Department of the Treasury

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023 A For the 2022 calendar year, or tax year beginning APR 1, 2022 and ending MAR Check if applicable C Name of organization D Employer identification number Address change QUESTSCOPE, LTD. Name change 36-3936979 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1325 OUINCY STREET, NE 612-872-7060 City or town, state or province, country, and ZIP or foreign postal code 154,153. **G** Gross receipts \$ Amended return Applica-tion pending 55413 MINNEAPOLIS, MN H(a) Is this a group return F Name and address of principal officer: MUTHANNA KHRIESAT Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.QUESTSCOPE.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 1994 M State of legal domicile: IL Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE \overline{PART} III, LINE 1. **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,193,791. 1,083,151. Contributions and grants (Part VIII, line 1h) 8 68,954. 71,002. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 497. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 ,263,242. 154,153. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 709,577. 564,144. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 224,942. 295,718. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 158,841. 140,535. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,093,360. 1,000,397. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 169,882. 153,756. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 922,649. 1,135,668. Total assets (Part X, line 16) 754,766. 814,029 21 Total liabilities (Part X, line 26) 三年 167,883. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MUTHANNA KHRIESAT, CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature P00288314 RICHARD J. LOCASTRO, CPA 11/06/2023 Paid self-employed Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Preparer Firm's address 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no. 301-951-9090 BETHESDA, MD 20814-2930 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE QUALITY OF LIFE IN MARGINALIZED COMMUNITIES.
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$677,259. including grants of \$564,144.) (Revenue \$71,002.)
	QUESTSCOPE BEGAN ITS WORK IN JORDAN IN PARTNERSHIP WITH THE MINISTRY OF
	EDUCATION (MOE), WHERE IT DESIGNED AND IMPLEMENTED, NONFORMAL EDUCATION
	(NFE) PROGRAM. THE PROGRAM ENABLES THOUSANDS OF YOUNG MEN AND WOMEN WHO
	HAD LEFT SCHOOL TO CONTINUE THEIR STUDIES. RECENTLY QUESTSCOPE SIGNED
	NEW AGREEMENTS WITH THE MOE TO SUPPORT THE TRANSITION PLAN OF NFE TO
	MOE BY BUILDING MOE CAPACITY AND SYSTEMS.
	IN ADDITION, IN ZA'ATARI REFUGEE CAMP QUESTSCOPE TRAINS AND WORKS
	TOGETHER WITH SYRIAN VOLUNTEERS TO OFFER A WIDE RANGE OF INITIATIVES
	LIKE TRAUMA THERAPY, MUSIC, PHOTOGRAPHY & FINE ARTS THERAPY, MENTORING,
	AND NFE TO NAME A FEW.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 677, 259 •
4e	Total program service expenses 6 / / . 259 •

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Form **990** (2022)

Form 990 (2022) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	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		<u> </u>
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
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		
"		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	''-		 ^ `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		_V
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 (2022) 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? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Goriodalio O contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	m 990 (2022) QUESTSCOPE, LTD.	<u> 36-39369</u>	979	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ſ			
	filed for the calendar year ending with or within the year covered by this return	7			
			2b	Х	
		ſ	3a		Х
			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AB).			
5a		, i	5a		Х
			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
			-50		
ou	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		- Oa		
b	were not tax deductible?		6b		
7			OD		
7	Organizations that may receive deductible contributions under section 170(c).	t to the payor?	7-		х
		ſ	7a		
	, , , , , , , , , , , , , , , , , , , ,		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7-		x
	to file Form 8282?		7c		
	, , , , , , , , , , , , , , , , , , , ,		٦.		v
_			7e		X
Ť			7f		
g			7g		
_		m 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	NT / 7			
•	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	NT / 7			
		N / A	9a		
	, , , , , , , , , , , , , , , , , , , ,	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
	/				
11					
	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				
40	amounts due or received from them.)		40		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	37 / 3			
а	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				
	0 , , , , , , , , , , , , , , , , , , ,		14a		X
			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				<u></u>
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		

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If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 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? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, GA, IL, MD, MN, NY, NC, VA, WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MARK WHITE - 612-872-7060 1325 QUINCY STREET, NE, A1,

Form **990** (2022)

MINNEAPOLIS,

MN

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga I	nıza			iper	isate			
(A)	(B)			Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an				than o		Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any	JO.						from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	tution	ъ	Key employee	est co	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) MUTHANNA KHRIESAT	20.00									
CEO (EFF. 04/01)	20.00					Х		0.	134,607.	30,315.
(2) CURT RHODES	10.00									
CHIEF VISION OFFICER (EFF. 04/01)	10.00	Х		Х				0.	132,346.	21,635.
(3) JOHN GAPPA	1.00									
CHAIR & TREASURER	1.00	Х		Х				0.	0.	0.
(4) IMAD LIBBUS	1.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(5) DON MCCARTY	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MIKE KENFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MOWAFAK AL YAFI	2.00									
DIRECTOR		Х						0.	0.	0.
(8) HEATHER CORDELL	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) GUNNAR KLARR	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PAUL MARTIN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) THOMAS RESLER	5.00									
DIRECTOR		Х						0.	0.	0.
(12) THANE SEAGER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DAVE ZEHNDER	1.00									
DIRECTOR		Х						0.	0.	0.
			1			1				

Form 990 (2022)

(F)

36-3936979

Name and title		Average hours per week Average (do not check more than one box, unless person is both an officer and a director/trustee)						n an	Reportable compensation	Reportable compensation	on amount of			
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer a		Highest compensated sml		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS· 1099-NEC)		fr org an	other pensa rom th anizat d relat anizati	e ion ed
	Subtotal Total from continuation sheets to Part VI								0.	266,95	3.	5	1,9	50. 0.
	Total (add lines 1b and 1c)								0.	266,95		5	1,9	
2	Total number of individuals (including but n compensation from the organization								-				_ , _	0
	compensation from the enganization												Yes	No
3	Did the organization list any former officer,													v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
4	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							•	ensat	ion fro	om	
	the organization. Report compensation for (A)	ine calendar ye	ear e	nair	ıg w	ith C	or wi	tnin	the organization's tax y	ear.		10	 C)	
	Name and business	address	NC	ONE	3				Description of s	services	С		nsatio	n
2	Total number of independent contractors (i	•	ot lin	nited	d to		_	ted	above) who received me	ore than				
	\$100,000 of compensation from the organization	zation					J					Form	990 (2022)

232008 12-13-22

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ωω	1	a Federated campaigns 1a					
ant	•						
င်္ခ ဗြ		b Membership dues 1b c Fundraising events 1c					
fts,		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e					
Sir		- · · · · · · · · · · · · · · · · · · ·					
utio		f All other contributions, gifts, grants, and	83,151.				
들됨			03,131.				
d d		g Noncash contributions included in lines 1a-1f		1 002 151			
<u>0</u> <u>8</u>		h Total. Add lines 1a-1f		1,083,151.			
		—	Business Code	71 000	71 000		
Se	2	a CONSULTING FEES	900099	71,002.	71,002.		
ē Zi		b					
S		c					
ar eve		d					
Program Service Revenue		e					
₫		f All other program service revenue					
		g Total. Add lines 2a-2f		71,002.			
	3	Investment income (including dividends, interest	, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	'	assets other than inventory 7a	(, 55.				
		b Less: cost or other basis					
ø.							
Ž		and sales expenses 7b					
ther Revenue		c Gain or (loss)7c					
Ä		d Net gain or (loss)					
‡	8	a Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
, [Business Code				
ous.	11	a					
ane Duc		b					
Miscellaneous Revenue		с					
<u>I</u> SC		d All other revenue					
≥		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,154,153.	71,002.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 564,144. individuals. See Part IV, lines 15 and 16 564,144. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 237,105. 84,477. 97,410. 55,218. Other salaries and wages 7 Pension plan accruals and contributions (include 11,108. 4,003. 4,638. 2,467. section 401(k) and 403(b) employer contributions) 28,694. 11,981. 10,339. 6,374. Other employee benefits 9 18,811. 6,887. 7,502. 4,422. 10 Payroll taxes Fees for services (nonemployees): Management 12,498. 5,677. 425. 6,396. Legal 18,000. 18,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 64,378. 35,375. 29,003. column (A), amount, list line 11g expenses on Sch O.) 267. 267. Advertising and promotion 12 12,518. 1,913. 10,605. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy -787.-787. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 300. 300. Conferences, conventions, and meetings 19 20,278. 20,278. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 12,848. 1,732. 7,753. 3,363. 23 Other expenses. Itemize expenses not covered 24 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 O.) 235. 235. EDUCATION AND TRAINING All other expenses 1,000,397. 677,259. 205,290. 117,848. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	394,984.	1	245,378.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	120,000.
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	27,665.	9	28,298.
	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	500.000	14	
	15	Other assets. See Part IV, line 11	500,000.	15	741,992.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	922,649.	16	1,135,668.
	17	Accounts payable and accrued expenses	115,855.	17	114,029.
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lak		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	638,911.	0.5	700,000.
	26	of Schedule D Total liabilities. Add lines 17 through 25	754,766.	25 26	814,029.
	20	Organizations that follow FASB ASC 958, check here	754,7000	20	014,023
Se		and complete lines 27, 28, 32, and 33.			
ŭ	27	Net assets without donor restrictions	3,527.	27	-49,873.
3ala	28	Net assets with donor restrictions	164,356.	28	371,512.
ρ		Organizations that do not follow FASB ASC 958, check here	,		, ,
μ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	167,883.	32	321,639.
Z	33	Total liabilities and net assets/fund balances	922,649.	33	1,135,668.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1	1,15 1,00 15	4,1,0,3; 3,7,8;	97 . 56.	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32	1,6	39.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X	
b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Scho		2c	Х		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why on Schedule O and describe any steps taken to undergo such audits.	ed audit	3b			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	(2022)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

			TSCOPE, LTI					3	6-3936979
Par	t I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.	
The or	gan	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1 [Ì	A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative		•		(b)(1)(A)(ii	ii).		
4		A medical research organiza	· ·				-	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	-					e general p	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)		_				
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultural research org				ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11 [An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d			rintegrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ted organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
	_	requirement (see instructi	·	-					
е							Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	about the supported (ii) EIN	d organization(s). (iii) Type of organization		inization listed	(v) Amount of	monetary	(vi) Amount of other
	`	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	•	support (see instructions)
				above (see instructions))	162	INO		· · ·	,
Total									

(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.)

2 Tax revenues levied for the organization'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. 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6. Public support, solvectime 5 from first 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources. 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11. Total support. Add lines 7 through 10. 12. Cross receipts from related outsides, set. (see instructions). 13. First 5 years. If the Form 990 is for the organization in first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14. Public support percentage for 2022. (line 6, column (f), divided by line 11, column (f)). 15. Public support percentage for 2022. (line 6, column (f), divided by line 11, column (f)). 16. 33 1/3% support test - 2022. If the organization of line of check his box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10% facts-and-circumstances test - 2022. If the organization of line of check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	Sec	tion A. Public Support						
Giffs, grants, contributions, and membership fees received. (Di not include any "unusual grants.") 2 Tax revenues levied for the organization should find the 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Service the store line 4 8 Gross income from interest, dividends, payments received on socurities loans, rents, royalties, and income from similar sources activities, whether or not the business archiviles, whether o	Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf corresponding to the organization without charge 4 Total. Add lines 1 through 3 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Seather was to the seather shown to a seather shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on Public Support Percentage for 2022 (line 6, column (f), divided by line 11, column (f) 11 Total support. Add line 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 980 is of the organization of line 13, 16a, or 16b, and line 14 is 39 3.35 16a 33 1/3% support test - 2022. If the organization of lond to check to box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization long that for organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization or nore, and if the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization organization meets the facts and circumstances test. The organization qualifies as a		. ,						
2 Tax revenues levied for the organization'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. 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6. Public support: solvectime 5 from the total countributions by such 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). 7. Amounts from line 4. 8. Gross income from interest, dividends, payments reviewed on securities loans, rents, royalities, and income from similar sources. 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Add lines 7 through 10. 12. Gross receipts from related activities, etc. (see instructions) 13. First 5 years. If the Form 990 is for the organization in first, second, third, fourth, or fifth tax year as a section 501(c)(8) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14. Public support percentage from 2021 Schedule A, Part II, line 14. 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2022. If the organization of did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization on line 13 or 16a, and line 15 is 30, 176, or 17b, and line 15 is 10		membership fees received. (Do not						
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IX Private foundation if the organization did not check a not on line 13 16a 16b 1/a or 1/b check this hot and see instructions	12	•						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	.0	ato rodination. II tile organizatio	TI GIG HOL GIRCON A I	55A OIT III IG 10, 106	a, 100, 17a, 01 170	, oricon triis bux a		

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.)

Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to 						
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Tax revenues levied for the organization's benefit and either paid to						
ization's benefit and either paid to						
· I						
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						
		1		I	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	•		•		. , . ,	· —
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2022 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	
16 Public support percentage from 2021					16	(
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	(
18 Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	' is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, chec						
	n did not check a					

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

ı uı	Continued)		
		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 on lines 11b and		
_	11c below, the governing body of a supported organization?		
h	A family member of a person described on line 11a above?	1	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
C			
Sac	<u>detail in</u> Part VI. 11c tion B. Type I Supporting Organizations		
	tion B. Type I Supporting Organizations	T.,	Τ
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	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.	\bot	
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.		
Sec	tion 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	1.00	110
•	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		
800	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
	Tion B. All Type in Supporting Organizations	T.,	Τ
		Yes	No
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?	\bot	
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).		
3	By reason of the relationship described on 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.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction)	nel	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.03	10
а			
	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	, ,		
	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.		
а	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.		

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	TO SUSCIONAL TAGEO
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior 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 year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

232028 12-09-22

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

Qι	JESTSCOPE, LTD.	36-3936979			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\boxed{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					
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special Rules					
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), 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\$					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •			

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

Schedule B (Form 990) (2022)

Name of organization

QUESTSCOPE, LTD.

Employer identification number

36-3936979

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$\$	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$1,002.	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		\$ 70,450.	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
6		\$64,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

QUESTSCOPE, LTD.

36-3936979

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	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
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	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 Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

QUESTSCOPE, LTD.

36-3936979

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15		·	Schedule B (Form 990) (2022)

Page 4

Name of organization **Employer identification number** OUESTSCOPE, LTD. 36-3936979 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

QUESTSCOPE, LTD.

Employer identification number 36-3936979

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Simi	lar Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·		
		(a) Donor advised fu	nds (b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in	donor advised fund	ls		
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant f	unds can be used or	nly		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	ner purpose conferri	ng		
	impermissible private benefit?					
Par	Sempleto il une el g		n Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreat	tion or education) Pr	eservation of a histo	rically important land area		
	Protection of natural habitat	L Pr	eservation of a certi-	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution	n in the form of a cor			
	day of the tax year.			Held at the End of the Tax Year		
				2a		
b				2b		
C	Number of conservation easements on a certified historic stru	. ,		2c		
d	Number of conservation easements included in (c) acquired a					
_				2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termi	nated by the organia	zation during the tax		
4	Number of states where preparty subject to concentation and	amont is located				
4 5	Number of states where property subject to conservation eas		handling of			
3	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
Ū	cian and voluntees means develou to mornioring, inopeding, i	narraning or violations, and or	noromig concorvatio	n oddomonio ddinig tilo you		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforci	ng conservation eas	sements during the year		
-	· · · · · · · · · · · · · · · · · · ·			,		
8	Does each conservation easement reported on line 2(d) above	e satisfy 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					
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fina	ncial statements tha	at describes the		
	organization's accounting for conservation easements.					
Par			res, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	•				
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or r	esearch in furtheran	ce of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958					
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	earch in furtherance	of public 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 trea			provide		
	the following amounts required to be reported under FASB AS					
a	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	tor Form 990.		Schedule D (Form 990) 2022		

	collection items (check all that apply):	,	,	,	Ü	Ü				
а	Public exhibition	c		Loan or exc	change program					
b	Scholarly research	e			3 1 3					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explair	n how th	ey further t	he organization's	exempt	purpose in Par	XIII.		
5	During the year, did the organization solicit or r	•		-	-	-				
	to be sold to raise funds rather than to be main				*			Yes		No
Pai	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
	Is the organization an agent, trustee, custodian		iarv for o	contribution	s or other assets	not incl	uded			
	on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII an									
	, 1		3					Amoun	t	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For							Yes		No
	If "Yes," explain the arrangement in Part XIII. C					•]
Par	t V Endowment Funds. Complete if t	he organization an	swered	"Yes" on Fe	orm 990, Part IV, I	ine 10.				
		(a) Current year	(b) F	Prior year	(c) Two years ba	ck (d)	Three years back	(e) Fou	r years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1	g, column (a	ı)) held as:	•		•		
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	ion of the organiza	ation tha	t are held a	nd administered f	or the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?				. 3b		
4	Describe in Part XIII the intended uses of the or		wment f	unds.						
Pai	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered '	'Yes" on Form 990), Part IV	/, line 11a. S	See Form 990, Pa	rt X, line	10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)	-	imulated ciation	(d) Boo	k valu	e
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
	l. Add lines 1a through 1e. <i>(Column (d) must equ</i>		X. colun	nn (B), line 1	'0c.)					0.
					,			o D /Eorr	~ 000)	2022

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	QUESTSCOPE,	LTD.				36-3936979
Part VII	Investments - O	ther Securities.					
	Complete if the organ	nization answered "Yes" o	on Form 990,	Part IV, line 1	11b. See Form 990,	Part X, line 12.	

	, ,	, ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (h) must equal Form 990, Part X, col. (B) line 12.)	-	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

	1	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (b) must equal Form 990 Part Y col (R) line 13.)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LOAN RECEIVABLE FROM QUESTSCOPE, UK	700,000.
(2) DUE FROM QUESTSCOPE, UK	41,992.
(3)	
(4)	
<u>(5)</u>	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	741,992.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REVOLVING LINE-OF-CREDIT	700,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	700,000.

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

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

name of the organization					Employer Identii	ication number
QUESTSCOPE, LTD	•				36-393697	19
Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	es" on
Form 990, Part IV						
-	-		ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes X No
O Far grantmakera Door	wiba in Dout \/ the	organization's	are and transfer manifesting the transfer	aranta and atl	har agaistanaa ayta	ido the
2 For grantmakers. Described United States.	inde in Part V trie	organization s p	procedures for monitoring the use of its	grants and ou	ner assistance outs	ide trie
	he following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activ	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 recipients located in the region)		specific type (s) in the region	investments
		in the region	redipleme located in the region)	01 301 1100	(a) in the region	in the region
EUROPE (INCLUDING			GRANTS TO RECIPIENT LOCATED			
ICELAND & GREENLAND)	0	0	IN REGION			564,144.
						331,211.
3 a Subtotal	0	0				564,144.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				564,144.
สเต จดเ						

232071 10-17-22

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

Schedule F (Form 990) 2022

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 n	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)
			SUPPORT FOR UK AFFILIATE TO BE USED FOR PROGRAM ACTIVITIES IN JORDAN.	564 144.	WIRE TRANSFER	0.		
			I recognized as charities by the f or counsel has provided a sect			>		1

3 Enter total number of other organizations or entities

Part III Grants and Other Assistanc Part III can be duplicated if ac			tes. Complete it	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(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) 2022 (Part IV Foreign Forms

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
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? If "Yes," 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)	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)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Employer identification number QUESTSCOPE, LTD. 36-3936979 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation 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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b		4b		X
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
	The organization?	5a		<u>X</u>
a	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		Х
	The organization?	6a 6b		X
D	Any related organization?	OD		21
7	If "Yes" on line 6a or 6b, describe in Part III.			
'	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			22
J		8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
•	Regulations section 53 4958-6/c)?	a		

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

Schedule J (Form 990) 2022

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MUTHANNA KHRIESAT	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	134,607.	0.	0.	7,236.	23,079.	164,922.	0.	
(2) CURT RHODES	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	132,346.	0.	0.	7,014.	14,621.	153,981.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
'	(ii)								
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	(i)							 	
	(ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)						<u>I</u>	L	

Page 2

Schedule J (Form 990) 2022

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 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

> OUESTSCOPE, LTD.

Employer identification number 36-3936979

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

ALIGHT IS THE SOLE MEMBER OF QUESTSCOPE, LTD.

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

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 APPROVED BY MANAGEMENT. THE BOARD REVIEWED AND APPROVED THE 990 PRIOR TO BEING FILED WITH THE IRS.

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

ANY PERSON ENGAGED IN A CLOSE PERSONAL RELATION AS DEFINED BY THE QUESTSCOPE CONFLICT OF INTEREST POLICY IS REQUIRED TO DISCLOSE SUCH IF IT HAS THE POTENTIAL TO INFLUENCE DECISIONS RELATION AS IT ARISES, 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 Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022 Page 2

Name of the organization QUESTSCOPE, LTD.

Employer identification number 36-3936979

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

QUESTSCOPE. VIOLATIONS WILL BE CAUSE FOR IMMEDIATE TERMINATION AND, IF

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

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.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization QUESTSCOPE, L'	TD.						Employer identific 36-39369		umber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes'	on Form 990, Part IV, line 3	33.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total inco		(e) ear asset	ts Direct o	(f) Direct controlling entity	
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 99	90, Par	t IV, line 34, l	oecause it had o	ne or mo	re related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) empt Code section	(e) Public charity	, I	(f) Direct controlling entity		g) 512(b)(13 rolled tity?
					501(c)(3))			Yes	No
ALIGHT - 36-3241033 1325 QUINCY STREET, NE, SUITE A1 MINNEAPOLIS, MN 55413	HUMANITARIAN RELIEF PROGRAMS	ILLINOIS	5.01	(C)(3)	LINE 7	N/A			x
OUESTSCOPE - 98-1069488	FROGRAMS	ILLINOIS	5011	(0)(3)	LINE /	N/A			^
71-75 SHELTON STREET	— HUMANITARIAN EDUCATIONAL								
LONDON, WC2H 9JQ, UNITED KINGDOM	PROGRAMS	UNITED KINGDOM	N/A		N/A	ALIG	нт	x	
ORAM - ORGANIZATION FOR REFUGEE ASYLUM &									
MIGRATION - 26-3748676, 1325 QUINCY STREET,	HUMANITARIAN EDUCATION AND								
NE, SUITE A1, MINNEAPOLIS, MN 55413	SUPPORT	CALIFORNIA	501	(C)(3)	LINE 7	ALIG	нт	X	
EASTERN CONGO INITIATIVE - 45-4103655									
1325 QUINCY STREET, NE, SUITE A1	HUMANITARIAN EDUCATION AND				1				

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

SUPPORT

Schedule R (Form 990) 2022

MINNEAPOLIS, MN 55413

DISTRICT OF COLUMBIA 501(C)(3)

LINE 7

ALIGHT

Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, because it had	d one or more related
organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) Section 512(b)(13) controlled entity? Yes No	
KUJA KUJA, INC 85-0668285 1325 QUINCY STREET, NE, SUITE A1 MINNEAPOLIS, MN 55413	SOCIAL ENTERPRISE	DE	N/A	C CORP	N/A	N/A	N/A	X	NO	
			21, 22		=	2., 55	21, 22			

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	b Gift, grant, or capital contribution to related organization(s)				1b	Λ	Х		
С	Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)								
е	oans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		X		
g	g Sale of assets to related organization(s)				1g		X		
		capital contribution from related organization(s) quarantees to or for related organization(s) quarantees by related organization(s) to related organization(s) seets from related organization(s) seets from related organization(s) seets with related organization(s) seets with related organization(s) sees, equipment, or other assets to related organization(s) fi services or membership or fundraising solicitations for related organization(s) ff services or membership or fundraising solicitations for related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising solicitations by related organization(s) ff services or membership or fundraising sol			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		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х		
					1m	X			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10		X		
р	Reimbursement paid to related organization(s) for expenses				1 p	X			
q	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r		X		
s	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 com	nplete th	is line, including covered re	elationships and transaction thresholds.					
	(a) (b)				slyad				
			Amount involved	Method of determining amount invo	liveu				
1\									
1)									
2)									
<u>~)</u>									
3)									
<u> </u>									
4)									
-,									
5)									
6)									
	163 09-14-22			Schedule F	R (Forn	n 990	2022		
		^			•		•		

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000