

# Return of Organization Exempt From Income Tax

# 2016

**Open to Public Inspection**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2016 calendar year, or tax year beginning 11/1/2016, and ending 10/31/2017																															
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization Quality of Life Foundation Inc</td> <td><b>D</b> Employer identification number</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>26-1820245</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td>2750 Killarney Drive</td> <td>Suite 100</td> <td>(703) 496-9050</td> </tr> <tr> <td>City or town</td> <td>State</td> <td><b>G</b> Gross receipts \$</td> </tr> <tr> <td>Woodbridge</td> <td>VA</td> <td>548,548</td> </tr> <tr> <td>ZIP code</td> <td>Foreign province/state/county</td> <td></td> </tr> <tr> <td>22192</td> <td></td> <td></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign postal code</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<b>C</b> Name of organization Quality of Life Foundation Inc		<b>D</b> Employer identification number	Doing business as		26-1820245	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number	2750 Killarney Drive	Suite 100	(703) 496-9050	City or town	State	<b>G</b> Gross receipts \$	Woodbridge	VA	548,548	ZIP code	Foreign province/state/county		22192			Foreign country name	Foreign postal code				
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<b>F</b> Name and address of principal officer: Michael D Zeiders 2750 Killarney Drive, Woodbridge, VA 22192		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)																													
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <a href="http://qolfoundation.org">qolfoundation.org</a>																														
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 2007	<b>M</b> State of legal domicile: VA																													

Part I Summary			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: The Foundation conducts the Wounded Veteran Family Care Program and provides information and referral assistance to families of veterans.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	352,044	548,482
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	46	66
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	352,090	548,548
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	167,535	258,937
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	189,078	209,536
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,419		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	23,009	29,523
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	379,622	497,996
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	-27,532	50,552	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	190,128	246,582
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	9,498	15,400
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	180,630	231,182

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>		Date		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	John S Gray CPA	John S Gray CPA	4/19/2018	P01590654
	Firm's name ▶ John S Gray CPA PC	Firm's EIN ▶ 54-1621466		
	Firm's address ▶ 12510-A Lake Ridge Dr, Lake Ridge, VA 22192	Phone no. 703 497-0430		

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