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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

		▶ Do not enter social security numbers on this form, as	s it may be made ¡	oublic.	open to rubile
Departmen Internal Re	nt of the Treasury evenue Service	► Go to www.irs.gov/Form990EZ for instructions and	d the latest informa	ation.	Inspection
A For th	For the 2019 calendar year, or tax year beginning , 2019, and ending				, 20
	f applicable	D Employer	identification number 2		
Addres	s change	i	47-3545638		
Name o	change	Quest for Educational Excellence Number and street (or P O box if mail is not delivered to street address)	? Room/suite	E Telephone	
Initial re		1816 Chestnut Street		(215) 561-2722
╡	eturn/terminated led return	City or town, state or province, country, and ZIP or foreign postal code	^7	F Group Ex	
=	ation pending	Philadelphia, PA 19103	0.2	Number	
Accou	unting Method	☐ Cash 🔽 Accrual Other (specify) ▶	Ĭ I	I Check ▶ □	If the organization is not
Websi	ite: ▶				ttach Schedule B
Tax-ex	empt status (che	eck only one) — ☐ 501(c)(3) 🗹 501(c) (3) ◄ (insert no) 🗌 4947((a)(1) or 527	(Form 990, 9	90-EZ, or 990-PF)
	of organization		Other		
Add lir	nes 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,0	000 or more, or if to	tal assets	
Part II, c	olumn (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ		•	\$
Part I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Ba	alances (see th	e instruction	ns for Part I) ?
	Check if	f the organization used Schedule O to respond to any que	stion in this Part	1	
2 1		ons, gifts, grants, and similar amounts received .		. 1	9,220
2 2		ervice revenue including government fees and contracts		2	
3	Membersh	nip dues and assessments		3	
4	Investment	t income		. 4	_
5a	a Gross amo	ount from sale of assets other than inventory	5a		
` t	Less cost	or other basis and sales expenses	5b		
0	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b f	5с	RECEIVED IN COP	
6	Gaming an	nd fundraising events:		IRS - O SC - 19	
	Gross inc	come from gaming (attach Schedule G if greater than	į	185 - 0 30 - 18	
2	\$15,000) .		6a		ADD 0.6 2021
	Gross inco	ome from fundraising events (not including \$	of contribution	ons	APR 2 6 2021
<u> </u>		raising events reported on line 1) (attach Schedule G if the			l
	sum of suc	ch gross income and contributions exceeds \$15,000) .	6b		OGDEN, UTAH
C	Less direc	ct expenses from gaming and fundraising events	6c		
C	Net incom	ie or (loss) from gaming and fundraising events (add lines ϵ	6a and 6b and s	ubtract	
	line 6c)			· 6d	
7a	Gross sale	es of inventory, less returns and allowances .	7a		
b	Less cost	of goods sold	7b		
c		fit or (loss) from sales of inventory (subtract line 7b from line 7	⁷ a)	7c	
8	Other rever	nue (describe in Schedule O)		8	
9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .		. ▶ 9	9,220
10		d similar amounts paid (list in Schedule O)		. 10	
11	Benefits pa	aid to or for members		<u>11</u>	
12		ther compensation, and employee benefits ?		. 12	
12 13 14 15		al fees and other payments to independent contractors 🛂 .		13	
14		y, rent, utilities, and maintenance .		14	
		ublications, postage, and shipping	•	. 15	
16		enses (describe in Schedule O)		16	3,268
17	Total expe	enses. Add lines 10 through 16	<u> </u>	🕨 17	3,268
18		(deficit) for the year (subtract line 17 from line 9)		. 18	5,952
19		s or fund balances at beginning of year (from line 27, colum	nn (A)) (must agre	ee with	
}	end-of-yea	ar figure reported on prior year's return)		. 19	8,473
20	Other chan	nges in net assets or fund balances (explain in Schedule O)		20	L
2 21	Net assets	or fund balances at end of year Combine lines 18 through 2	0 .	▶ 21	14.425

Cat No 10642I

Form **990-EZ** (2019)

23 Land and buildings	Part II	Balance Sheets (see the instruction	ns for Part II)				
Carants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 30a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check here 50a Grants \$ If this amount includes foreign grants, check		Check if the organization used Sched	ule O to respond to a	ny question in this	Part II		🗆
23 24 24 24 24 25 24 25 24 26 26 27 28 28 27 28 28 28 28					(A) Beginning of year		(B) End of year
23 24 24 24 24 24 25 24 25 24 26 26 27 28 28 28 28 28 28 28	22 Cas	sh, savings, and investments		[8,473	22	14,42
15. Total assets 8,473 25 14,4 26 14,4 27 14 16 16 16 16 16 16 16	23 Lan	id and buildings		[<u> </u>	$\overline{}$	
26 Total liabilities (describe in Schedule O) 8,473 27 14,4 27 14 14 14 14 15 14 14 15 15	24 Oth	er assets (describe in Schedule O)		[24	
26 Total liabilities (describe in Schedule O) 8,473 27 14,4 27 14 14 14 14 15 14 14 15 15		•			8 473	25	14,42
Net assets or fund balances (line 27 of column (B) must agree with line 21) 8,473 27 14,42 27 14,42 27 314 314 3	26 Tot	al liabilities (describe in Schedule O)			0,,,0		14,42
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? lescribe the organization's program service accomplishments for each of its three largest program services is measured by expenses. In a clear and concise manner, describe the services provided, the number of ersons benefited, and other relevant information for each program title [28] [38] [48] [50] [61] [63] [63] [63] [63] [63] [63] [63] [63			mn (R) must agree wit	h line 21)	9 472		14.42
Check if the organization used Schedule O to respond to any question in this Part III Expenses Required for section 501(c)(3) and 501(c)(4) organization's primary exempt purpose? Scribe the services provided, the number of ereons benefited, and other relevant information for each program title Scribe the services provided, the number of ereons benefited, and other relevant information for each program title Scribe the services provided, the number of ereons benefited, and other relevant information for each program title Scribe the services provided, the number of ereons benefited, and other relevant information for each program title Scribe the services provided, the number of ereons benefited, and other relevant information for each program title Scribe the services provided, the number of ereons benefited, and other relevant information for each program title Scribe the services provided, the number of ereons benefited, and other relevant information for each program title Scribe the services provided, the number of ereons benefited, and other relevant information for each program services provided, the number of ereons benefited, and solitically organizations, optional others) Scribe the services provided, the number of ereons benefited, scribe the services provided, the number of ereons benefited, scribe the services provided, the number of ereons benefited, scribe the services provided, the number of ereons others and others of the services provided, the number of ereons others and others of the services provided, the number of ereons others and others of the services provided, the number of ereons others and others of the services provided, the number of ereons others and others of the services provided, the number of ereons others and others of the services provided, the number of ereons others and others of the services provide							14,42;
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			<u> </u>
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	,	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		'
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	300		
ь 40а	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		V	<u>▶ □</u>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I									
Part										
		Check if the organization used Sc	hedule O to respond	to any question in	this Part \	/				
47	year'	he organization engage in lobbying P If "Yes," complete Schedule C, Par	activities or have a till	section 501(h) elect	tion in effec	ct during the	- 1	47	Yes	No ?
48 49a b 50	Did t If "Ye Com	e organization a school as described in the organization make any transfers t es," was the related organization a se plete this table for the organization's	o an exempt non-cha ection 527 organization five highest compen	iritable related orgai on? sated employees (o	nization? ther than of	 fficers, direct	ors, tru			V V d key
		oyees) who each received more than	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Hea contribution benefit plai	f there is non alth benefits, ons to employee ns, and deferred pensation	(e) Est	mate	one " d amou pensati	
									_	
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	s five highest compe	. ▶ ensated independer one, enter "None."	nt contracto	ors who each	n recei	ved	more	than
		Name and business address of each independ		(b) Type of se	ervice	(c) Compe	nsatio	on	
•••••										
d 52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	•	•	. ► ganizations	must attacl	h a ▶□	Yes		lo
		of perjury, I declare that I have examined this is disconnicted. Declaration of preparer (other than					nowledge	and	belief, i	t is
Sign Here	?	Signature of officer Rosalind Jones Johnson Type or print name and title	nson Chief	Executive C	_	4/19/ Date 12	202	<u>/</u>	-	
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo	l if {	IN		
Use (Only	Firm's name				irm's EIN ▶				
May th	ne IRS	Firm's address ▶_ discuss this return with the preparer	shown above? See	nstructions	<u></u>	Phone no	▶ □	Vec		<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. OMB No 1545-0047

2019

► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization Employer identification number Quest for Educational Excellence 47-3545638 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (a) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	y quality und	ci the tests ns	tea below, pi	case comple	te i ait iii.)	
_	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 2010	3,665	4,435	4,092	5,952	18,144
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			1,100	7,612		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-
4	Total. Add lines 1 through 3		3,665	4,435	4,092	5,952	18,144
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 Secti	Public support. Subtract line 5 from line 4 on B. Total Support				·		18,144
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(4) 2010	3,665	4,435	4,092	5,952	18,144
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,,,,,,	,,,,,,	5,7,52	13,,,,
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•	 d, third, fourth,	or fifth tax ye	12 ear as a section	18,144 n 501(c)(3)
	organization, check this box and stop he						▶ 🗹
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 331/3% support test—2019. If the organi box and stop here. The organization qual	nedule A, Part ization did not lifies as a publ	II, line 14 check the box licly supported	on line 13, an organization			. ▶ 🗆
b	331/3% support test—2018. If the organization					s 331/3% or mo	ore, check . ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts	-and-circumsta	inces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	tion meets th	e "facts-and-c	ırcumstances"	test, check t	his box and s	top here.
18	Private foundation. If the organization dis	d not check a	box on line 13,	16a, 16b, 17a	or 17b, check	this box and s	see

SCHEDULE O (Form 990 or 990-EZ)

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.

90-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Open t

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization		Employer identification number
Quest for Educational Excellent	ce	47-3545638
Page 1 Line 16 Other Expenses		·
David Grand		
Bank Service Charge	\$ 50	
Website	\$ 800	
•••••	Ţ 000	
Insurance	\$1,386	
Fundraiser Cost	\$1,032	
Total Cost	\$3,268	
	••••••	
		•
	••••••	
		••