

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2014**

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

**A** For the 2014 calendar year, or tax year beginning 11/1/2014 and ending 10/31/2015

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization Quality of Life Foundation Inc  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) . Room/suite  
2750 Killarney Drive Suite 100  
 City or town State ZIP code  
Woodbridge VA 22192  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
26-1820245

**E** Telephone number  
(703) 496-9050

**G** Gross receipts \$ 494,969

**F** Name and address of principal officer:  
Michael D Zelders 2750 Killarney Drive, Woodbridge, VA 22192

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: golffoundation.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2007 **M** State of legal domicile: VA

**H(c)** Group exemption number

| Part I Summary   |  | Prior Year | Current Year |
|--|--|------------|--------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: <u>The Foundation conducts the Wounded Veteran Family Care Program and provides information and referral assistance to families of veterans.</u> |            |              |
|  | 2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.  |            |              |
|  | 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .  | 3          | 7            |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | 4          | 7            |
|  | 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .   | 5          | 0            |
|  | 6 Total number of volunteers (estimate if necessary) . . . . .   | 6          |              |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .  | 7a         | 0            |
| b Net unrelated business taxable income from Form 990-T, line 34 . . . . . | 7b   | 0          |              |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h) . . . . .  | 518,188    | 494,900      |
|  | 9 Program service revenue (Part VIII, line 2g) . . . . .   | 0          | 0            |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .   | 117        | 69           |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .  | 0          | 0            |
|  | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  | 518,305    | 494,969      |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .  | 218,612    | 212,848      |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .   | 0          | 0            |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .   | 212,652    | 219,229      |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  | 0          | 0            |
|  | b Total fundraising expenses (Part IX, column (D), line 25) <u>940</u>   |            |              |
|  | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .  | 44,352     | 31,372       |
|  | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .   | 475,616    | 463,449      |
| 19 Revenue less expenses. Subtract line 18 from line 12 . . . . .          | 42,689   | 31,520     |              |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16) . . . . .  | 176,642    | 223,023      |
|  | 21 Total liabilities (Part X, line 26) . . . . .   | 0          | 14,861       |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .  | 176,642    | 208,162      |

**Part II Signature Block**

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

Signature of officer: [Signature] Date: 6/13/16

Type or print name and title: MICHAEL D. ZELDERS CHAIRMAN/PRESIDENT

**Paid Preparer Use Only**

Print/Type preparer's name: John S Gray CPA PC Preparer's signature: [Signature] Date: 6/13/2016 Check  if self-employed PTIN: 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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)