				** PU	BLIC DI	ISCLOS	URE C	OPY *	*			
Forr	" 9	90 Unde	Return									1545-0047 20
			Do not	t enter soc	ial security n	umbers on	this form	as it may	be made pub	lic.	Open to	D Public
Intern	al Rev	of the Treasury enue Service							t information			ection
AF	or th	e 2020 calendar yea	ır, or tax year l	beginning	APR 1,	, 2020	and	ending 1	MAR 31,	2021		
B C a	heck if pplicat	le: C Name of organ	nization						D Employe	er identifica	ation number	
	Addr	QUESTSC	OPE, LTI	D.								
	Name Chan	pe Doing busines	s as						36-3	393697	9	
	Initia	Number and s	treet (or P.O. bo	x if mail is n	ot delivered to s	treet address		Room/suite				
	Final		ST AVENU	UE, NE	6			500	612	-872-7		
	termi ated	City or town, s	state or provinc			reign postal	l code		G Gross recei	pts \$	1,028	3,817.
	Amer		OLIS, M						H(a) Is this			
	Appli tion pend	F Name and add	dress of princip	al officer:C	URT RHO	DDES					Yes	
		SAME AS							H(b) Are all su	ubordinates incl	uded?	s 📖 No
		empt status: X 50		501(c) () 🗲 (inser	t no.) 🛄 4	4947(a)(1)	or 🛄 527	,		st. See instru	ctions
		ite: 🕨 WWW • QUE					<u> </u>		H(c) Group			
		f organization: X Co	rporation] Trust 📃	Association	Othe	r 🕨	L Year	of formation:	1994 M	State of legal d	omicile: ⊥ L
Ра	rt I	Summary					0.0.0.0			1		
e	1	Briefly describe the	organization's r	mission or I	most significa	nt activities	SEE	PART .	LLL, LLL	NE I.		
Jan												
/err	2	Check this box									ets.	0
Go	3	Number of voting m	•	•		,						9 8
Š	4	Number of independ										10
ties	5	Total number of indi										10
Activities & Governance	6	Total number of volu Total unrelated busin										
Ac		Net unrelated busine										0.
		Net unrelated busine	555 LAXADIC 1110		0111 990-1,1 8	arti, inte i i		<u> </u>	Prior Yea		Current	
•	8	Contributions and g	rants (Part VIII	line 1h)						,386.		L,549.
Revenue	9	Program service rev								,596.		7,268.
eve		Investment income (0.		0.
ñ	11	Other revenue (Part							-31	,158.		0.
	12	Total revenue - add							998	,824.	1,028	3,817.
		Grants and similar a								,787.	753	L,503.
		Benefits paid to or fo								0.		0.
S	15	Salaries, other comp	pensation, emp	loyee bene	fits (Part IX, c	olumn (A), li	ines 5-10)		256	,690.	30:	3,914.
nse		Professional fundrai								0.		0.
Expenses	b	Total fundraising exp	penses (Part IX	, column (E	0), line 25)	▶	132,5	61.				
Ш	17	Other expenses (Par	rt IX, column (A), lines 11a	-11d, 11f-24e))				,267.		2,585.
	18	Total expenses. Add	l lines 13-17 (m	nust equal F	Part IX, columi	n (A), line 25	5)			,744.		3,002.
	19	Revenue less expen	ses. Subtract l	ine 18 from	line 12					,080.	-189	9,185.
Net Assets or Fund Balances								В	eginning of Cur	rent Year	End of	/ear
sset	20	Total assets (Part X,	line 16)							,386.		9,489.
at As	21	Total liabilities (Part								,200.		L,488.
J ^E NI	22	Net assets or fund b		ract line 21	from line 20 .				187	,186.	-	L,999.
	rt II	•										
		alties of perjury, I declar									knowledge and	belief, it is
true,	corre	ct, and complete. Declar	ation of preparer	r (other than	otficer) is based	d on all inforr	mation of wl	hich prepare	r has any knowl	edge.		

Sign	Signature of officer	Date
Here	CURT RHODES, FOUNDER & INTERNATIONAL DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Check PTIN
Paid	RICHARD J. LOCASTRO, CPA Rectand J. Locastro 12/15/2	
Preparer		Firm's EIN 52-1392008
Use Only	Firm's address 🖕 4550 MONTGOMERY AVE SUITE 800N	
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the IF	S discuss this return with the preparer shown above? See instructions	X Yes No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)	Form 990
4d)
	Other program services (Describe on Schedule O.)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	ONE OF THE LARGEST CIVIC ENGAGEMENT PROGRAMS IN JORDAN, TRAD STUDENT VOLUNTEERS FROM JORDANIAN UNIVERSITIES TO MENTOR 6,0 PEOPLE AT RISK OF JUVENILE DELINQUENCY. QUESTSCOPE'S SUCCESS AREA LED TO A JOINT INITIATIVE WITH THE JORDANIAN MINISTRY O DEVELOPMENT AND THE WORLD BANK, EXPANDING THE QUESTSCOPE MEN MODEL TO EVERY JUVENILE CENTER IN THE COUNTRY.	000 YOUNG S IN THIS OF SOCIAL
	NON-FORMAL EDUCATION CURRICULUM PROGRAM OF ITS KIND IN THE A THE PROGRAM ENABLES THOUSANDS OF YOUNG MEN AND WOMEN WHO HAD SCHOOL TO CONTINUE THEIR STUDIES. IN ADDITION, QUESTSCOPE DE	ARAB WORLD D LEFT EVELOPED
4a	(Code:)(Expenses 853,255. including grants of \$751,503.)(Revenue \$ QUESTSCOPE BEGAN ITS WORK IN JORDAN, WHERE IT DESIGNED AND IN PARTNERSHIP WITH THE MINISTRY OF EDUCATION, THE FIRST AC	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program service reported.	• •
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
	TO IMPROVE THE QUALITY OF LIFE IN MARGINALIZED COMMUNITIES.	
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>

 Form 990 (2020)
 QUESTSCOPE, 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			v
_	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	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	e		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- /		- 23
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%	х	
1E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	27	
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 Form 990 (2020)
 QUESTSCOPE, LTD.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
:5a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
5	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		X
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "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
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	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	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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71	215 745960 27362 2020.05010 QUESTSCOPE, LTD.	273	362	1
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Part V Statements Regarding Other IRS Filings and Tax Compliance (contrues) Yes No 2a Enter the number of employees reported on Ferm W-3, Transmittal of Wage and Tax Statements. 2a 10 bit at least one is reported on Ine 2a, did the organization field at required federal employment tax returns? 2a X 3a Dat the organization have unrelated builtings agrees income of \$1,000 or more during the year? 3a X 3b Dat the organization have unrelated builtings agrees income of \$1,000 or more during the year? 3b X 3b Dat the organization have unrelated builtings agrees income of \$1,000 or more during the year? 3a X 3b I' Yes, 'inter if thed a Forgin conting? 4a X 3c Was the organization in a propheric tax schemes in a regulate the set year? 5a X 3c I' Yes, 'inde if the organization in a propheric tax schemes in tax year in the set year? 5a X 3c I' Yes, 'inde if the organization include with every schemes the state incommal properties that are normality organization and particle as check, did the organization include with every schemes the state incommal properties in tax year? 5a X 3c I' Yes, 'inde if the organization include with every schemes the	Form	990 (2020) QUESTSCOPE, LTD. 36-3936	979	P	age 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 10 b If at least one is reported on line 2a, did the organization file all regulad federal employment tax returns? 2b X Note: If the sum of line 2a, did the organization file all regulad federal employment tax returns? 3a X a Dat the organization have unretated business groups income of 51 could/b or more during the year? 3b X b If "hes," has it filed a form 600 T for this year? If "No" to line 3b, provide an explanation or Schedublo O and Sch	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interform Lab Lab Lab Lab bit at least one insported on line 2, did the organization file al required fedrai employment Lax returns? Date X About of the organization have unrelated business gross income of \$1,000 or more during the year? Date X About of the organization have unrelated business gross income of \$1,000 or more during the year? Date X About of the organization have unrelated business gross income of \$1,000 or more during the year? Date X About of the organization and the organization have an interest in, or a signature or other authority over, a transition of the organization have an interest in, or a signature or other authority over, a transition organization and exactorit, security to a prohibited tax shells accord, resonation				Yes	No
b If at least one is reported on line 2n, did the organization file all required to e-file (see instructions) 26 X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the early of the organization have unrelated business gross income of \$1,000 or more during the early of the organization have unrelated business gross income of \$1,000 or more during the early of the organization are during the calendary year, dit the organization have interest in, or a signature or other authority over, a financial account? 3a X b If 'Yes,'' near the name of the organization have an interest in, or a signature or other authority over, a financial account? 4a X See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a D da my taxable party notify the organization that shelter transaction at any time during the tax year? 5a X 5b D da my taxable party notify the organization the form 8806-172. 5a X 5a X 5a D da my taxable party notify the organization include with every solicitation an express statement that such contributions solitation are explained inclusions or gifts were not tax deductible? 5a X 5a D da my taxable party notify the organization necked with every solicitation an explain adia to explain the tax set organization selects of X? 5a X 5a D or	2a				
Note: If the sum of thes 1a and 2a is greater than 250, your may be required to e-file (see instructions) Image: Sec instructions Image: Sec in		,		37	
a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X b If "Yes", hist filted a Come Open Tor this year? (Wes") for an Suprovide an explanation on Schedule 0 3b X a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (Such as a bank account, securities account, or other financial account); (PAPA). 4a X b If Yes, "enter the name of the foreign country P See instructions for timing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAPA). Sa X b Id any taxable party notify the organization the fore 1886 PT? Sa X c If Yes" to be Sa to 5b, did the organization freem 8886 PT? Sa X d any contributions that we annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions that wear to tax deductible? Sa X d If Yes, "idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa X d If Yes, "idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa X d If Yes, "idd the organization in feed box solicy or an estimation if the doore of the value of the goods or serviced? To To D If Yes, "idd	b		2b	х	
b If "Yes", "tas it filed a Form 390-11 for this yea? If "No1" to ine 3b, provide an exploration on Schedule O 30 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a torein country (such as a bank account, securities account, or other financial accounts) 4a X b If "Yes," enter the name of the foreign country [Such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that twos or is a party to a prohibited tax shelter transaction? 5c 5c 6a Dod any taxable party notify the organization that twos or is a party to a prohibited tax shelter transaction? 5c 5c 7b Tyes," did the organization neuld gross receipts that are normally greater than 5100,000, and did the organization solicit en a columbitation an express statement that such contributions or gifts were not tax deductible contributions are party to prohibited tax shelter transaction? 7a X 7 Use, "did the organization neule party magnetin hexes as 150 forms 1020,000, and did the organization neover a magnetin hexes as 150 forms 1020.000, and did the organization neover any taxable distribution an express statement that such contribution or gan space and services provided to the page? 7a X <			-		v
4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transitie account, a contribution or other financial account)? 4a X b) If Yes; enter the name of the origin county ▶					
fmmodul account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country. 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable part notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 6a Dees the organization network annual gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions under section 170(c). 7a X 7 Organization neeve apment in excess of 55, made party as contribution and party for prodis and services provided to the payor? 7a X 7 Organization neeve apment in excess of 55, made party as contribution and party for prohibit twas required to the form 822? 7a X 9 Did the organization neeve apment in excess of 55, made party as contributions and party for prohibit twas required to the payor? 7a X 7 Organization neeve apment in excess of 55, made party as contributions and party for which it was required to the form 822? 7a X 7 Did the organization neeve apm soft forms 822? 7a 7a X <th></th> <th></th> <th>3b</th> <th></th> <th></th>			3b		
b If "Yes," enter the name of the foreign country. See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the rego acidation file or ganization that it was or is a party to a prohibited tax shelter transaction? See the organization have annual gross necepts that are normally greater than \$100,000, and did the organization solid: are contributions or grfts were not tax deductible contributions under section 170(c). B If "Yes," did the organization include with every solicitation and partly for goods and services provided? 70 Contributions that may receive deductible contributions under section 170(c). Bit the organization notiff, the donor of the value of the goods or services provided? 7c X 0 If "Yes," indicate the number of Forms 8282 filed during the year Zd 7c X 10 the organization notiff the donor achibes for holds. Give by or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If the organization neceive a contribution or achibes fund or achibes for tom close, dive argonaziation file Form 8898 9 9 0 the organization, achibes esc busineses, o	4a		4-		v
See Instructions for Iling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c B Dest the organization network annual gross receipts that are normally greater than \$100.000, and did the organization solut any contributions include with every solicitation an express statement that such contributions or gifts 6a X b If "Yes," did the organization netwy apprentin excess of \$5 made party is a contribution and party for goods and services provided to the payor? 7a X b If "Yes," did the organization netwy apprentin excess of \$5 made party is a contribution of party for which it was required 7c X b Did the organization netwy the donor of the value of the goods or services provided? 7c X b Did the organization netwe any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization netwe any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X f Did the organization receive any funds, difectual property (dif the organization file or	b		4a		<u>л</u>
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11 Section 501(c)(12) organizations. Enter: N/A 11a a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Di the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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					
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a a Is the organization for additional information the organization must report on Schedule O. Image: Section 501(c)(29) qualified health plans Image: Section 501(c)(20) qualified	а	Gross income from members or shareholders N/A 11a			
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14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	-				
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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 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					- 23
excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.16X16X			140		
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?	13		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		Х
			-		

Form **990** (2020)

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

X

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.

			Yes	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year 1a)		
	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 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Ι.
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	
6	Did the organization have members or stockholders?	6	X	╞
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	\vdash
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1.	Т
0-		40.	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		╀
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
1.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	╀
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	TIA		┢
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		+
Ŭ	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	+
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	L
	Other officers or key employees of the organization	15b		t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
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?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ECA, GA, IL, MD, MN, NY, NC, VA, WI	[
8	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	y) avai	lal
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARK WHITE - 612-872-7060			
	615 FIRST AVENUE, NE, NO. 500, MINNEAPOLIS, MN 55413	-	000	
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71	6 215 745060 27262 2020 05010 OURCHOODE IMD	20.0	262	
1 T	215 745960 27362 2020.05010 QUESTSCOPE, LTD.	41.	362	_

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employee	es, Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more erson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated snut/u		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MUTHANNA KHRIESAT REGIONAL/JORDAN COUNTRY DIRECTOR	40.00					x		0.	134,607.	29,521.
(2) CURT RHODES EXECUTIVE DIRECTOR	10.00 30.00	x		x				0.	134,653.	20,612.
(3) JOHN GAPPA CHAIR & TREASURER	1.00	x		x				0.	0.	0.
(4) IMAD LIBBUS VICE CHAIR	1.00			x				0.	0.	0.
(5) MOWAFAK AL YAFI DIRECTOR	1.00	x						0.	0.	0.
(6) SHEILA LEATHERMAN DIRECTOR	1.00	x						0.	0.	0.
(7) DAVID SCALES	1.00	x						0.	0.	0.
DIRECTOR (8) DON MCCARTY	1.00									
DIRECTOR (9) TEEB AL-SAMARRAI	1.00	X						0.	0.	0.
DIRECTOR (10) HEATHER CORDELL	1.00	X						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
		-								
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	erage Position (do not check more than one box, unless person is both an veek officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anizat d relat nizati	e ion ed
	Subtotal								0.	269,2	-	5	0,1	33.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	269,2	0. 60.	5	0,1	0. 33.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100),000 of reportab	le			0
3	Did the organization list any former officer,			key e	empl	loye	e, or	' hig	phest compensated emp	oloyee on			Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	atior	n and	d otl	•			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv		3	4	X	v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or sı	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation f	rom	
	(A) Name and business	-		ONE					(B) Description of s		С	(C comper		n
2	Total number of independent contractors (i	ncluding but p	ot liv	nite	d to	the	so lie		t above) who received a	ore than				
	\$100,000 of compensation from the organiz	•	JUI	and a	u 10	()					Form	990 (2020)
												2	(4	

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Pa									
			Check if Schedule O contains a respo	nse	or note to any lin	e in this Part VIII			
						(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
nts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
ts, (Am		с							
Gifi		d	Related organizations 11		67,285.				
ns,			Government grants (contributions) 1e		81,810.				
er S		f	All other contributions, gifts, grants, and		010 454				
Oth			similar amounts not included above If		812,454.				
tuo;		-	Noncash contributions included in lines 1a-1f			061 540			
<u>a</u> 0		h	Total. Add lines 1a-1f		Business Code	961,549.			
a	0	а	CONSULTING FEES		900099	67,268.	67,268.		
Program Service Revenue	Z	a b			500055	07,200.	07,200.		
Ser		c							
an Svel		d							
Be		e							
Pre			All other program service revenue	_					
		g	Total. Add lines 2a-2f			67,268.			
	3		Investment income (including dividends, ir						
			other similar amounts)		►				
	4		Income from investment of tax-exempt bo						
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
	_		· · · · · · · · · · · · · · · · · · ·		(ii) Other				
	1	а		85					
		h	assets other than inventory 7a Less: cost or other basis						
ər		D	and sales expenses 7b						
evenue		c	Gain or (loss)						
Rev			Net gain or (loss)						
Other	8		Gross income from fundraising events (not						
đ	-		including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		с	Net income or (loss) from fundraising even	ts	►				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	<u> </u>	▶				
	10	а	Gross sales of inventory, less returns						
		Ŀ		10a 10b					
			0						
		C	Net income or (loss) from sales of inventor	у	Business Code				
sno	11	а							
nue	•••	a b							
elle eve		c							
Miscellaneous Revenue			All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,028,817.	67,268.	0.	0.
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Part IX Statement of Functional Expenses								
Section 501(c)(3) and 5	01(c)(4) organizations must com	plete all column	s. All other organizations must complete column (A).					

	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic 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	751,503.	751,503.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	244,086.	57,175.	107,544.	79,367.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,055.	531.	3,949.	2,575. 12,143.
9	Other employee benefits	33,272.	2,504.	18,625.	12,143.
10	Payroll taxes	19,501.	4,308.	8,443.	6,750.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,729.			4,729.
с	Accounting	12,025.		12,025.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	57,769.	2,000.	40,681.	15,088.
12	Advertising and promotion	245.	107.	138.	
13	Office expenses	12,802.	2.	3,246.	9,554.
14	Information technology				
15	Royalties				
16	Occupancy	1,500.		1,500.	
17	Travel	1,477.		1,477.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11 050		11 050	
20	Interest	11,279.		11,279.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		0 105	14 010	~ ~ ~ ~ ~ ~ ~ ~ ~
23	Insurance	19,450.	2,185.	14,910.	2,355.
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	PROGRAM SUPPLIES	32,940.	32,940.		
b	EQUIPMENT PURCHASE	8,369.		8,369.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,218,002.	853,255.	232,186.	132,561.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
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QUESTSCOPE, LTD. Form 990 (2020)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	82,218.	1	158,028.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	33,000.	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			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,192.	9	23,461.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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	460,976.	15	278,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	603,386.	16	459,489.
	17	Accounts payable and accrued expenses	138,200.	17	106,256.
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
Ē		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			
		of Schedule D	278,000.	25	355,232.
	26	Total liabilities. Add lines 17 through 25	416,200.	26	461,488.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
Sec		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	2,168.	27	-168,951.
Ba	28	Net assets with donor restrictions	185,018.	28	166,952.
pur		Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
Ľ.		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SAS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	187,186.	32	-1,999.
	33	Total liabilities and net assets/fund balances	603,386.	33	459,489.

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	990 (2020) QUESTSCOPE, LTD.	36-39	<u>36979</u>	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			1 0 0	~ ~	4 🗖		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,02				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,21				
3							
4	· · · · · · · · · · · · · · · · · · ·						
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,			1 0	00		
De	column (B))	10		1,9	99.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		 T				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No		
1	· · · · · · · · · · · · · · · · · · ·						
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
h.	Separate basis Consolidated basis Both consolidated and separate basis		2b	Х			
D	Were the organization's financial statements audited by an independent accountant?		20				
	consolidated basis, or both:	le Dasis,					
	Separate basis Consolidated basis X Both consolidated and separate basis						
•		o oudit					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	1		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl		20				
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
Jd		•	3a		x		
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		38				
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		1		
	or addits, explain why on conclude o and describe any steps taken to undergo such addits			000	(2020)		

Form **990** (2020)

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

Internal Re	evenue Service	▶ ►	Go to www.irs.go	v/Form990 for instructi	ons and tl	he latest i	nformation.		li li	nspection
Name o	of the organizat									ication number
Daut	Desser		TSCOPE, LI						6-39	36979
Part				(All organizations must o				IS.		
Ē	_	•		(For lines 1 through 12, o	,	,				
1 –	- · ·			on of churches describe			1)(A)(i).			
2 _				(Attach Schedule E (Forn						
3 🔄		•		anization described in s						
4	A medical re	search organiz	ation operated in co	onjunction with a hospita	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hos	pital's name,
_	_ city, and stat	te:								
5 🗆	An organizat	ion operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	ed in	
			Complete Part II.)							
6				mental unit described in						
7 X	An organizat	ion that norma	Ily receives a subst	antial part of its support i	rom a gov	ernmental	unit or from	the general	public o	described in
_	_ section 170	(b)(1)(A)(vi). (C	omplete Part II.)							
8 _	A community	/ trust describe	ed in section 170(b))(1)(A)(vi). (Complete Par	t II.)					
9	An agricultur	al research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or university	or a non-land-g	grant college of agri	culture (see instructions)	Enter the	name, city	y, and state o	f the colleg	e or	
	university:									
10	📙 An organizat	ion that norma	Illy receives (1) more	e than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross	s receipts from
	activities rela	ated to its exen	npt functions, subje	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gr	oss investment
	income and	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after Ju	ine 30, 1975.
_	_ See section	509(a)(2). (Co	mplete Part III.)							
11 🖵	An organizat	ion organized a	and operated exclus	sively to test for public sa	afety. See	section 50)9(a)(4).			
12 🗌	An organizat	ion organized a	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purpos	ses of one or
	more publicly	y supported or	ganizations describ	ed in section 509(a)(1) c	r section	509(a)(2).	See section	509(a)(3). (heck th	ie box in
-	lines 12a thre	ough 12d that	describes the type	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
a	Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
	the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	upporti	ng
-	organizatio	on. You must c	complete Part IV, S	ections A and B.						
b	Type II. A	supporting org	anization supervise	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving	
	control or I	management o	of the supporting or	ganization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
-	organizatio	on(s). You mus	t complete Part IV	, Sections A and C.						
c	Type III fu	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,	
-	its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d	Type III no	on-functionally	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s	.)
	that is not	functionally int	egrated. The organ	ization generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
-	requiremer	nt (see instruct	ions). You must co	mplete Part IV, Section	s A and D,	, and Part	V.			
e	Check this	box if the orga	anization received a	written determination from	om the IRS	that it is a	а Туре I, Туре	e II, Type III		
	functionally	y integrated, or	r Type III non-functio	onally integrated support	ing organi:	zation.				
f E	nter the number	of supported of	organizations							
g P			about the support		(iv) to the error	inization listed				
	(i) Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-		mount of other (see instructions)
	organization			above (see instructions))	Yes	No	support (see ii	istructions	support	
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

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Schedule A (Form 990 or 990-EZ) 2020 QUESTSCOPE, LTD.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	889,248.	1,147,128.	932,702.	966,386.	961,549.	4,897,013.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	889,248.	1,147,128.	932,702.	966,386.	961,549.	4,897,013.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						182,224.
6	Public support. Subtract line 5 from line 4.						4,714,789.
	tion B. Total Support						-,,
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	889,248.	1,147,128.	932,702.	966,386.	961,549.	4,897,013.
	Gross income from interest,		_,			,	-,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
٥	Net income from unrelated business						
9							
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	17,070.	858.	514.	942.		19,384.
	assets (Explain in Part VI.) Total support. Add lines 7 through 10	17,070.	0501	5140	542.		4,916,397.
	••		220)			12	309,766.
	Gross receipts from related activities,						505,700.
13	First 5 years. If the Form 990 is for the	-	rst, second, triird,	iourth, or mun tax	year as a section :	501(0)(3)	
500	organization, check this box and stor ction C. Computation of Publ		rcontago				
	-		-			44	95.90 %
	Public support percentage for 2020 (14 15	95.52 %
	Public support percentage from 2019 33 1/3% support test - 2020. If the o						, -
108							
la la	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the c						
47	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the				• •		
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2020

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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 qualify under the tests listed below, please complete Part II.)

1 Gifts, grants, contributions, and	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
-	e organization's fi	rst second third	fourth or fifth tax	vear as a section 5	1 501(c)(3) oro	anization
IN THE PARTY AND A REAL	-					
-		-				
check this box and stop here	ic Support Pe	rcentage				
check this box and stop here Section C. Computation of Public			column (f))		15	0/
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (II	ine 8, column (f), d	divided by line 13,			15	%
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2020 (I 16 Public support percentage from 2019	ine 8, column (f), o Schedule A, Part	livided by line 13, III, line 15			15 16	% %
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2020 (li 16 Public support percentage from 2019 Section D. Computation of Investion	ine 8, column (f), o Schedule A, Part	livided by line 13, III, line 15 e Percentage			16	%
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (li Public support percentage from 2019 Section D. Computation of Inves 17 Investment income percentage for 20	ine 8, column (f), o Schedule A, Part stment Incom 20 (line 10c, colur	divided by line 13, III, line 15 e Percentage nn (f), divided by l	ine 13, column (f))		16 17	%
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (li Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage for 20 18 Investment income percentage from 2	ine 8, column (f), c Schedule A, Part Stment Incom 20 (line 10c, colur 2019 Schedule A,	ivided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17	ine 13, column (f))		16 17 18	% % %
check this box and stop here Section C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 20 IN Investment income percentage from 2 19a 33 1/3% support tests - 2020. If the	ine 8, column (f), c Schedule A, Part Stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r	divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box	ine 13, column (f)) on line 14, and line	9 15 is more than 3	16 17 18 33 1/3%, and	% % d line 17 is not
check this box and stop here Section C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 20 INvestment income percentage from 2 Investment income percentage from 2 Investment income percentage from 2 Investment income percentage from 2	ine 8, column (f), c Schedule A, Part Stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The	divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization quali	ine 13, column (f)) on line 14, and line fies as a publicly s	9 15 is more than 3 upported organiza	16 17 18 33 1/3%, and ation	% % d line 17 is not
 check this box and stop here Section C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019 Section D. Computation of Investigation of Investigation of Investment income percentage for 20 Investment income percentage from 2 19a 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2019. If the 	ine 8, column (f), o Schedule A, Part Stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r	divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization quali not check a box or	ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a	9 15 is more than 3 upported organiza I, and line 16 is mo	16 17 18 33 1/3%, and ation ore than 33 1	% % d line 17 is not 1/3%, and
 check this box and stop here Section C. Computation of Public Public support percentage for 2020 (li Public support percentage from 2019 Section D. Computation of Investigation of In	ine 8, column (f), o Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r ck this box and st	divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza i, and line 16 is mo s a publicly suppo	16 17 18 33 1/3%, and ation orre than 33 ⁻ orted organiz	% % d line 17 is not
 check this box and stop here Section C. Computation of Public Public support percentage for 2020 (li Public support percentage from 2019 Section D. Computation of Investigation of In	ine 8, column (f), o Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r ck this box and st	divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza I, and line 16 is mo Is a publicly suppo is box and see ins	16171833 1/3%, andationorre than 33 -orted organizstructions	% % d line 17 is not
 Section C. Computation of Public Public support percentage for 2020 (li Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 Investment inco	ine 8, column (f), o Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r ck this box and st	divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza I, and line 16 is mo Is a publicly suppo is box and see ins	16171833 1/3%, andationorre than 33 -orted organizstructions	% % d line 17 is not

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

1

2

Yes No

No

Yes

2a

2b

За

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	Did the governing body, members of the governing body, oncers acting in their official capacity, or membership of one of	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section (C. Type	II Supporting	Organizations	

				Yes	No
	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		or management of the supporting organization was vested in the same persons that controlled or managed			
_		the supported organization(s).	1		

Section D. All	Type III Su	pporting O	rganizatior	าร	

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	----------------------	--------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

17 2020.05010 QUESTSCOPE, LTD. Schedule A (Form 990 or 990-EZ) 2020 QUESTSCOPE, LTD.

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Incom	9		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year dist	ributions	2		
3 Other gross income (see ins	tructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expens	es paid or incurred for production or			
collection of gross income c	r for management, conservation, or			
maintenance of property he	ld for production of income (see instructions)	6		
7 Other expenses (see instruc	tions)	7		
8 Adjusted Net Income (subt	ract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amo	punt		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value	of all non-exempt-use assets (see			
instructions for short tax yea	ar or assets held for part of year):			
a Average monthly value of se	ecurities	1a		
b Average monthly cash balar	nces	1b		
c Fair market value of other no	on-exempt-use assets	1c		
d Total (add lines 1a, 1b, and	1c)	1d		
e Discount claimed for blocka	age or other factors			
(explain in detail in Part VI):				
2 Acquisition indebtedness ap	oplicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exem	pt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use	e assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year dist	ributions	7		
8 Minimum Asset Amount (a	dd line 7 to line 6)	8		
Section C - Distributable Amour	nt			Current Year
1 Adjusted net income for price	or year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount for	prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line	3.	4		
5 Income tax imposed in prior		5		
6 Distributable Amount. Sub	tract line 5 from line 4, unless subject to			
emergency temporary reduc	tion (see instructions).	6		
	ent year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the	e		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, <i>explain in</i> Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016 Excess from 2017			
	Excess from 2018 Excess from 2019			
	Excess from 2019 Excess from 2020			
-				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

		Schedule A (Form 9	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

36-3936979

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$81,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$67,285.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$55,410.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 023452 11-25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
	22		,,,,

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

10

(a)

No.

9

8

7

Employer identification number

(d)

Type of contribution

X

X

X

X

36-3936979

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

> (d) Type of contribution

(c)

Total contributions

\$

\$

\$

\$

35,420.

32,000.

31,000.

30,000.

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(d)

Type of contribution

		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page 2 Employer identification number

36-3936979

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>13</u>		\$23,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14		\$21,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
023452 11-25	5-20	\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.)			
020402 11-20	24	Schedule D (Form	550, 550- ∟∠ , 01 5 50-FF) (2020)			

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Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)
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Name of organization

Employer identification number

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36-3936979

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 25

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	COPE, LTD.	o to organizations described	anotion FOdd	36 - 3936979		
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the	rough (e) and the following line (entry For orga	nizations		
	completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	itable, etc., contributions of \$1,000 (or less for the ye	sear. (Enter this info. once.) \$		
) No.	Ose duplicate copies of Part III if additional sp					
ríom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			_			
		(e) Transfer of g	lift			
	Transferee's name, address, and	ZIP + 4	Relat	ionship of transferor to transferee		
			11010			
i) No.						
rom	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
-						
	(e) Transfer of gift					
	Transferos's name address and		Polo	ionship of transforor to transforos		
	Transferee's name, address, and		neid	ionship of transferor to transferee		
-						
) No. rom	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
-			-			
.						
		(e) Transfer of g	ift			
	Transferee's name, address, and	7ID + 4	Rola	ionship of transferor to transferee		
			neia			
i) No. rom	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
-			-			
		(e) Transfer of g	ift			
	Transferee's name, address, and	7IP ± 4	Pala	ionship of transferor to transferee		
	nansieree s name, address, and i		neia			
-						
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-						

(Form 9	90)
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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.



Name of the organizat					
nternal Revenue Service					
epartment of the Treasury					

Employer	ide	ntifi	cat	tion	numbe	r
2	r	20	20	- ^ -	70	

	QUESTSCOPE, LTD.			36-3936979
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fun	ds 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 writi	ng that the assets held in donor advised fu	inds	
Ŭ	are the organization's property, subject to the organization's exc	-		Yes No
6	Did the organization inform all grantees, donors, and donor advis			
0	for charitable purposes and not for the benefit of the donor or do			
			•	
Pa		zation answered "Vee" on Form 000. Dart I		
			v, line /	
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (for example, recreation			
	Protection of natural habitat	Preservation of a cer	tified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic structu	ire included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	r 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the orga	anizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation easem	ent is located 🕨		
5	Does the organization have a written policy regarding the periodi	c monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it ho	lds?		Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	dling of violations, and enforcing conserva	tion eas	sements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	easeme	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation e			ind
	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	⁻ Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 990			
12	If the organization elected, as permitted under FASB ASC 958, n		alance	sheet works
Ĩ	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its financia		ance of	public
h				tworks of
D	If the organization elected, as permitted under FASB ASC 958, to	•		
	art, historical treasures, or other similar assets held for public exit	induori, education, or research in furtheran	ce or pr	ublic service,
	provide the following amounts relating to these items:		•	•
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
-				\$
2	If the organization received or held works of art, historical treasu	· · · · · · · · · · · · · · · · · · ·	n, provic	le
	the following amounts required to be reported under FASB ASC	-		
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.		Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 QUESTSCO	PE, LTD.						36-39	36979	9 Pa	age 2
Par	t III Organizations Maintaining Co	ollections of A	rt, His	storical Tr	reasures,	or Othe	r Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, cheo	ck any of the	following the	at make s	ignificant	use of its			
	collection items (check all that apply):		_								
а	Public exhibition	d			change progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col							ose in Par	t XIII.		
5	During the year, did the organization solicit or				-				-		1
Der	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Part					<u> </u>					
1a	Is the organization an agent, trustee, custodia								7		1
	on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	na complete the to	llowing	table:					A		
	Designing belongs						10		Amount		
	Beginning balance										
	Additions during the year Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. (]
Par											
		(a) Current year		Prior year	(c) Two yea			/ears back	(e) Four	years	back
1a	Beginning of year balance	()	,	,			<u> </u>		. ,	5	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line	1g, column (a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%								
b	Permanent endowment	%									
с	Term endowment %										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organization	ation th	nat are held a	and administ	ered for th	ne organiz	zation	F		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizati				?				3b		
4	Describe in Part XIII the intended uses of the		owment	t funds.							
Par	t VI Land, Buildings, and Equipme			N/ 15	0						
	Complete if the organization answered			1		· · ·			(
	Description of property	(a) Cost or o		. ,	t or other		cumulate	a	(d) Bool	(value	e
	L	basis (investr	nent)	Basis	(other)	dep	reciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		X colu	I Imn (B) line	10c)	1					0.
TOLA	\cdot Add lines ta through te. (Column (d) must eq	uari onni 330, Fall	Λ, τοιμ					Schedule	D (Form	0001	
									- (1 0111		

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Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	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"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	-		278,000.
	DISCOPE, UK		270,000.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		278,000.
Part X Other Liabilities.	le 15.)		270,000.
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			()
(1) FORTH MORE TAKES	OMMITTEE		355,232.
(3)			,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25)		355,232.
			,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 QUESTSCOPE , LTD •		36-3	3936979 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	enue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,028,817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,028,817.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,028,817.
Pa			AMAAA MAY DAL	
IU	t XII Reconciliation of Expenses per Audited Financial Stater	nents with Exp	enses per Retur	r n.
ľ	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1		a.		rn. <u>1,218,002.</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a 2a 2b		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2c 2d	1	1,218,002.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 	1	1,218,002.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2b 2c 2d 4a	1	1,218,002.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2b 2c 2d 4a	1	1,218,002. 0. 1,218,002.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2c 2d 4a 4b	1 2e 3 	1,218,002. 0. 1,218,002. 0.
1 2 2 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d 4a 4b	1 2e 3 	1,218,002. 0. 1,218,002.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR	THE	YEARS	ENDED	MARCH	31,	2021	AND	2020,	QUESTSCOPE,	LTD.	HAS
-----	-----	-------	-------	-------	-----	------	-----	-------	-------------	------	-----

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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(Form 990)	Complete if	the organizatio	2020				
Department of the Treasury			Attach to Form 990.			Open	to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.	F	Inspec	
Name of the organization					Employer	dentific	ation number
QUESTSCOPE, L					36-39		
Part I General Ir	nformation on A	Activities Out	tside the United States. Comple	te if the organ	ization ansv	vered "Ye	es" on
	art IV, line 14b.						
-	-		ds to substantiate the amount of its gra				
the grantees' eligibil	ity for the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	X.	res 🛄 No
2 For grantmakers.	escribe in Part V th	organization's	procedures for monitoring the use of its	arants and o	thar assista	nce outsi	do tho
United States.		organization s	procedures for monitoring the use of he	s grants and o			
	n. (The following Par	t I, line 3 table ca	an be duplicated if additional space is n	needed.)			
(a) Region	(b) Number of	(c) Number of	· · · · · · · · · · · · · · · · · · ·		vity listed in	(d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	•	gram service		expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific typ		investments
		in the region	recipients located in the region)	OI SEIVICE	(s) in the reg	JION	in the region
EUROPE (INCLUDING			GRANTS TO RECIPIENT LOCATED				751 500
ICELAND & GREENLAND) 0	0	IN REGION				751,503
3 a Subtotal	0	C					751,503
b Total from continuat							
sheets to Part I	0	0					0

Statement of Activities Outside the United States

Schedule F (Form 990) 2020

032071 12-03-20

and 3b)

751,503.

OMB No. 1545-0047

2020

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c Totals (add lines 3a

0

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

0

SCHEDULE F

QUESTSCOPE, LTD.

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &	SUPPORT FOR UK AFFILIATE TO BE USED FOR PROGRAM					
		GREENLAND)	ACTIVITIES IN JORDAN.	751,503.	WIRE TRANSFER	0.		
 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities 								

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

QUESTSCOPE, LTD.

36-3936979

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

i art in can be duplicated i ac	Julional space is neede	u.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	No

Schedule F (Form 990) 2020

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

QUESTSCOPE US WORKS CLOSELY IN FACILITATING PROGRAM EXPENDITURES OF

QUESTSCOPE UK ENTITY.

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Schedule F (Form 990) 2020

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	LU	,			
	rtment of the Treasury	Attach to Form 990.		Open to					
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer	Inspe					
inan	ne of the organizatio			93697	tification number				
Da	rt I Question	QUESTSCOPE, LTD. s Regarding Compensation	30-3	93091	3				
FC					Vac	No			
10	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Forn	000		Yes	No			
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	1330,						
	First-class or d		naluse						
	Travel for com								
	Tax indemnification and gross-up payments								
		spending account Personal services (such as maid, chauffe							
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	,	, 5 , 5 , 5 ,							
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization	S						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat							
		ation of the CEO/Executive Director, but explain in Part III.							
	Compensation	o committee Written employment contract							
	Independent of	compensation consultant Compensation survey or study							
	Form 990 of o	ther organizations Approval by the board or compensation of	committee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
а	Receive a severand	e payment or change-of-control payment?		4a		X			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
		;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r					v			
а	The organization?			5a		X			
b		ation?		5b		X			
_		or 5b, describe in Part III.							
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r	5				v			
a	ine organization?			6a		X X			
b		ation?		6b					
-		or 6b, describe in Part III.	-						
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		-		x			
•		nes 5 and 6? If "Yes," describe in Part III		7					
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				x			
•		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8					
9		id the organization also follow the rebuttable presumption procedure described in							
		1 53.4958-6(c)?			n 000				
LHA	гог нарегwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	11 990	j 2020			

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36-3936979

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MUTHANNA KHRIESAT (i)	0.	0.	0.	0.	0.		0.
REGIONAL/JORDAN COUNTRY DIRECTOR (ii)	134,607.	0.	0.	7,236.	22,285.		0.
(2) CURT RHODES (i)	0.	0.	0.	0.	0.		0.
EXECUTIVE DIRECTOR (ii)		0.	0.	7,014.	13,598.	155,265.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BY A RELATED ENTITY,

QUESTSCOPE UK. QUESTSCOPE UK, USES THE FOLLOWING METHODS TO DETERMINE THE

EXECUTIVE DIRECTOR'S COMPENSATION:

- COMPENSATION SURVEY OR STUDY

- APPROVAL BY THE BOARD OR COMPENSATION COMMITEE

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



36-3936979

QUESTSCOPE, LTD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2013, QUESTSCOPE ADAPTED ITS MENTORING PROGRAM TO THE PARTICULAR

CIRCUMSTANCES OF YOUNG PEOPLE DISPLACED BY WAR AND VIOLENCE IN THE

ZA'ATARI REFUGEE CAMP. QUESTSCOPE LAUNCHED A YOUTH CENTER THAT HAS

REACHED MORE THAN 3,000 YOUNG PEOPLE IN THE CAMP, COMPLETELY LED AND

DIRECTED BY A CORE TEAM OF 40 VISIONARY SYRIAN VOLUNTEERS.

IN THE CURRENT CRISIS INSIDE SYRIA, QUESTSCOPE SUPPORTS A NETWORK OF

4,500 STAFF AND VOLUNTEERS IN 100 LOCATIONS ACROSS THE COUNTRY. OUR

TEAM PROVIDES FOOD, SHELTER, MEDICINE, WATER/SANITATION, PSYCHOSOCIAL

COUNSELING, PROTECTION CARE FOR THE MOST VULNERABLE, AND EDUCATION FOR

OUT-OF-SCHOOL CHILDREN.

SINCE ITS FOUNDING, QUESTSCOPE HAS IMPLEMENTED SUCCESSFUL INITIATIVES IN PARTNERSHIP WITH UNICEF, UNESCO, USAID, UNFPA, THE EUROPEAN UNION, THE WORLD BANK AND OTHERS. QUESTSCOPE CURRENTLY SUPPORTS PROGRAMS IN JORDAN, SYRIA, AND GERMANY.

FORM 990, PART VI, SECTION A, LINE 6:

ALIGHT IS THE SOLE MEMBER OF QUESTSCOPE, LTD.

FORM 990, PART VI, SECTION A, LINE 7A:

ALIGHT HAS THE POWER TO APPOINT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20
 2.0

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39 2020.05010 QUESTSCOPE, LTD.

Schedule O (Form 990 or 990-EZ) 2020	Page 2			
	Employer identification number 36-3936979			
QUESTSCOPE, LTD.	36-3936979			
APPROVED BY MANAGEMENT. THE BOARD REVIEWED AND APPROVED T	HE 990 PRIOR TO			
BEING FILED WITH THE IRS.				

FORM 990, PART VI, SECTION B, LINE 12C:

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ANY PERSON ENGAGED IN A CLOSE PERSONAL RELATION AS DEFINED BY THE QUESTSCOPE CONFLICT OF INTEREST POLICY IS REQUIRED TO DISCLOSE SUCH RELATION AS IT ARISES, IF IT HAS THE POTENTIAL TO INFLUENCE DECISIONS AROUND HIRING, PROMOTIONS, EDUCATION, ACCESS TO MATERIAL, MEDICINE, HEALTHCARE, MONEY OR OTHER FINANCIAL RESOURCES OR ANY OTHER GOODS OR SERVICES PROVIDED BY QUESTSCOPE. EMPLOYEES ARE PROHIBITED FROM PROVIDING ANY ASSISTANCE OR SERVICE THROUGH ANY QUESTSCOPE PROGRAM, SUCH AS ACCESS TO MATERIALS, MEDICINE, HEALTHCARE, MONEY OR OTHER FINANCIAL RESOURCES OR ANY OTHER GOODS OR SERVICES PROVIDED BY QUESTSCOPE, TO ANYONE WITH WHOM THEY HAVE A CLOSE PERSONAL RELATIONSHIP. EMPLOYEES ARE ALSO PROHIBITED FROM SUPERVISING AND PARTICIPATING IN ANY HIRING, PROMOTION, AND EVALUATION DECISIONS, EITHER DIRECTLY OR INDIRECTLY THAT MAY AFFECT AN INDIVIDUAL WITH WHOM THEY HAVE A CLOSE PERSONAL RELATIONSHIP. EMPLOYEES WHO BELIEVE THIS POLICY IS BEING VIOLATED ARE REQUIRED TO REPORT THE CONCERN. PERSONAL GAIN MAY RESULT NOT ONLY IN CASES WHERE AN EMPLOYEE OR RELATIVE HAS A SIGNIFICANT OWNERSHIP IN A FIRM WITH WHICH THE ALIGHT DOES BUSINESS BUT ALSO WHEN AN EMPLOYEE OR RELATIVE RECEIVES ANY KICKBACK, BRIBE, SUBSTANTIAL GIFT, OR SPECIAL CONSIDERATION AS A RESULT OF ANY TRANSACTION OR BUSINESS DEALINGS INVOLVING QUESTSCOPE. THE ACTIVITIES ARE STRICTLY PROHIBITED BY VIOLATIONS WILL BE CAUSE FOR IMMEDIATE TERMINATION AND, IF QUESTSCOPE. WARRANTED, LEGAL ACTION. THE ORGANIZATION PERFORMS ANNUAL EXTERNAL AUDITS AND REGULAR INTERNAL AUDITS TO EVALUATE ITS INTERNAL CONTROLS AND DETECT ANY CONFLICT OF INTEREST. QUESTSCOPE ALSO HAS A CONFIDENTIAL REPORTING MECHANISM FOR REPORTING VIOLATIONS OF ITS POLICIES AND A WHISTLEBLOWER 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 40

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Schedule O	(Form 990	or 990-F7	2020

Name of the organization

QUESTSCOPE, LTD.

PROTECTION POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BY A RELATED ENTITY, QUESTSCOPE UK. AS PART OF THIS PROCESS TO DETERMINE THE APPROPRIATE SALARY LEVEL, THE BOARD PERFORMED A MARKET SURVEY OF COMPARABLE INSTITUTIONS. THE BOARD USED SALARY SURVEY DATA PROVIDED BY INSIDENGO WHICH INCLUDES DATA ON SALARIES OF POSITIONS IN INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS IN THE HUMANITARIAN RELIEF AND DEVELOPMENT SECTOR. THE QUESTSCOPE UK BOARD REVIEWED THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SALARY ON AN ANNUAL

BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

032212 11-20-20

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SCHEDULE R (Form 990) Department of the Treasury	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.							202 Open to P	20 Public
Internal Revenue Service Name of the organization	on	Go to www.irs.gov/Form990 feedback	or instructions and the late	est information.		En	nployer ident	Inspect	
Name of the organization	QUESTSCOPE, I	LTD.					36-3936		lumber
Part I Identification	on of Disregarded Entities. Comp	olete if the organization answered "Yes'	on Form 990, Part IV, line 3	3.					
	(a)	(b)	(c)	(d)	(e)			(f)	
(a) Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state o foreign country)			ar assets Direc		t controllin entity	ıg
Part II Identificatio	on of Related Tax-Exempt Organ ns during the tax year.	nizations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	e related tax-e	xempt	
	(a) e, address, and EIN elated organization	(b) Primary activity	Primary activity Legal domicile (state or Exempt Code		(e) Public charity status (if section 501(c)(3))	Dire	(f) Direct controlling entity		(g) a 512(b)(13) htrolled ntity? No
ALIGHT - 36-32410	33							Yes	
615 1ST AVE NE, S	UITE 500	HUMANITARIAN RELIEF							
MINNEAPOLIS, MN	55413	PROGRAMS	ILLINOIS	501(C)(3)	LINE 7	N/A			x
QUESTSCOPE - 98-1	069488								
71-75 SHELTON STR	EET	HUMANITARIAN EDUCATIONAL							
LONDON, WC2H 9JQ,	UNITED KINGDOM	PROGRAMS	UNITED KINGDOM	N/A	N/A	ALIGHT	C	X	
ORAM - ORGANIZATI	ON FOR REFUGEE ASYLUM &								
MIGRATION - 26-37	48676, 615 1ST AVE NE,	HUMANITARIAN EDUCATION AND							

SUPPORT

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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OMB No. 1545-0047

SUITE 500, MINNEAPOLIS, MN 55413

CALIFORNIA

501(C)(3)

LINE 7

ALIGHT

Part III 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.

(a)	(b)	(c)	(d)		(e)	((f)	(9	g)	(h)		(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	inc	Share of total income		re of f-year æts	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule		managir partner	Percentac ownershi
		country) sections 512-514)			Yes	No		065)	Yes N	>					
	_														
	_														
	_														
	_														
	_														
	-														
IV Identification of Related organizations treated as a	Organizations Taxable corporation or trust dur	as a Corpo	oration or Trust. C year.	omplete if t	ne organizat	ion answ	vered "Yes	s" on For	m 990, P	art IV,	line 34	4, because it l	had or	ne or I	nore rela
(a)			(b)	(c)	(d)		(e)		(f))		(g)		(h)	(i) Section
Name, address, and EIN of related organization		Primary activity		Legal domicile Direct cor (state or entit										entag ershir	∋ 512(b)

Name, address, and EIN of related organization	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 assets	Percentage ownership	contr	b)(13) rolled ity?
		country)				400010		Yes	No
KUJA KUJA, INC 85-0668285									
615 1ST AVE NE, SUITE 500									
MINNEAPOLIS, MN 55413	SOCIAL ENTERPRISE	DE	ALIGHT	C CORP	554,764.	1,050,614.	86.74%	Х	

Schedule R (Form 990) 2020 QUESTSCOPE, LTD.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)	1b	Х				
	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d	X				
	Loans or loan guarantees by related organization(s)	1e	X				
f	Dividends from related organization(s)	1f		X			
g	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х				
	Sharing of paid employees with related organization(s)	10		X			
р	Reimbursement paid to related organization(s) for expenses	1p	Х				
q	Reimbursement paid by related organization(s) for expenses	1q	Х				
r	Other transfer of cash or property to related organization(s)	1r		X			
	Other transfer of cash or property from related organization(s)	1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6) 032163 10-28-20		44		Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 QUES TSCOPE , LTD .

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) !? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	ral or iging ner?	(k) Percentage ownership

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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