e of officer Sign Irene Richardson, Executive Director Type or print name and title Date PTIN Preparer Print/Type preparer's name 07/06/20 "self-employed P01480106 Paid Cynthia Tabb Firm's name \_ Tabb & Tabb Preparer Firm's EIN Suite 1201 Firm's address 260 Peachtree Street, Use Only Atlanta, GA 30303 Phone no. 404 584 - 0870 May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form **990** (2019) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Fom	n 990 (2019) Quality Living Services, Inc.	<u> 58-1629399</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	A holistic self-help program that provides housing, soc	ial cervices	
	cultural programs and opportunities for empowerment to 1	neip seniors	
	remain independent and productive community members.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	·	103	
	If "Yes," describe these new services on Schedule O	<u> </u>	<b>37</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
		. F70 ·	168.)
48	(Code) (Expenses \$ 758,077 our including grants of \$) (Revenue \$)		
	Operation of a senior citizens' day facility that provide		es,
	meals, educational opportunities, and social services to		
	citizens. The Organization also provides social service	<u>es to senior:</u>	s in
	elderly housing developments. These services are render	red at the	
	housing developments to provide senior citizens with var		of.
	support needed to keep them living independently. These		
	services include transporting seniors to the Quality Liv		<u> </u>
	(QLS) Center and to other venues for activities and other		
	The Organization provides management services to four re	<u>elated housi</u>	ng
	developments that provide housing to elderly and low inc	come	
	individuals.		
46	(Code) (Expenses \$	246 (	909.)
4b	(Code) (Expenses \$ 162,582 · including grants of \$) (Revenue to a contract		
	The Organization maintains and operates buses used to the	ransport sen	lor_
	citizens from their homes to the QLS Center and other p	laces and fro	
	the QLS Center to other places.		
			<del></del>
4c	(Code) (Expenses \$) (Revenue) (Revenue)	.es 85,€	570.)
	The Organization coordinates a travel program for senior		The
	senior citizens fund the travel costs through payments t		
	Living Services (QLS) travel club. Expenses of travel a		
			ILIY
	paid through the Quality Living Services (QLS) travel cl	Lub.	
			<del></del>
		<del></del>	
		<del>_</del>	
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶ 1,035,474.		
		Form 99	<b>90</b> (2019)

Form 990 (2019) Quality Living Services, Inc.

Part IV | Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	İ .		
_	Schedule D, Part III	_ 8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	7.5	
40	If "Yes," complete Schedule D, Part IV	9	_X_	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а				
a	Part VI	44-	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ_	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	מוו	Λ	
Ů	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	110		
_	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		- 1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	}	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	$\dashv$	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.		v
· ·	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Composio government on Fait IX, Column P y, line 1. II Tes, Complete Conecule I, Faits I and II	<b>4</b> 1	1	47

Form 990 (2019) Quality Living Services, Inc.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			ļ
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		•	
	Schedule K. If "No," go to line 25a	24a		X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		}
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	00		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		_	<del></del>
	instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1 
•	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?			v
07	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	27	ľ	v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
38	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
		Ţ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		}	
	(gambling) winnings to prize winners?	1c		
022004	01.20.20	Form	990 (	2019)

Form 990 (2019) Quality Living Services Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 27 filed for the calendar year ending with or within the year covered by this return **2**a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? X 4a **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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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? Х 6a b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). a 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7**q** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N

Form 990 (2019)

16

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

Form 990 (2019) Quality Living Services, Inc. 58-1629399 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O centure a response or pete to any line in this Best VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI			لمار
<u> </u>	Clott A. Governing body and Management	· <u></u>	I	
4.	Enter the number of votice members of the never park had and the territory		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		}	
_	Franchis combands of the state	ŀ	İ	
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
2		2	<del></del>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		<b>.</b>
	of officers, directors, trustees, or key employees to a management company or other person?	_ 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	ļ	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		4,-
_	more members of the governing body?	7a		X
b	, 6			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	_8a	X	
Ъ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9_		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
100	Did the organization have local chapters, branches, or affiliates?		Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a		_X
J	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	401		
11a	the state of the s	10b	- <del>-</del> -	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	_X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		v	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х	
C	in Schedule O how this was done	40-		v
13	Did the organization have a written whistleblower policy?	12c		<u> </u>
14	Did the organization have a written whistieblower policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	^	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
•	The organization's CEO, Executive Director, or top management official	45-		v
h	Other officers or key employees of the organization	15a		<u> </u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ĺ		
IVa	taxable entity during the year?	46-		v
h	• • •	16a		<u>X</u>
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	İ		
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Sect	tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶GA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)			- La I -
	- ,, ,	s only)	availa	iDie
	for public inspection. Indicate how you made these available Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)			
40				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
00	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 404 696-1686	-		
	P.O. Box 311045, Atlanta, GA 30331			

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

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

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

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

  See instructions for the order in which to list the persons above

(A)	(B)			_ ((	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box				ıs bot	h an	compensation	compensation	amount of
	week	_	Cer au		recit	ir/u us	(ee)	from	from related	other
	(list any hours for	lirect		1		<u> </u>		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90 01	şţe			sated		(W-2/1099-MISC)	(VV-2/1099-WII3C)	organization
	organizations	trust	al tru		yee	Ē		(** 2/ *********************************		and related
	below	Individual trustee or director	Institutional trustee	   ==	Key employee	Highest compensated employee	Je.			organizations
	line)	-	ast Table	Officer	Ş	돌	Former			
(1) Dr. Richard Ashe	0.00									
Vice President		X		X	<u> </u>			0.	0.	0
(2) Adeyemi Toure	0.00							_	_	
Director		X	_			_		0.	0.	0
(3) Charles Lingo	0.00				•				_	_
Director		X			<u> </u>	_		0.	0.	0
(4) Emma J. Fountain	0.00	┨						_		
Treasurer		X		X				0.	0.	0
(5) Jim Maddox	0.00	<b> </b>								
President		X_	-	X				0.	0.	0
(6) Willie Boyd Saddler	0.00		}					•	0	
Director	0.00	X			_			0.	0.	0
(7) Carolyn E Dorsey	0.00	.,						0		
Secretary	40.00	X		X				0.	0.	0
(8) Irene Richardson	40.00	┨		x				01 000	0.	
Executive Director		├		Λ		_	_	81,000.	0.	0
•		1								
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		1								
		]								

A	)		A
Section	В.	Independent	Contractors

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	<u> </u>		
<del></del>	<u> </u>		
2 Total number of independent contractors (including b \$100,000 of compensation from the organization	out not limited to those l	isted above) who received more than	

	,		Check if Schedule O			e or note to any l	ine in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants   and Other Similar Amounts		g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (conti- All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f  Elderly Housi	1f 1g \$	182,383 153,584 119,266 Business Code 532000	335,967.	294,720.	,		
Program Service Revenue	_	b c	Services to S Transporting	Senio Seni	rs ors	624100 624100	284,448. 246,909.	284,448. 246,909.		
Progra Rei		d e	Seniors Trave		ub	624100	85,670.	85,670.		
		т <u>я</u>	All other program service  Total. Add lines 2a-2f	revenue		<u> </u>	911,747.			
	3 4 5		Investment income (included other similar amounts). Income from investment of Royalties		-	•	7,332.			7,332.
		a b c	Gross rents Less rental expenses Rental income or (loss)	6a 6b	(i) Real	(II) Personal	-			
	7		Net rental income or (loss Gross amount from sales of assets other than inventory Less cost or other basis	$\overline{}$	Securities	(II) Other				
er Revenue	8	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi	7b 7c	(not	<b>&gt;</b>				
Oth	Ū	b	contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from	line 1c)	of See					
		a b	Gross income from gamin Part IV, line 19 Less: direct expenses	g activiti	es See 9a 9t					
	10	а	Net income or (loss) from gross sales of inventory, I and allowances Less: cost of goods sold	-		1				
S			Net income or (loss) from	sales of		Business Code				
Miscellaneous Revenue		a b c								
Misc			All other revenue							
	12		Total. Add lines 11a-11d  Total revenue See instructio	ns			1,255,046.	911,747.	0.	7,332.

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

Do:	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		ì		
	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		<del></del>	<del></del>	
4	Benefits paid to or for members		<del></del>	<del>+</del>	<u> </u>
5	Compensation of current officers, directors,	01 000	40 000	41 000	
	trustees, and key employees 1	81,000.	40,000.	41,000.	1
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)	450.000	220 025	110 024	
7	Other salaries and wages	458,069.	339,035.	119,034.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 576	4 202	15 202	
9	Other employee benefits	19,576. 43,169.	4,283.	15,293.	
10	Payroli taxes	43,109.	30,209.	12,960.	
11	Fees for services (nonemployees).				
a	Management				
b	Legal	32,168.		32,168.	
C	Accounting	34,100.		34,100.	<del></del>
d	Lobbying Professional fundamental Sea Bart IV line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees		<del></del>	<del></del>	
f	011 (161 = 44 = === = + ===== = 400/ =61== 05		<del></del>	<del>-</del>	
g	column (A) amount, list line 11g expenses on Sch 0.)	112,972.	112,972.		
40	Advertising and promotion	114,714.	114,714,		
12 13	Office expenses	5,781.		5,781.	
14	Information technology	3,701.		3,701.	
15	Royalties				
16	Occupancy				<del></del>
17	Travel	- 1			
18	Payments of travel or entertainment expenses				<u>-</u>
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<del></del>	
20	Interest				<del> </del>
21	Payments to affiliates	100,000.	100,000.		<del></del>
22	Depreciation, depletion, and amortization	27,773.	27,773.		
23	Insurance	26,861.	8,933.	17,928.	<u> </u>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
	Food Service at Senior	139,160.	139,160.		
b	Senior Travel Club Prog	114,815.	114,815.		
C	<u>Vehicle Expenses for Se</u>	62,614.	62,614.		<del></del>
d		35,796.	35,796.		
е	All other expenses	19,884.	19,884.		_ <del></del> _
25	Total functional expenses. Add lines 1 through 24e	1,279,638.	1,035,474.	244,164.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2019

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year	<u> </u>	End of year
1	Cash - non-interest-bearing	419,467.	1	405,760.
2	Savings and temporary cash investments	103,677.	2	104,394.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	88,761.	4	56,217
5	Loans and other receivables from any current or former officer, director,			
ı	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	<del></del>	6	
ខ្ល 7	Notes and loans receivable, net		7	<del></del>
7 8	Inventories for sale or use		8	
, 9	Prepaid expenses and deferred charges	3,938.	9	3,915.
10:	a Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D 10a 884, 087.			
	Less: accumulated depreciation 10b 788,994.	64,144.	10c	95,093.
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	<u>256,902.</u>	12	287,626.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	936,889.	16	<u>953,005.</u>
17	Accounts payable and accrued expenses	9,747.	17	22,547.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	46,549.	21	<u>52,950.</u>
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
ľ	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D .		25	
26	Total liabilities. Add lines 17 through 25	56,296.	26	75,497.
	Organizations that follow FASB ASC 958, check here   X			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	880,593.	27	877,508.
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here		,	-
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
27 28 29 30 31 32	Total net assets or fund balances	880,593.	32	877,508.
33	Total liabilities and net assets/fund balances	936,889.	33	953,005.

F <u>orn</u>	n 990 (2019) Quality Living Services, Inc.	58-1629	9399	Pa	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI				
				-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1 :	1,25	5,0	46.
2	Total expenses (must equal Part IX, column (A), line 25)		1,27		
3	Revenue less expenses Subtract line 2 from line 1	3			92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			93.
5	Net unrealized gains (losses) on investments	5			07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8	•		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32.			•	
	column (B))	10	87	7.5	08.
Pa	rt XII Financial Statements and Reporting			. , , ,	
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	[		
2a			2a		X
	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		1		
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	basis.			
	consolidated basis, or both	·			
	X Separate basis Consolidated basis Both consolidated and separate basis		i l		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schi	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 required	red audit			

## 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

2019

Open to Public Inspection

Name of the organization **Employer identification number** 58-1629399 Ouality Living Services, 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 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 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, its 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, Typ 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 (III) Type of organization (v) Amount of monetary (i) Name of supported (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

58-1629399 Page 2

Schedule A (Form 990 or 990 EZ) 2019 Quality Living Services, Inc. 58-16293

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

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

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and		-							
	membership fees received. (Do not									
	include any "unusual grants.")	185,646.	173,277.	228,217.	237,068.	335,967.	1,160,175.			
2	Tax revenues levied for the organ-		•							
	ization's benefit and either paid to	•								
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	185,646.	173,277.	228,217.	237,068.	335,967.	1,160,175.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included			,						
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4						1,160,175,			
	tion B. Total Support					·	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	185,646.	173,277.	228,217.	237,068.	335,967.	1,160,175,			
8	Gross income from interest,		-		•	,				
	dividends, payments received on									
	securities loans, rents, royalties,	ļ		ļ						
	and income from similar sources	3,287.	1,435.	6,937.	<3,050.	> 7,332.	15,941.			
9	Net income from unrelated business	-								
	activities, whether or not the					,				
	business is regularly carried on		-							
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						1,176,116,			
	Gross receipts from related activities,	etc (see instruction	ons)			12 4,	721,161.			
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x vear as a section					
	organization, check this box and stop	-			•		ightharpoons			
Sec	tion C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	98.64 %			
15	Public support percentage from 2018	Schedule A, Part	II, line 14		[	15	99.11 %			
16a	33 1/3% support test - 2019. If the o	rganization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and			
	stop here. The organization qualifies a	as a publicly suppo	orted organization				$\triangleright \mathbf{X}$			
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			ightharpoons			
17a	10% -facts-and-circumstances test	- <b>2019</b> . If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,			
	and if the organization meets the "fact	ts-and-circumstand	es" test, check th	is box and stop he	ere. Explain in Par	t VI how the organiz	zation			
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization	-	ightharpoons			
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or			
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	stop here. Explain	ın Part VI how the				
	organization meets the "facts-and-circ	umstances" test	The organization q	ualifies as a public	ly supported orga	nızatıon	ightharpoons			
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<b></b>			
			<del></del>		Sche	dule A (Form 990 c	or 990-EZ) 2019			

Sch Pa	edule A (Form 990 or 990 EZ) 2019 ( art III   Support Schedule for	<u>)uality Li</u> Organizations	ving Serv Described in	vices, Inc Section 509(a	2. 3)(2)	<u> 58-162</u>	9399 Page 3
	(Complete only if you checked	_	\	•		Part II If the organiz	ration fails to
	qualify under the tests listed i		1			art ii ii tiic organiz	ation fails to
Se	ction A. Public Support					/	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		\			/	
	membership fees received (Do not						
_	include any "unusual grants ")		<del>                                     </del>		<del> </del>	-/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		\				
	are not an unrelated trade or bus-		\	\			
	iness under section 513			<u> </u>	<del>                                     </del>		
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				<del>/</del>		<del>-</del>
	furnished by a governmental unit to the organization without charge					! 	
6	Total. Add lines 1 through 5						<del></del>
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support	1		r			
	ndar year (or fiscal year beginning in)	(a) 2015	( <b>b</b> ) 2016	(c) 2017	(d)\2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,			-	<del>                                     </del>		<del></del>
104	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ition,
	check this box and stop here	<del></del>			<del></del>		<b>&gt;</b>
	tion C. Computation of Publ					<del></del>	
	Public support percentage for 2019 (I		•	column (f))		15	<u> </u>
	Public support percentage from 2018 tion D. Computation of Investigation			<del></del>		16	<del>%</del>
	<del></del>			10 (0)		<u> r</u>	<del>\</del>
	Investment income percentage for 20		-	rie 13, column (f))		17	<u>%</u>
	Investment income percentage from 2 33 1/3% support tests - 2019. If the		•	on line 14 and line	15 is mara than ?	18   3 1/3% and line 13	% ·
198	more than 33 1/3%, check this box a						\
h	33 1/3% support tests - 2018. If the				_		nd \ ►
	line 18 is not more than 33 1/3%, che						~ <b>\</b> _
	Private foundation. If the organization					_	I
	2 00-25-10					dulo A /Earm 000	000 57) 0040

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a_		
	4b		
	4c		
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	5a_		
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i	7		
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	9a		
	9b		<del></del>
	9c		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2019

932025 09-25-19

2b

За

activities but for the organization's involvement

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

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			·
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instruction
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	<del>,                                      </del>
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		<u> </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	<u></u>	
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		
ect	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)			1
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	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		
7	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion 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		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

B Breakdown of line 7:
a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

Part V   Supplemental Information, Provide the explanations required by Part II, line 10, Part II, line 17a, or 17b, Part III, Section B, Ga, 69, 99, 99, 91, 11a, 11b, and 11c, Part IV, Section B, line 1 and 2 part IV, Section B, line 1 and 2 part IV, Section B, line 1 and 2 part IV, Section B, line 1 and 2 part IV, Section B, line 1 and 2 part IV, Section B, line 1 and 2 part IV, Section B, line 1 and 2 part IV, Section B, line 2 and 3 a	Schedule A	<u>(Form 990 or 990 E</u>	<u>z) 2019  Qual</u>	<u>ity Livi</u>	<u>lng-Servic</u>	ces, Inc.		<u>58-1629399 Page :</u>
(See instructions )	Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Information lines 1, 2, 3b, 3d tion D. lines 2 ar	Provide the exc, 4b, 4c, 5a, 6, 9	planations require 9a, 9b, 9c, 11a, 11 ction E. lines 1c, 2	d by Part II, line 10, b, and 11c; Part IV a. 2b. 3a. and 3b. P	, Section B, lines 1 a art V, line 1: Part V.	7b; Part III, line 12; and 2; Part IV, Section C, Section B. line 1e, Part V
		(See instructions)					art for any additions	aimornation.
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### SCHEDULE D.

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Ouality Living Services, Inc.

Employer identification number

58-1629399

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		,
· <u>· · · · · · · · · · · · · · · · · · </u>		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organizat	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	rified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nization during the tax
	year	anneat is leasted <b>A</b>	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	rianding of violations, and emoreing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
-	<b>▶</b> \$	and of the another, and officing contour validity of	assuments during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(f	3)(i)
	and section 170(h)(4)(B)(ii)?	7	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheranc	e of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre-	•	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	Assets included in Form 990, Part X	·······························	<u>▶ \$</u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

	edule D (Form 990) 2019 Ouality rt III Organizations Maintaining O	<u>Living Se</u>			r Other		629399 ets/continu	
3	Using the organization's acquisition, access							<u></u>
Ū	collection items (check all that apply)	ion, and other record	as, oncor any or the	Tollowing that	make sign	moant asc of h		
а	Public exhibition	,	t loan or exc	hange progra	m			
b	Scholarly research			mango progra	•••			
c	Preservation for future generations	•	, <u> </u>	<u></u> -				
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organizatio	n's exemp	t purpose in Pa	ort XIII	
5	During the year, did the organization solicit of		<del>-</del>	<del>-</del>	•			
•	to be sold to raise funds rather than to be m					Г	Yes	□ No
Pa	rt IV Escrow and Custodial Arrar				Yes" on Fo	orm 990. Part IV		110
	reported an amount on Form 990, Pa						,	
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ns or other ass	sets not inc	cluded	<del></del>	
	on Form 990, Part X?		,			_	X Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:			_		
		•	J				Amount	<del></del>
С	Beginning balance					1c		,549.
d	Additions during the year			•		1d		,244.
е	Distributions during the year					1e		,843.
f	Ending balance		_	_		1f		,950.
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial accou	unt liability?	· []	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation has been	provided on F	Part XIII			
Pai	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	orm 990, Part I	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance	366,720.	368,847.	352	919.	101,070	. 2	04,032.
b	Contributions	619.	1,000,		400	250,497		
C	Net investment earnings, gains, and losses	28,839.	<3,127.	> 15	528.	1,352		3,287.
d	Grants or scholarships							
е	Other expenditures for facilities				-			
	and programs						1	.06,249.
f	Administrative expenses			_				
g	End of year balance	396,178.	366 720.	368	847.	352,919	. 1	01,070.
2	Provide the estimated percentage of the cur	-	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administer	ed for the o	organization	_	
	by							es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations			•			3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza	•					_3b	
4 Do	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm				<b>5</b>	40		
	Complete if the organization answere							
	Description of property	(a) Cost or o	L	or other	(c) Accur	l l	(d) Book v	/alue
		basis (investri	nem) Dasis	(other)	depred	lation		
_	Land			-	<del></del> -			
b	Buildings	-	1-	0 547	1 -	0 545		
C	Leasehold improvements	<u> </u>		8,547.		8,547.		<u> </u>
	Equipment			5,220.		5,220.	٥٢	0.
	Other	1 200 5 1		0,320.	46	5,227.		<u>,093.</u>
<u> Fotal</u>	. Add lines 1a through 1e (Column (d) must e	quai ⊦orm 990, Part	x, column (B), line 1	UC.)			<u>95</u>	<u>,093.</u>

932053 10-02-19

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 Quality Living Service	ces, Inc.	<u> 58-</u>	<u>1629399</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	-	per Return	l <b>.</b>	
	Complete if the organization answered "Yes" on Form 990, Part I		<del>-                                    </del>		
1	Total revenue, gains, and other support per audited financial statements		1	1,276	<u>,553.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	00 =			
а	Net unrealized gains (losses) on investments	2a 21,5	07.		
Ь	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	. 2d			
е	Add lines 2a through 2d		2e	21	<u>.507.</u>
3	Subtract line 2e from line 1	•	3	1,255	,046.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>			
ь	Other (Describe in Part XIII )	. <u>4</u> b			•
C	Add lines 4a and 4b		4c	1 055	0.
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII Reconciliation of Expenses per Audited Financial		5 Dor Botu	<u>1,255</u>	046.
ra		•	s per netu	m.	
	Complete if the organization answered "Yes" on Form 990, Part I	v, line 12a.		1 270	<u></u>
1	Total expenses and losses per audited financial statements		1	1,279	, 638.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities		}		
a		2a	<b></b>		
b	Prior year adjustments Other losses	2b			
C	Other (Describe in Part XIII )	2c	{		
d	Add lines 2a through 2d				^
e	Subtract line 2e from line 1		2e	1,279	620
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1	•	3	1,419	030.
-	Investment expenses not included on Form 990, Part VIII, line 7b	45			
a b	Other (Describe in Part XIII )	4a   4b			
C	Add lines 4a and 4b	40 /			0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	20. 18 )	4c	1.279	638.
	t XIII Supplemental Information.	10 70.7			030.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		/, line 4, Part	K, line 2, Part >	(I,
			-		
Par	t V, line 4:		<del></del> -		
Cor	tinued future operations of Quality	Living Services, I	nc.	<del></del>	
					-
		<del></del> -		<u>.</u>	
				<del>-</del> ·	
		-			

### SCHEDULE, M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Quality Living Services,

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

Open to Public Inspection Employer identification number

58-1629399

Pa	rt I	Types	s of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	(d) Method of d noncash contrib	etermır	•	ts
1	Ar	t - Works of	art								
2		t - Historical			-			<del> </del>			
3		t · Fractiona									
4			blications								
5		•	nousehold goods								
6		ars and othe	_								
7		ats and pla									
8		tellectual pro				-		<del></del>			
9			blicly traded					····			
10			osely held stock		-						
11			rtnership, LLC, or								
••		st interests									
12		curities · Mi	scellaneous								
13			ervation contribution -								
		stone struct									
14			ervation contribution - Other								
15		eal estate - R									
16		eal estate - C									
17		eal estate - C									
18		ollectibles	7.11.01		_		<del></del> +				
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20		-	dical supplies	41			,200.1	ascimaced i	<u>,y c</u>	OIIC	<u> </u>
20 21		xidermy	uicai supplies								
22		storical artifa	acte								
22 23		entific spec	ı								
		cheological:					+				
24 25							+				—
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26 27	-	- '	· · · · · · · · · · · · · · · · · · ·					<del></del>			
27		her 🕨 (	(								
<u>28</u>		her 🕨 (	-ma 9292 recoved by the areas	ration diame	the toy year for a						
29			ms 8283 received by the organization sometime 828	_							
	ıor	which the c	organization completed Form 828	oo, ran iv, i	Jonee Acknowledg	ement .	29			V	
20-	ο		a did the exceptation receive by			antad in Dant Line	1	- 00	$\Gamma$	Yes	No
зvа		-	r, did the organization receive by				_				l
			at least three years from the date		a contribution, and	wnich ish't requir	ea to be us	ea for			v
			ses for the entire holding period?	,					30a	$\longrightarrow$	<u> </u>
		· ·	be the arrangement in Part II			- <b>6</b>		0	_		7.7
31		•	nization have a gift acceptance p	•	•	•		ions /	31		X
32a		•	nization hire or use third parties of	or related or	ganizations to solid	cit, process, or sel	i noncash				3.5
_		ntributions?							32a		<u>X</u>
			ibe in Part II							.	
33		•	tion didn't report an amount in co	olumn (c) foi	a type of property	tor which column	n (a) is chec	ked,		, [	ı
		scribe in Pai									
_HA	F	or Paperwo	ork Reduction Act Notice, see	tne Instruci	tions for Form 990	).		Schedule N	л (Forn	ი 990)	2019

		CHATTON	<u> </u>	Services,	inc.		<u> 58-1629399</u>	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), the distinguishment of the least of the lea	<ol> <li>Provide the ne number of outlon.</li> </ol>	information required contributions, the nu	by Part I, line Imber of items	es 30b, 32b, and 33 s received, or a com	, and whether the organiz bination of both. Also cor	ation nplete
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}								
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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Quality Living Services, Inc.

Employer identification number <u>58-1629399</u>

Form 990, Part VI, Section B, line 11b:
The 990 is reviewed in draft by the Organization's accountant and Executive
Director prior to review by the Board of Directors (the governing body).
The organization's governing body reviews the 990 in conjunction with its'
review of the annual audit during the first week of April. This is done at
a full Board meeting with the Organization's key finance and accounting
personnel as well as the independent Certified Public Accountant who
conducts the audit and prepares the 990. The 990 is signed and filed with
the IRS, after approval by the governing body.
Form 990, Part VI, Section C, Line 19:
The Organization makes its governing documents, conflict of interest
policy, and financial statements available to the public via written
request. The Organization is also required to make its financial statements
available to federal, state, and local governmental agencies from which it
receives grant funds; and, therefore, is available to the public from these
agencies.
Form 990, Part XI, Line 2c
No changes in oversight or selection process during year.

SCHEDULE R (Form 990) Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2019.
Open to Public Inspection

OMB No 1545-0047

**Employer identification number** 

(g) Section 512(b)(13) controlled entity? ટ × × × Direct controlling Yes 58-1629399 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. entity Direct controlling entity End-of-year assets **e** status (if section Public charity 501 (c) (3) 170(b)(1)(A) 170(b)(1)(A) 170(b)(1)(A) 170(b)(1)(A) 501(c)(3)) Total income Exempt Code Ð 501 (c) (3) 501 (c) (3) 501 (c) (3) section Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Georgia seorgia 3eorg<u>ia</u> Seorgia HUD Funded Section 8 Multi amily Housing for Low HUD Funded Section 202 ental Housing for the Rental Housing for the **WD Funded Section 202** ental Housing for the HUD Funded Section 202 Primary activity Primary activity 9 ncome Families Quality Living Services Elderly 31derly 3lderly Name, address, and EIN (if applicable) Name, address, and EIN 3060 Continental Colony Pkwy SW of related organization of disregarded entity 31-1510306 OLS Gardens, Inc. - 58-2314897 OLS Villa, Inc. - 58-2198892 OLS Haven, LTD - 58-2015657 1840 Campbellton Road 1870 Campbellton Road 30311 30331 4020 Danforth Road Atlanta, GA 30331 Atlanta, GA 30311 QLS Meadows Inc. Atlanta, GA Atlanta GA Part II Part

Schedule R (Form 990) 2019

58-1629399

Schedule R (Form 990) Quality Living Services, Inc.

Part II Continuation of Identification of Related Tax-Exempt Organizations

						•	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled -	0,(13) 1. ' '
				501(c)(3))	•	Yes	ş
Irene Assisted Care Community, Inc 45-5321124, P. O. Box 311045, Atlanta, GA	Assisted Living for the Elderly - Under						
30331	Development	Georgia	501 (c) (3)	170(b)(1)(A)		×	
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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

(3)	1		4				;	-				
(a) Name, address, and EIN of related organization	( <b>b</b> ) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	<del> </del>	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
												•
								i	045			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	panizations Taxable apporation or trust during	us a Corpo	ration or Trust. Co	omplete ıf th	e organizatioi	n answered "Ye	ss" on Form	990, Part	IV, line 34	, because it had	one or m	ore related
(a)  Name, address, and EIN  of related organization	Z c	Primi	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Peend-of-year o	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
•												
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Yes

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)

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- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

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- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

relationships and transaction thresholds.	(d) Method of determining amount involved
is line, including covered	(c) Amount involved
tho must complete the	(b) Transaction
2 If the answer to any of the above is "Yes," see the instructions for information on w	(a) Name of related organization

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) QLS Meadows, Inc.	7	60,930.	60,930.Amount Paid
(2) QLS Gardens, Inc.	L	64,776.	64,776.Amount Paid
(3) QLS Villa, Inc.	IJ	62,676.	62,676.Amount Paid
(4) QLS Haven, LTD	L	106,446.	106,446.Amount Paid
(6) Irene Assisted Care Community, Inc.	В	100,000.	100,000. Amount Paid

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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), rethat was not a related organization. See instructions regarding exclusion for certain investment partnerships

(e)	(Q)	(3)	(p)	(a)	(b)	3	(9)	9	(£)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	t income related, tax under 2-514)	Areali Share of 501(c)(3) total ons?	Share of end-of-year assets	Dispropor- tionate allocations?	Uspropor-Code V-UBI General or Percentage florate amount in box 20 manging ownership connecting (Form 10R5)	General or managing partner?	Percentage ownership
		ł						<u> </u>	

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Part VII	(Form 990) 2019 Supplemental Info	rmation			
	Provide additional inform	ation for responses to question	e on Schodulo D. Sc	ao instructions	
	1 TOVIGE Additional Inform	ation for responses to question	s on Scriedule H. Se	ee instructions	
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