Return of Organization Exempt From Income Tax

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

OMB No 1145-0047

Phone no. 404-584-0870

Yes

For**m 990** (2019)

(Rev January 2020) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number OLS Haven, LTD 58-2015657 Doing business as]initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. Box 311045 404 699-1686 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Atlanta, GA 30331 H(a) Is this a group return Applica-F Name and address of principal officer Jim Maddox Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1992 M State of legal domicile: GA Part I Summary Briefly describe the organization's mission or most significant activities To provide 120 affordable housing units for the elderly. Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b RECEIVED IN CORRES IRS - OSC - 01 Prior Year **Current Year** 0. 0. 8 Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) OCT 14 2020 93 74. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <129,581 <134,135.> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, of Mar At line 12) AH <134,061.> <129,488. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 Total fundraising excessor (Part IX, column (A), line 11e) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) S 0. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 0. <129,488. Revenue less expenses Subtract line 18 from line 12 <134,061.> Beginning of Current Year **End of Year** 1,265,569. 1,173,106. 20 Total assets (Part X, line 16) 29,705 ,303. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 235,864. .803 | Signature Block | Part II Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of office Sign President Maddox, Here Type or print name and title Date Check PTIN Print/Type preparer's name 07/06/20 self-employed Paid Cvnthia Tabb P01480106 Firm's name Tabb & Tabb Preparer Firm's EIN

Use Only

Atlanta, GA 30303

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 260 Peachtree Street, Suite 1201

Form	990 (2019) OLS Haven, LTD		58-2015657 Page 2
	rt III Statement of Program Service Accomp	plishments	
	Check if Schedule O contains a response or note to	any line in this Part III	
1	Briefly describe the organization's mission		
	QLS Haven, LTD. provides 120	apartments for elderly, lo	w income
	individuals in Atlanta, GA.		
2	Did the organization undertake any significant program se	rvices during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Whose during the year which were not hated on the	Yes X No
	If "Yes," describe these new services on Schedule O	·	
3	Did the organization cease conducting, or make significant	t changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishment	ents 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, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1, 066, 480.	including grants of \$) (Reven	
	The organization provides soc	lal, educational and other	<u>related</u>
	activities for the enrichment	of the senior citizens li	ving in the
	apartments.		
4b	(Code) (Expenses \$	including grants of \$) (Reveni	ue \$)
		<u> </u>	
			
			
			
4c	(Code) (Expenses \$	including grants of \$) (Revenue	ue \$)
			
			
		· · · · · · · · · · · · · · · · · · ·	
	Other program convece (Decembe on Schodule C.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	1
4e		, 480 •	
		<u> </u>	Form 990 (2019)

Form 990 (2019) OLS Haven, LTD
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)?	İ		
_	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	l .		
E	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	_		47
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			v
9	\cdot	8	\vdash	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9_		<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	40		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
• •	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	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 169 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ľ	
	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>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	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		<u> </u>
6	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> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
٥	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	-	<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
۵	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
9	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	40		y
Λa	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
			1	

			res	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			v
04 -	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	040		X
	Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
D	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	_27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ĺ	
	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	200		¥
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
U	"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> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	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	30		
.	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11		1	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		j	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	į		
	(gambling) winnings to prize winners?	_1c_	000	0015
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	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u>657</u>		age S
Į, a	· · · · · · · · · · · · · · · · · · ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	140
	filed for the calendar year ending with or within the year covered by this return 2a 9			ĺ
b		2b	х	ļ
_	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 on Schedule O	3b		
4a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	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		Х
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?	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).			1
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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
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.			
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		
10	Section 501(c)(7) organizations. Enter			ļ
a	Initiation fees and capital contributions included on Part VIII, line 12			-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders Cross income from other courses (De not est around to other course)	i i		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	ļ '		
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
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	.00		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	i		
_	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720. Schedule O			

Form **990** (2019)

14360706 794789 QLSHaven

Form 990 (2019) 58-2015657 Haven, Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 1<u>6a</u> b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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)s only) available 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)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records <u> Irene M. Richardson - 404-699-1686</u>

P.O. Box 311045, Atlanta, GA

Form 990 (2019)

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

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average			Pos	rtion			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	_	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	rector				Ì		the	organizations	compensation
	hours for	or di	<u>8</u>			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		, s	Bells		(W-2/1099-MISC)		organization
	organizations below	ual tr	ionat		을 S	E S	.			and related
	line)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) Jim Maddox	0.00									
President		X	_	X		-	_	0.	0.	0.
(2) Emma J. Fountain	0.00					ĺ		_		
Treasurer		X		X	<u> </u>	<u>.</u>		0.	0.	0.
(3) Dr. Richard D. Ashe	0.00					ĺ		_		
Vice President		X		X		ļ		0.	0.	0.
(4) Charles A. Lingo	0.00									
<u>Member</u>		X					_	0.	0.	0.
(5) Mr. Adeyemi Toure	0.00									
Member		X						0.	0.	0.
(6) Willie Boyd Saddler	0.00									•
Member		X			<u> </u>			0.	0.	0.
(7) Carolyn E. Dorsey	0.00									
Secretary		X		X	<u> </u>	-		0.	0.	0.
										11:
				_						
									·	
•	-								-	
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									li .	ı
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					'					
				_		_			-	
	-									
							\Box		L	

	n 990 (2019) OL'S Have:									58-20	<u>15</u>	<u>657</u>	<u>P</u>	age 8
<u>, a</u>	(A) Name and title	Name and title Average Position Reportable Reportable Compensation Com											(F) stimate	_
		week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com fr org	other pensarom th anizat d relat	ation e cion ced
							_							
											-			
1b	Subtotal .						<u> </u>	<u> </u>	0.		0.			0 .
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n		ose	liste	ed at	bove	e) wh	o re	0 • 0 • eceived more than \$100		0.			0.
_	compensation from the organization											_	Yes	No.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	nsatı	on f	rom	any	unr			dual for services		4		X
Sec 1	rendered to the organization? If "Yes," com- tion B. Independent Contractors Complete this table for your five highest co							rs ti	hat received more than	\$100,000 of comp	ensa	5 ation f	rom	<u> </u>
	the organization Report compensation for (A) Name and business)NE		vrth (or w	thin	n the organization's tax (B) Description of s			(C	C) nsatio	 n
					_				7					
_					<u>, </u>									
					_									
	Total number of independent contractors (ii	nalı ıdına b. 4 -	ot I			+h	ne !:-	† *c='	abough who was a second	age than				
~	- oral number of independent contractors (ii	norwaniy but II	OL 111			410	3 0 115	·	above, who received in	ioro urari				

Form **990** (2019)

\$100,000 of compensation from the organization

<u> </u>		 Check if Schedule O	cont	ains a resc	onse	or note to any li	ne in this Part VIII			
	•					or moto to uny m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	a Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	l	b Membership dues		1b	-		1			
Ω,ξ	l	c Fundraising events		1c			1			
ar /	I	d Related organizations		1d			1		}	
s, C		e Government grants (cont	rıbut				1			
ion	l .	f All other contributions, gifts,					1			
but		similar amounts not include								
i di	,	Noncash contributions included in	n lines		\$		1			1
<u>ම්</u>		h Total. Add lines 1a-1f	_			•	1			
				-		Business Code				
မွ	2 :	a								
e Ķ	1	b								
Sul		c								
e a		d						,		
Program Service Revenue	(e								
آ ته	1	All other program service	reve	nue						
	9	Total. Add lines 2a-2f					<u> </u>			
	3	Investment income (inclu	dıng	dıvıdends,	ınter	est, and				
		other similar amounts)				. ▶	74.			74.
	4	Income from investment	of tax	x-exempt b	ond _I	oroceeds >				
	5	Royalties				<u> </u>				
				(ı) Rea	al	(II) Personal				
	6 a	Gross rents	<u>6a</u>	932	344		ļ	•		
	ì	Less rental expenses	6b		479					
		Rental income or (loss)	6с	<134	135					
:		d Net rental income or (loss		T 1) 2	_	<u> </u>	<134,135.	>		<134,135 <u>.</u> >
	7 8	Gross amount from sales of		(ı) Securi	ties	(II) Other				
		assets other than inventory	7a							
a	t	Less: cost or other basis								
ğ		and sales expenses	7b				{			
her Revenue		Gain or (loss)	7c	<u> </u>		<u> </u>				
<u>ام</u>		Net gain or (loss)			Γ-	<u> </u>				
e e	8 8	Gross income from fundraisi	ng ev							
١		including \$		of						
		contributions reported on Part IV, line 18	ıme	ic) See						
		Less: direct expenses			8a 8b	i e				
ł		Net income or (loss) from	fund	Iraieina eva						
		Gross income from gamir		_		· -		-		
l l		Part IV, line 19	.g uo		9a					
ĺ	Ł	Less' direct expenses			9b		-			
ĺ		: Net income or (loss) from	gam	ing activitie		•				
		Gross sales of inventory,	-	_						
		and allowances			10a	j				
	t	Less: cost of goods sold			10k	T				ļ
:		Net income or (loss) from	sales	s of invento	ory	•				
S						Business Code				
Miscellaneous Revenue	11 a	ı								
a ž	t									
le el	c	-								
<u> </u>	c	All other revenue .								
	€	Total. Add lines 11a-11d				<u> </u>				
	12	Total revenue. See instruction	ons			•	<134 061.	0.	0.	<134_061_>

Seci	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oti	her organizations must c	omplete column (A).	
_	, Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,			1	
	trustees, and key employees	<u> </u>			
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)				<u> </u>
9	Other employee benefits				
10	Payroll taxes		·		
11	Fees for services (nonemployees)				ı
а					
b		-·			
	Accounting			 	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)	 .			
12	Advertising and promotion Office expenses	 			
13 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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
þ					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	CROOK BOYS				

Рa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
_	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	52.	1	30,161
	2	Savings and temporary cash investments	106,540.	2	73,872
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		i	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	· _	6_	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	11,001.	9	32 <u>,510</u>
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 5,608,949.		1	
	b	Less: accumulated depreciation 10b 4,602,489.	1,107,310.	10c	1,006,460
	11	Investments - publicly traded securities	··· ·	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11	40,666.	15	30,103
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,265,569.	16	1,173,106
	17	Accounts payable and accrued expenses	1,673.	17	41,081
	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		21	
ies	22	Loans and other payables to any current or former officer, director,			
薰		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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			
		parties, and other liabilities not included on lines 17-24) Complete Part X	00 000		20.000
		of Schedule D	28,032.		30,222.
	26	Total liabilities. Add lines 17 through 25	29,705.	26	71,303
S		Organizations that follow FASB ASC 958, check here ► X		ľ	
ĕ		and complete lines 27, 28, 32, and 33.	1 225 064		1 101 002
<u>3a</u>	27	Net assets without donor restrictions	1,235,864.	27	1,101,803.
<u> </u>	28	Net assets with donor restrictions	. ,	_28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ō	00	and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated income, or other funds	1 225 064	31	1 101 003
Ž	32	Total net assets or fund balances	1,235,864.	32	1,101,803.
	_33	Total liabilities and net assets/fund balances	1,265,569.	33	1,173,106. Form 990 (2019

Form **990** (2019)

	•				
Forn	990 (2019) OLS Haven, LTD	58-20	15657	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		<u> </u>		
	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	<134	4,0	61.:
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses Subtract line 2 from line 1	3	<134	4,0	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,23	5,8	64.
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 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	1,103	1,8	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed 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 separ	ate basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			ł	
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 S	chedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			}	
	Act and OMB Circular A-133?	-	3a	\mathbf{x}	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	juired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	-	3b	х	_

Form **990** (2019)

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

Nan	ne of t	the organization	_					Employe	r identification number
_		OLS	Haven, LTI)				5	8-2015657
Pa	ırt İ	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instruction:	S.	
The	organ	ization is not a private found	dation because it is	(For lines 1 through 12,	check only	one box	1		(()
1	\sqsubseteq	A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		74
2	\square	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (For	m 990 or 9	90-EZ))			$\mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} $
3	\square	A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		0 1
4		A medical research organiz	ation operated in co	njunction with a hospita	ıl describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state							
5	\Box	An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmentalι	ınıt descrit	ped in
		section 170(b)(1)(A)(iv). (0	Complete Part II)						
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)(v).		
7		An organization that norma	illy receives a substa	intial part of its support	from a gov	ernmenta	l unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9	ш	An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conji	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of	the colleg	e or
		university:							
10	X	An organization that norma							
		activities related to its exer							_
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	iired by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Co							
11	H	An organization organized							_
12	ш	An organization organized a							
		more publicly supported or							check the box in
а		lines 12a through 12d that							
a	<u> </u>	Type I. A supporting orga							
		the supported organization organization. You must o			a majority	or the one	ctors or truste	es or the s	supporting
b		Type II. A supporting org			tion with it	e cupped	od organizatio	n(a) by ba	
-		control or management o							
		organization(s) You mus			ariic perse	ons that of	ontroi or mana	ge the sup	ported
С		Type III functionally inte			in connec	tion with:	and functional	lv integrati	ed with
		its supported organizatio						,	
d		Type III non-functionally						ted organi	zation(s)
		that is not functionally int							
		requirement (see instruct							
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I. Type	II. Type III	
		functionally integrated, or					, . , . , , ,	, .,,,	
f	Ente	r the number of supported o		, , ,	5				
g	Prov	ide the following information	about the supporte	d organization(s)					·,
	(i)) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
									•
<u> Tota</u>	l				Į .				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

chedule A (Form 990 or 990-EZ) 2019 QI	G Harren	ד.ייייר)			EQ 201	5657 Page 2
Part II Support Schedule for C (Complete only if you checked fails to qualify under the tests)	Organizations the box on line s	s Described in 5, 7, or 8 of Part I c	or if the organizatio		d 170(b)(1)(A)(v	/i)
ection A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(4)	(2)	(5) = 5	10, 20.0	(0) 20.0	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
membership fees received (Do not						
include any "unusual grants ")						
2 Tax revenues levied for the organ-	-					
ızatıon's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						-
furnished by a governmental unit to						
the organization without charge	<u> </u>			·-·		
4 Total. Add lines 1 through 3						
5 The portion of total contributions			1			
by each person (other than a					/	
governmental unit or publicly				/	ľ l	
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 ection B. Total Support		<u></u>		_/		
llendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	(a) 2015	(6) 2010	(6) 2017	(a) 2016	(e) 2019	(I) IOLAI
B Gross income from interest.						
dividends, payments received on						
securities loans, rents, royalties,			/			
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the			/			
business is regularly carried on		/	ľ			
O Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI)						
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities, e	tc. (see instructi	ons)/	<u></u> ,		12	
First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section		
organization, check this box and stop I		/		•		▶ □
ection C. Computation of Public	: Support Pé	rcentage				
Public support percentage for 2019 (lin	e 6, column (f) d	ivided by line 11, c	olumn (f))		14	%
5 Public support percentage from 2018 S	Schedule A, Part	II, line 14			15	9/
oa 33 1/3% support test - 2019. If the org	ganizațion did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	x and
stop here. The organization qualifies as	s a públicly supp	orted organization		•		
b 33 1/3% support test - 2018. If the org	,			line 15 is 33 1/3%	or more, check th	s box
and stop here. The organization qualify						▶□
'a 10% -facts-and-circumstances test -						
and if the organization meets the "facts			•		t VI how the organ	ızatıon
meets the "facts-and-circumstances" te						▶∟
b 10% -facts-and-circumstances test -						
more, and if the organization meets the				•		
organization meets the "facts-and-circu		=	•			▶Щ
Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
/				Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 QLS Haven, LTD Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	elow, please comp	olete Part II)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2),2010	(6) 20 11	(5),	(3)	
	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	937,502.	945,512.	939,130.	954,258.	932,344.	4,708,746.
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	937,502.	945,512.	939,130.	954,258.	932,344.	4,708,746.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6) ction B. Total Support						4,708,746.
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on	937,502.	945,512.	939,130.	954,258.	932,344.	4,708,746,
	securities loans, rents, royalties, and income from similar sources	45.	56.	71.	93.	74.	339.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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	45.	56.	71.	93.	74.	339.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	937,547.	945,568.	939,201.	954,351.	932,418.	4,709,085.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						
	ction C. Computation of Publi				ı		00 00
	Public support percentage for 2019 (li	• •	·	column (f))	}	15	99.99 %
	Public support percentage from 2018 ction D. Computation of Inves					16	99.99 %
				- 12 kumm (6)	· · · · · · · · · · · · · · · · · · ·	47	.01 %
	Investment income percentage for 20			ne 13, column (t))	• • •	17	.01 %
	Investment income percentage from 2 and 33 1/3% support tests - 2019. If the		•	n line 14 and line	. 15 is more than ?	18 3 1/3% and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The o	organization qualif	ies as a publicly si	upported organiza	tion	$\triangleright \mathbf{X}$
t	33 1/3% support tests - 2018. If the	•					na 🛌
20	Ine 18 is not more than 33 1/3%, che Private foundation. If the organization		-				

Part IV Supporting Organizations

(Complete dnly 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			1
	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.	3 <u>a</u>	L I	
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			1
	organization made the determination	3 <u>b</u>		
С	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		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
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).	<u>5</u> a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	ı		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u></u>
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			
	(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).	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		
9a				ļ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		j ,	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u> </u>
С	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.	<u>9c</u>		
10a	,			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	\		l
	supporting organizations)? If "Yes," answer 10b below.	10a	 	
þ	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)

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	_			
Schedule A	(Form	990 or	990-EZ)	2019

7

4

5

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

Schedule A	A (Form 990 or 990 EZ) 2019 QLS Haven, L'I'D	58-2015657 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Ine 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, f	/, Section B, lines 1 and 2; Part IV, Section C, 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 (See instructions.)	part for any additional information
		<u> </u>
		· • • ·
		
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	ţ	
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

	OLS Haven, LTD		,	58-2015657
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir			·
		(a) Donor advised funds	(b) Fur	nds 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	d funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	=	and only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	or donor advisor, or for any other purpose of	memmy	Yes No
Pa	rt II Conservation Easements. Complete if the org	panization answered "Yes" on Form 990. Pa	rt IV line 7	Tes L 140
1			, it i v , iii i c	
•	Preservation of land for public use (for example, recrea		bietorically	important land area
	Protection of natural habitat	Preservation of a	-	
	Preservation of open space		Certified III.	stone structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	0.0000000	otion accoment on the last
_	day of the tax year	ned conservation contribution in the form of	a conserva	Held at the End of the Tax Year
a	Total number of conservation easements		00	Hero at the Elio of the Tax Year
h	Total acreage restricted by conservation easements		2a	
	Number of conservation easements on a certified historic str	usture realizated in (s)	2b	
٦		, ,	. 2c	
•	Number of conservation easements included in (c) acquired a listed in the National Register	after 7/25/06, and not on a historic structure		
3	· · · · · · · · · · · · · · · · · · ·	leaned and an arrange of the state of the st	2d	
3	Number of conservation easements modified, transferred, relyear	eased, extinguished, or terminated by the o	rganization	during the tax
4	·			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	_		
•	violations, and enforcement of the conservation easements if			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	vation eas	ements during the year
7	Amount of expenses incurred in mondaring inspecting hand	line of welstern and out-		
•	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easemer	nts during the year
8	Does each consequation assessment reported on line 2/d) show		(4)(0)()	
•	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(n)	(4)(B)(I)	
9				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's financial statement	ts that des	cribes the
Par	t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Simil	ar Accote
	Complete if the organization answered "Yes" on Form		ei Siiini	al Assets.
10			1 - 1	
14	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			public
	service, provide in Part XIII the text of the footnote to its finar			
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of pu	blic 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		> :	Ď
2	If the organization received or held works of art, historical trea	_	aın, provid	e
	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		•	
	Assets included in Form 990, Part X		<u> </u>	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	:	Schedule D (Form 990) 2019

932051 10-02-19

	dule D (Form 990) 2019 OLS Hav	en, LTD					58	-20	<u> 15657</u>	Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	er Similar /	Asset	S(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t make s	ignificant use	of its		
	collection items (check all that apply)		,,							
а	Public exhibition				hange progra	am				
b	Scholarly research	•	• 📖	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further ti	he organizati	on's exer	mpt purpose	ın Part	XIII	
5	During the year, did the organization solicit of					er sımılar	assets		-	
	to be sold to raise funds rather than to be ma								Yes	<u>No</u>
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990, Pa	art IV, I	ine 9, or	
	reported an amount on Form 990, Pa			 						
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not	ıncluded		1	
	on Form 990, Part X?								J Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able						
							-		Amount	
¢	Beginning balance						1c			
d	Additions during the year			•			1d			
e	Distributions during the year						1e			
f	Ending balance						1f	_	1	
2a	Did the organization include an amount on Fo						•		J Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII T V Endowment Funds. Complete in									
Fai	Lindowine it i dids. Complete							book	(-) Four	unara baak
	Dozumung of wear belonge	(a) Current year	(0) P	rior year	(c) Two year	SDACK	(d) Three years	Dack	(e) Four	years back
12	Beginning of year balance									
Þ	Contributions		-				<u> </u>			
<i>ن</i> اد	Net investment earnings, gains, and losses		ł	_				-		
0	Grants or scholarships		 			+		-		
e	Other expenditures for facilities				1					
4	and programs		 							
1	Administrative expenses End of year balance	 -			 					
g		root year and halan	no //roo 1		.\\ bold oo					
2	Provide the estimated percentage of the cun Board designated or quasi-endowment	rent year end balant	%	g, column (a	a)) rielu as					
a b	Permanent endowment	%	— ″							
c										
v	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation tha	at are beld a	nd administe	red for th	ne organizatio	חמ		
	by								Ţ,	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations				•			•	3a(ii)	
ь	if "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?					3b_	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulated		(d) Book	value
	<u> </u>	basis (investi	ment)		(other)		oreciation			
1a	Land .			8	4,105.				84	1,105.
b	Buildings			5,45	1,906.	4,5	529,910	•	921	1,996.
c	Leasehold improvements									
d	Equipment			7	2,938.		72,579			359.
e	Other									
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)		<u></u>	<u>· </u>	<u>1,006</u>	5,460.

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other	 		
(A)	- 		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part Y line 15	
	escription	TIU See FORT 550, Fart X, line 15	(b) Book value
(1)			(5) 5 5 1 1 1 1 1
(1)			
(3)			
(4)			
(5)	_ 		
			
(6)		, t	
(6)			
(7)			
(7) (8)		,	
(7) (8) (9)	15)		
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line	15)		
(7) (8) (9) [Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.		11e or 11f See Form 990 Part X line 25	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of		11e or 11f See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability		11e or 11f See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) Tenant Security Deposits (3) (4)		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) Tenant Security Deposits (3) (4) (5) (6)		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of it. (a) Description of liability (1) Federal income taxes (2) Tenant Security Deposits (3) (4) (5) (6) (7)		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of it. (a) Description of liability (1) Federal income taxes (2) Tenant Security Deposits (3) (4) (5) (6) (7) (8)		11e or 11f See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of it. (a) Description of liability (1) Federal income taxes (2) Tenant Security Deposits (3) (4) (5) (6) (7) (8) (9)	n Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25.	30,222
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of	n Form 990, Part IV, line		30,222

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	edule D (Form 990) 2019 QLS Haven, LTD			<u> 58-</u>	201565/ Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St		Vith Revenue per	Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a	···		
1	Total revenue, gains, and other support per audited financial statements			1	<u>932,418.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	3	1		
a	Net unrealized gains (losses) on investments	2a		-	
D	Donated services and use of facilities	<u>2b</u>			
C	Recoveries of prior year grants Other (December Book VIII.)	2c	1 066 470	-	
d e	Other (Describe in Part XIII) Add lines 2a through 2d	2d	1,066,479		1 066 470
3	Subtract line 2e from line 1			2e	1,066,479. <134,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3	<134,001.
a	Investment expenses not included on Form 990, Part VIII, line 7b	اما	i	'	
b	Other (Describe in Part XIII)	4a 4b		-	
c	Add lines 4a and 4b	40		_{4c}	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)		5	<134,061.
	rt XII Reconciliation of Expenses per Audited Financial S		With Expenses pe		rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I				
1	Total expenses and losses per audited financial statements			1	1,066,479.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1		
b	Prior year adjustments .	2b		7	
С	Other losses .	2c			
d	Other (Describe in Part XIII)	2d	1,066,479		
е	Add lines 2a through 2d			2e	1,066,479.
3	Subtract line 2e from line 1			3	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	,	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
þ	Other (Describe in Part XIII)	. 4b	<u> </u>	_	_
_	Add lines 4a and 4b			4c	0.
5 Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	18.)		5	0.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines	s 1b and 2b, Part V, line	e 4, Part	X, line 2, Part XI,
111165	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide a	any additional ii	nformation.		
					
Pai	t XI, Line 2d - Other Adjustments:				
Rer	tal Expenses netted against rental inc	come on	990		
	1				
<u>Par</u>	tiXII, Line 2d - Other Adjustments:	<u> </u>			
<u>aq4</u>	rtment expenses netted against revenue	on the	Form 990	_	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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
2019
Open to Public

Open to Public Inspection

Name of the organization Employer identification number OLS Haven, LTD 58-2015657 Form 990, Part VI, Section B, line 11b: The form 990 is drafted from the audited financial statements and presented to the Board of Directors for review and comment at their April Board meeting, each year. Form 990, Part VI, Section C, Line 19: QLS Haven, Ltd.s organizing documents are available to the public via the Georgia Secretary of State's website. The Corporation's financial statements, policies and all governing documents are available to the public by request. Form 990, Part XII, Line 2c: There has been no change in the process from the prior year.

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

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

SCHEDULE R (Form 990)

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.

Open to Public Inspection 2019

OMB No 1545-0047

Employer identification number 58-2015657 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. LTD OLS Haven Name of the organization Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2019 (g) Section 512(bX13) controlled entity? Š × Direct controlling Yes 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 End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity 170(b)(1)(A) Total income Exempt Code € section 501 c 3 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) To enhance the quality of life of elderly citizens Primary activity Primary activity 9 n Atlanta, GA, Quality Living Services, Inc. - 58-1629399 Name, address, and EiN (if applicable) Name, address, and EIN of related organization of disregarded entity 4001 Danforth Road, SW Atlanta, GA 30331 Part II Partl

58-2015657 Page 2

Schedule R (Form 990) 2019 OLS Haven, LTD

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

	n our firmon direction	J. 700	ļ.									
(a)	Q	<u></u>	ପ୍ରି		(e)	E	(b)	Ξ	€ _		S	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity		Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate If allocations?	Code V-UBI amount in box		aneral or F anaging artner?	General or Percentage managing ownership partner?
		country)		sections	512-514)		doodlo	Yes	No K-1 (Form		Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	as a Corpo		omplete if the	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	answered "Yes	" on Form 99	0, Part IV, line	34, because	it had one	e or mo	re related
(a)			(p)	(c)	(p)	(a)		(J)	(6)	(u)	2	8
Name, address, and EIN of related organization		Prim	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year		Percentage ownership	Section 512(b)(13) controlled entity?
				country)		5	6		agger			Yes No
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Method of determining amount involved **=** ŧ Ŧ ¥ ÷ 우 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. 106,446.Contractual 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? Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 (c) Amount involved (b)
Transaction type (a·s) 28 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) \mathbf{z} Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) q Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) (1) Quality Living Services, Inc LTD Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Schedule R (Form 990) 2019 OLS Haven, Sale of assets to related organization(s) Dividends from related organization(s) 932163 09-10-19

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

-(k) Percentage ownership			,	i I	
(j) Deral or naging Inther?					
O man	3	 			
(h) (i) (j) -(k) Disproportion (Code V-UBI General or Percentage tional amount in box 20 managing ownership yes No (Form 1065) yes No					
ate ate					
Olsprop tionate allocation	<u> </u>				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Bathers sec 501(c)(3) Jer Yes No					
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EiN of entity					

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Schedule R	(Form 990) 2019 Supplemental Inf	OLS Haven	LTD	58-2015657 Page 5
Part VII	Supplemental Inf	ormation		
	Provide additional infor	mation for responses to	questions on Schedule R. See instructions	
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