-	699-1686
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	684,717.
<u></u>	Amend return	ACIANCA, GA 30331		H(a) Is this a group i	
L	Application pendin	F Name and address of principal officer. O Title Maddox		for subordinate	· — —
		same as C above	12	H(b) Are all subordinates	
		mpt status: X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) (1)	or\527	1	a list. (see instructions)
		e: None	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	H(c) Group exemption	
	ırt I	organization: X Corporation	· · · · · · · · · · · · · · · · · · ·		M State of legal domicile: GA
ø		Briefly describe the organization's mission or most significant activities: ${ t To t p}$	<u>rovide</u>	94 afforda	ble housing
Activities & Governance	!	units for the elderly in Atlanta, GA.			
ern	2 (Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	1
Š		Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	16
. %		Number of independent voting members of the governing body (Part VI, line 1b)		4	16
ies	l	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	•	5	10
3 ()	-	Total number of volunteers (estimate if necessary)		. <u> 6</u>	0
¥ S		Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	 -	7b	
. O	١,	Contributions and grants (Part VIII, line 1h)	\neg \vdash	Prior Year 0 .	Current Year
. Š			no	0.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, 2007 dMAY 1 4 2018	S -	11.	
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7dMAY 1 4 2018 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131 <u> </u>	<159,417	
		Total revenue - add lines 8 through 11 (must equal Part VIII) column. (A), line, 12)		<159,406	
T Io		Grants and similar amounts paid (Part IX, column (A), Imes 13)	1 -	0.	
T)	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
S	l	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
Ģ	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
μĵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	0.
		Revenue less expenses Subtract line 18 from line 12		<159,406	<160,793.>
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		<u>4,747,588</u>	
# <u>\$</u>	21	Total liabilities (Part X, line 26)	.	<u>25,769.</u>	
		Net assets or fund balances. Subtract line 21 from line 20	<u>. </u>	<u>4,721,819.</u>	4,561,026.
	art II	Signature Block			 _
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	100/201
		Signature of officer		Date Date	301/2013
Sig		Jim Maddox, President		Date	,
Her	·e	Type or print name and title			
				Date Check	PTIN
Paid	4	Print/Type preparer's name Preparer's signature Cynthia Tabb		5/1/18 If sett-empto	
	parer	Firm's name Tabb & Tabb		Firm's EIN	New TE OT FOOTOO
	Only	Firm's address 260 Peachtree Street, Suite 120	1	1 1111 3 2311	
-00	~ <i>y</i>	Atlanta, GA 30303	_	Phone no 40) <u>4-584-08</u> 70
May	v the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

If "Yes," describe these new services on Schedule O.	s X No s X No
Briefly describe the organization's mission: To provide 94 affordable housing units to low income, elderly citiz of Atlanta, GA. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. 4a (Code) (Expenses \$	s X No s X No
To provide 94 affordable housing units to low income, elderly citized of Atlanta, GA. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. The organization provides housing to the elderly through HUD's 202 programs. Grants funds received are were to construct the facility	s X No s X No
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4a (Code) (Expenses \$	
The organization provides housing to the elderly through HUD's 202 programs. Grants funds received are were to construct the facility	
meet the elderly's needs. The costs are capitalized.	y to
	
4b (Code) (Expenses \$) (Revenue \$))
4C (Code) (Expenses \$)
(Paris) (Paris	
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$)	
4e Total program service expenses ► Form	

			_Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	l		
	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			37
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		₹.
_	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	_ ا		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	<u> X</u>
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			х
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
٥	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	-		<u> </u>
9	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 temporarily restricted endowments, permanent	<u> </u>		
	endowments, or 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, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,]
	Part VI	11a	X	l
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		1
	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	1		ł
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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	<u> </u>	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
D		l		
	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	446		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	<u> </u>	
15	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	<u> </u>	_	1
10	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	<u> </u>		<u></u>
	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	l L	X
		Form	990	(2017)

<u> </u>	TIV Officerist of Nedunea Octionalias (Continuea)			
		Γ <u></u> -	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ا ا
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X_
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	j
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	}		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	_30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
	If "Yes," complete Schedule N, Part I	31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	├	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	37
35a	•	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	65.]	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			4,5
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	├	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		-	1
	Note. All Form 990 filers are required to complete Schedule O	38	L X	L

Form 990 (2017) QLS Acres, Inc. d/b/a Meadows, Inc. 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			يل				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•					
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		_X_				
b	If "Yes," enter the name of the foreign country ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		_X_				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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?	7a		X				
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	i '						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8_						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990	(2017)				

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

	' Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			1
	If there are material differences in voting rights among members of the governing body, or if the governing			ŀ			!
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			l			!
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16	i		i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				!
	officer, director, trustee, or key employee?			L	2		<u>_x</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	ĺ			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	. [4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		_X_
6	Did the organization have members or stockholders?				6_		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				ĺ
	more members of the governing body?				7a_		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	[_		
а	The governing body?				8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?				8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u>.</u>		9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code.)				
				г		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	s, affiliates,				l
	and branches to ensure their operations are consistent with the organization's exempt purposes?		•	}	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the for	m?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			j			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			.	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			}	12b	X	├
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," a	escnbe				,,
	in Schedule O how this was done	•	•		12c	-	<u>X</u>
13	Did the organization have a written whistleblower policy?				13		<u> </u>
14	Did the organization have a written document retention and destruction policy?		•		14	X	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		-			~
а	The organization's CEO, Executive Director, or top management official	•		-	15a		X
þ	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	م ماهین	ł			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vitn a	ŀ			v
	taxable entity during the year?				16a		X
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation to evaluation the organization to evaluation to						ļ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with account to such assessments?	arnzauc	NI S	- 1	40L		
500	exempt status with respect to such arrangements? tion C. Disclosure			<u></u>	16b		Ь
	List the states with which a copy of this Form 990 is required to be filed GA			_			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501/c)/3\e	only) a	vailah		
10	for public inspection. Indicate how you made these available. Check all that apply.	. 1060		orny) a	vailau		
	Own website Another's website X Upon request Other (explain	n in So	hedule (1)				
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	v and	finan	cial	
19	statements available to the public during the tax year.	J. MILL	or microst polic	.y, and	ail	Jidi	
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records				
20	The Organization - 404-699-1686	· · ·					
	PO Box 311045, Atlanta, GA 30331		<u> </u>				
7000			<u> =</u>		Form	990	(2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations	stee or director	institutional trustee		recto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related	
	below line)	Individu	Institut	Officer	Key employee	Highes	Former			organizations	
(1) Hubert Ricks	0.00	X						0.	0.	_	
Member - President Emeritu	0.00	^	-		├	H	\vdash			0.	
(2) Dr. Eula Cohen Member	0.00	X						0.	0.	0.	
(3) Emma J. Fountain	0.00							 			
Treasurer	-0.00	\mathbf{x}		x			1	0.	0.	0.	
(4) Ralph Latimore	0.00			-		<u> </u>		-			
Chaplain		x						0.	0.	0.	
(5) Dr. Richard D. Ashe	0.00										
Vice President		x		x				0.	0.	0.	
(6) Ms. Dolores H Hampton	0.00										
Member		X						0.	0.	0.	
(7) Dr. Frank Jones	0.00]_]	ļ				
Member		X		<u> </u>			<u> </u>	0.	0.	0.	
(8) Charles A. Lingo	0.00										
Member		X						0.	0.	0.	
(9) Cynthia R. Sloan	0.00	1		ĺ	}	l	İ	_		1	
Asst, Secretary		X	ļ	X	ļ		ļ	0.	0.	0.	
(10) Sallie Smith	0.00										
Member		X	_	<u> </u>	<u> </u>	<u> </u>	ļ.,	0.	0.	0.	
(11) Dr. Alyce M. Ware	0.00	ĺ					ĺ			_	
Member		X			_		_	0.	0.	0.	
(12) Adeyemi Toure	0.00	-					İ				
Member		X	-	_	_	 	-	0.	0.	0.	
(13) Jim Maddox	0.00	١.,		7.5							
President	0.00	X	-	X	-	1	╁	0.	0.	0.	
(14) Willieboyd Saddler	0.00	X						0.	0.		
Member	0.00	^	├	-	-		╁	 	<u> </u>	0.	
(15) Carolyn E. Dorsey	0.00	X		x				0.	0.	0.	
Secretary (16) Pro Clude Lord	0.00	┢	\vdash	^	1		╁	† 	·	 	
(16) Dr. Clyde Lord Member	0.00	X						0.	0.	0.	
Wember			T				T	† 			
	-	1									
		•—		•		•	•				

Form 990 (2017)

	990 (2017) ULS ACTES									31-15	<u> 10.</u>	306	Page 6
Pan	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	<u>d Hi</u>	ghes	st C					
	(A)	(B)						(D)	(E)		(1	F)	
	Name and title	Average	(do				than (one	Reportable	Reportable		Estin	nated
		hours per	box	, unle	ss pe	rson	ıs botl	h an	compensation	compensation			unt of
		week		æran	dau	recit	or/trus	166)	from	from related		otl	her
		(list any	율						the	organizations			nsation
		hours for	trustee or director	, e			ate		organization	(W-2/1099-MISC	i)		n the
		related	stee	truste			pens		(W-2/1099-MISC)			•	ızatıon
		organizations below	Tar tar	onal		ploye	ادو سا وو وا						elated
		line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1		- 1	organi	zations
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46	Out Askal	L	L	l	L	l			0.		0.		0.
	Sub-total			•	•				0.		0.		
	Total from continuation sheets to Part V	II, Section A				•							0.
	Total (add lines 1b and 1c)								0.		0.		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable			_
	compensation from the organization		_										0
											-	_ Y	es No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on	1	1	·
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4	For any individual listed on line 1a, is the si	um of reportab	le co	amo	ensa	atior	n and	d ot	her compensation from	the organization	Г		
	and related organizations greater than \$15	•		-					•	· ·	ſ	4	X
5	Did any person listed on line 1a receive or			•						 Idual for services	•		
9	rendered to the organization? If "Yes," con	_				-		- Ciui	od organization or many	iddai for scryloos	J	5	x
Sec	tion B. Independent Contractors	piete <u>Scriedur</u>	- 0 1	UI SI	uCII_	pers							
									ibot received recre than	\$100,000 of some			
1	Complete this table for your five highest co										ensa	ition froi	m
	the organization. Report compensation for	tne calendar y	ear	enai	ng v	vπn	or w	<u>itnir</u>		year			
	(A)				_			ŀ	(B)		_	(C)	-4
	Name and business	adoress	N(INC	₹			_	Description of s	services		ompens	ation
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2	Total number of independent contractors (=	ot li	mrte	d to	tho	se lis	stec	above) who received in	ore than			
	\$100,000 of compensation from the organi	zation 🕨				!	<u>U</u>						
											ſ	orm 9 9	(2 017)

QLS Acres, Inc. d/b/a Meadows, Inc. 31-1510306 Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue ... Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal (i) Real 6 a Gross rents . 684,706 845,510, b Less: rental expenses c Rental income or (loss) 160,804, <160.804.> d Net rental income or (loss) <160.804 (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

<160_804.>

<160 793

d All other revenue .. Total. Add lines 11a-11d Total revenue. See instructions.

	Check if Schedule O contains a respon				
	ot Include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	<u>.</u> <u>-</u>			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions) Other employee benefits				
9	Payroll taxes				
10 11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	•			
f	Investment management fees	11,000			
g	Other (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				_
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				-
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a					
b					
C					
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization			-	<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 290. 361. Cash - non-interest-bearing 85,607. 2 106,054. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 16,737. 9,881. Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 6,938,039. basis. Complete Part VI of Schedule D 2,487,528. 4,611,851. 10c 4,450,511. b Less: accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 38,341. 33,103. Other assets. See Part IV, line 11 15 15 4,605,148. 4,747,588. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 17,775. 651. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25,118 <u> 26,347.</u> Schedule D 25,769 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 4,721,819. 4,561,026. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 4,721,819. 33 4,561,026. Total net assets or fund balances 747,588 4,605,148. Total liabilities and net assets/fund balances Form **990** (2017)

	990 (2017) OLS Acres, Inc. d/b/a Meadows, Inc.	<u>31-15</u>	10306	Pa	ge 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		<u> </u>
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u><16</u>	<u>0,7</u>	<u>93.</u> :
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses. Subtract line 2 from line 1	3	<16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,72	<u>1,8</u>	<u> 19.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,56	<u>1,0</u>	<u> 26.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·		X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				<u>'</u>
	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?		2a		<u>X</u>
	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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			Π.
	consolidated basis, or both:				1
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audıt		-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** Inc. d/b/a Meadows, 31-1510306 QLS Acres, Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (v) Amount of monetary (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN In your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Sche	edule A (Form 990 or 990-EZ) 2017 O	LS Acres,	Inc. d/b	/a Meadow	vs, Inc.		0306 Page 2
Pa	rt II Support Schedule for	_					-
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I c	or if the organization	on failed to qualify	under Part III. If the	e organization
	 fails to qualify under the tests 	listed below, plea	se complete Part	III)			/
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) = 3.0	10,201	(0)	(0) 20.0	(0) = 0	107.55
•	membership fees received. (Do not						
	include any "unusual grants ")						
_	, ,						
2	Tax revenues levied for the organ-					1	7
	ization's benefit and either paid to						_
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge .					1	
4	Total. Add lines 1 through 3				ļ <i>,</i>	/	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	1					
	supported organization) included						
	on line 1 that exceeds 2% of the	Ì					
	amount shown on line 11,	_		,			
	column (f)			/			
6	Public support. Subtract line 5 from line 4			/			
	ction B. Total Support	1				'	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(č) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(u) 2010	(5) 2011	(6) 2010	(4) 2010	(6/2011	(1) 10.0
8	Gross income from interest,			7			
0	•		7]			
	dividends, payments received on		1				
	securities loans, rents, royalties,			{	1		
_	and income from similar sources				 	 	
9	Net income from unrelated business		J.				
	activities, whether or not the		, ,				
	business is regularly carried on				 	<u> </u>	
10	Other income. Do not include gain	/"					
	or loss from the sale of capital	, /					
	assets (Explain in Part VI.)	*				<u> </u>	
11	Total support. Add lines 7 through 10					 	L
12	Gross receipts from related activities	, etc (see instructi	ons)		-	12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2016	3 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatioi	n .			ightharpoons
t	33 1/3% support test - 2016. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check to	his box
	and stop here. The organization qua						ightharpoons
172	10% -facts-and-circumstances tes			·	ne 13. 16a. or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
	10% -facts-and-circumstances tes	•	•		-	17a, and line 15 is	► □ 10% or
	more, and if the organization meets to	_					
	• -						· .
	organization meets the "facts-and-cir		-				
<u>18</u>	Private foundation. If the organization	ala not check a	DOX ON line 13, 16	oa, 100, 1/a, 0r 1/	_		
	/				Sch	edule A (Form 990	or 990-EZ) 2017
	/						
	/						
	/						

(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

Sec	etion A. Public Support	elow, please comp	iete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) = 5 · ·	(0) 20.0	(0) 20.0	(0,201)	(1) 1010.
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	677,046.	682,488.	686,980.	687,349.	684,706.	3,418,569,
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	677,046.	682,488.	686,980.	687,349.	684,706.	3,418,569,
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						_0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)	, 3, ₄	3	**	N. F. g. 4	14	3,418,569.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6	677,046.	682,488.	686,980.	687,349.	684,706.	3,418,569,
108	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11.	10.	16.	11.	11.	59 .
ŧ	Unrelated business taxable income					<u></u> .	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					4.7	
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11.	10.	16.	11.	11.	59.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)				687,360.		3,418,628.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3) organız	ation,
<u></u>	check this box and stop here ction C. Computation of Publ	ie Support Po	roontogo				<u> </u>
_	Public support percentage for 2017 (oolumn (fl)		15	100.00 %
16				Joidinin (i))			100.00 % 100.00 %
_	ction D. Computation of Inves				•		100100 /0
	Investment income percentage for 20			ne 13, column (f))		17	.00 %
18						18	%
19:	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						▶\\
1	o 33 1/3% support tests - 2016. If the						and ,
	line 18 is not more than 33 1/3%, che		*				▶ ;;;;
<u>20</u>	Private foundation, If the organization	<u>yn did not check a</u>	box on line 14, 19	a, or 190, check th	ns dox and see ins	structions .	

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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	İ		
	organization made the determination	3b		
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.	3c		
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.	4a		
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.	4b		
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	ŀ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	
	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).	5a		
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?	5b		
С	, ,	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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)	8		
ya	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.	9a		
D	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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			l
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section	9 c	 -	
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated]	
	supporting organizations)? If "Yes." answer 10b below.	10a		
	SUPPORTING GRADINGROUNDS: IL 160, GRISTICE FUD DCIUTY.	i IUZI		

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.)

		<u>-151030</u>	6 Pa	1ge 5
Pa	rt IV Supporting Organizations (continued)		7	
44	Healtha arganization accounted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	110		
_	A family member of a person described in (a) above?	11a		
		11b		\vdash
	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. tion B. Type I Supporting Organizations	1 <u>1</u> c	ļ!	
	don by Type I capperang enganization		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	'''
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	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,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	i		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	 	ľ	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	-		ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	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			l
	the supported organization(s).	1 1	ļ	ĺ
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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	ļ]	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ľ	
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)	2		
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.	3		
Sec	ction 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 yea(see instruc	ctions).		
а	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.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instruction	s).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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.	2a]	
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			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	The state of the s			l
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L
7320	25 10-06-17 Schedule A (F	orm 990 or 9	90-EZ	2017

	dule A (Form 990 or 990-EZ) 2017 QLS Acres, Inc. d/b/a M			31-1510306 Page 6
Pa	Typo in iton i anotionally intogration costa/to/ cupportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI.) See instructions. A
	` other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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)			
<u>a</u>	Average monthly value of securities	1a		<u> </u>
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6	<u></u>	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	··	
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6	<u> </u>	
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017 QLS Acres, Inc. d/b/a Meadows, Inc. 31-1510306 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2018. Add lines 3j and 4c

Schedule A (Form 990 or 990-EZ) 2017

Breakdown of line 7:

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Schedule A	(Form 990 or 990 EZ) 2017 QLS Acres, Inc. d/b/a Meadows, Inc. 31-1510306 Page 8
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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization **Employer identification number** QLS Acres, Inc. d/b/a Meadows, 31-1510306 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a 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) 2017

732051 10-09-17

		es, Inc. d							5 Page 2
Par									
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of	the following	that are a	significant	use of its	collection	ı ıtems
	(check all that apply):								
а	Public exhibition	C		exchange p	rograms				
b	Scholarly research	•	e L Other_						
C	Preservation for future generations								
4	Provide a description of the organization's co					-	ose in Parl	t XIII.	
5	During the year, did the organization solicit of					ar assets		-	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	 		ete if the organiz	zation answe	red "Yes" o	n Form 99), Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contribi	utions or othe	er assets no	t included	<u></u>	7	
	on Form 990, Part X?						<u> </u>	Yes	∟∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table.						
								Amount	
C	Beginning balance			•	•	1c			
d	Additions during the year			•	•	1d			
е	Distributions during the year .					1e			
f	Ending balance .				•	1f		_	
	Did the organization include an amount on F					•		Yes	Щ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior yea	r (c) Two	years back	(d) Three	/ears back	(e) Four	years back
1a	Beginning of year balance								
þ	Contributions								
¢	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance .		l			L			
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colur	nn (a)) held a	s.				
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	-							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	eld and admi	nistered for	the organi	zation	_	
	by:								Yes No
	(i) unrelated organizations			•				3a(i)	
	(ii) related organizations	•						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule	∍R?	-			3b	
4	Describe in Part XIII the intended uses of the		owment funds						
Pai	t Ⅵ								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 1	1a. See Form	990, Part X	(, line 10			
	Description of property	(a) Cost or o	1 7 7	Cost or other	1	Accumulate	l l	(d) Book	value
		basis (invest	ment) b	asis (other)	-	preciation	_		
1a	Land .			<u>479,50</u>					508.
b	Buildings		6,	303,13	6. 2,	<u>352,4</u>	93.	<u>3,950</u>	0,643.
c	Leasehold improvements .								
d	Equipment			<u>155,39</u>	5.	<u>135,0</u>	35.	20	<u>),360.</u>
<u> e </u>	Other								
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X. column (B). I	ne 10c.)				4.450),511.

Schedule D (Form 990) 2017

732053 10-09-17

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

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IVI, line 12 2a	Schedule D (Form 990) 2017 QLS Acres, Inc. d/b/a Me	<u>eadows, I</u>	nc.	<u>31-19</u>	<u> 510306</u>	Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 3 Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 < 160,793 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses and losses 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 0 Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 0 Other (Describe in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a linvestment expenses not included on Form 990, Part IV, line 18:) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 6 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 6 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18:) 8 Total expenses Add lines 3 and	Part XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturn.		
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c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 XII, Line 2d - Other Adjustments: Rental expenses netted against rental income	a Donated services and use of facilities	2a]`		
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Rental expenses netted against rental income	Part XII, Line 2d - Other Adjustments:					
	Rental expenses netted against rental inco	ome			·	

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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 for the latest information.

OMB No 1545-0047 Open to Public ** Inspection *

Employer identification number

Department of the Treasury Internal Revenue Service

QLS Acres, Inc. d/b/a Meadows, Inc.	31-1510306
Form 990, Part VI, Section B, line 11b:	
The Draft Form 990 is presented to the board of directors	during a board
meeting held on the first Monday of each April. The board	d members are
asked to review and comment on the return prior to the fil	ling in May of
each year.	
Form 990, Part VI, Section C, Line 19:	
The governing documents of the organization are available	on the Georgia
Secretary of State's website. These documents, as well as	s financial
statements and policies are available from the Organization	on directly, upon
request.	
Part XII, Line 2c	
The process has not changed from prior years.	
	
	·····

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number 31-1510306

► Go to www.irs.gov/Form990 for instructions and the latest information. Inc. d/b/a Meadows, Inc. OLS Acres, Name of the organization

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

Part

	(a)	(q)	(0)	(D)	(e)	(2)
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity

Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ions. Complete if the organization ans	swered "Yes" on Form 990, Pa	rt IV, line 34, becaus	e it had one or more re	slated tax-exempt

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		Se _x		
	(f) Direct controlling entity		-	
	(e) Public charity status (if section	(4)(1)(4)02		
	(d) Exempt Code section	, ,		
	(c) Legal domicile (state or foreign country)			
	(b) Primary activity	To enhance the quality of life of elderly residents		
organizations during the tax year	(a) Name, address, and EIN of related organization	Quality Living Services, Inc 58-1629399 4001 Danforth Road		

Schedule R (Form 990) 2017

31-1510306 Page 2

Schedule R (Form 990) 2017 OLS Acres, Inc. d/b/a Meadows, Inc.

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 Part III

(a)	(a)	(2)	(p)	(e)	(J)	(6)	(h)	(2)	S	3
Name, address, and EIN of related organization	Pnmary activity	Legal domicite (state or	Direct controlling entity	(related, unrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		foreign country)		sections 512-514)		assets	Yes No	K-1 (Form 1065)	Yes No	
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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. Part IV

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9	٥	512(b)(13) controlled entity?	Yes No	_											
		gg c±	_												
3	Ē	Percentage ownership													
F		\$ ₫													
		of ear	e.												
3	9	Share of end-of-year	asse												
		ў Б								 					
		otal													
9	€	e of t												_	
		Share of total income													
3	0	Type of entity (C corp, S corp,	rusr)												
		Corp	ō	8											
-															
		Direct controlling entity													
1	3	st cor entir													
		Dire													
	_	Legal domicile (state or foreign	Ē												
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	(a)	addre ted o													
		Name, address, and EIN of related organization													
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5															

Schedule R (Form 990) 2017

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Part V Transactions With Related Organizations. Complete of 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.			•	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V?	s with one or more re	lated organizations listed	in Paris II-IV?	
 Aeceipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity 	_			
 Giff, grant, or capital contribution to related organization(s) 				4p
c Gift, grant, or capital contribution from related organization(s)				ر ×
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
				1
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				4h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)	·			1j X
1. I note the femalest section with the section of the section (section)				75
	nization(s)	•	:	
Deformance of services of members in the contraction of the contraction of services of members of the contraction of the contra	inization(s)			×
III PELIORINIAINO O SELVICES O HIBINDELSIND O TUTOLAISING SOUCIALIOUS DY FRAGO O GAINZARO (S)	inization(s) on(s)			+-
	(c) 10			
p Reimbursement paid to related organization(s) for expenses				Tp X
				1q X
r Other transfer of cash or property to related organization(s)				+ ×
s Other transfer of cash or property from related organization(s)				1s 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	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	penjon
	type (a-s)			
(1) Quality Living Services, Inc.	×	60,425.	60,425.Contractual	
60				
(3)				
(4)				
(5)				
IB				
(0)	30		1.4.4.0	D (Farm 000) 0047
732163 09-11-17	0 7		ocuenne	Schedule K (Form 990) 2017

Page 4

31-1510306

OLS Acres, Inc. d/b/a Meadows, Inc. Schedule R (Form 990) 2017 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

or Percentage				
(j) General or managing partner? Yes No			 	
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Disproportionate allocations? Yes No			_	
Ye allo			 	
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec 501(c)(3) orgs?				
der 50				
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Pnmary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	QLS A	Acres,	Inc.	<u>d/b/a</u>	<u>Meadows,</u>	Inc.	31-1510306 Page
Part VII	(Form 990) 2017 Supplemental Infor	rmation.						
	Provide additional informa	ation for res	sponses to o	questions	on Schedule	R. See instructio	ns.	
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