

Form 990-EZ

## Short Form

OMB No. 1545-1150

## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2018

Open to Public  
Inspection

A For the 2018 calendar year, as tax year beginning

7/1/2018

, 2018, and ending

6/30/2019

B Check if applicable:

- Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization

QUAKER VALLEY EDUCATION FOUNDATION

D Employer identification number

35-2461138

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 174

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SEWICKLEY PA 15143

03

E Telephone number

412.749.3885

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

a Trusted Foundation

L Add lines 5b, 6c, and 7b to line 5 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

H Check ►  If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	95,281
	2 Program service revenue including government fees and contracts	2	—
	3 Membership dues and assessments	3	—
	4 Investment income	4	3,599
	5a Gross amount from sale of assets other than inventory	5a	32,279
	b Less: cost or other basis and sales expenses	5b	23,223
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	9,056
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	—
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	1200
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	109,086
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	34,675
	11 Benefits paid to or for members	11	—
	12 Salaries, other compensation, and employee benefits	12	—
	13 Professional fees and other payments to independent contractors	13	—
	14 Occupancy, rent, utilities, and maintenance	14	—
	15 Printing, publications, postage, and shipping	15	1,472
	16 Other expenses (describe in Schedule O)	16	200
Net Assets	17 Total expenses. Add lines 10 through 16	17	36,347
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	72,739
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	131,427
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	—
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	204,166

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2018)

SCANNED SEP 18 2018

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Part II Balance Sheets (see the instructions for Part II)

**Check if the organization used Schedule O to respond to any question in this Part II**

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		209,021	313,494
23 Land and buildings		—	—
24 Other assets (describe in Schedule O)	6/30 Market Values	—	—
25 Total assets		209,021	313,494
26 Total liabilities (describe in Schedule O)		53,100	74,900
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		155,921	238,594

**Part III 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.**

What is the organization's primary exempt purpose? to award incentives to GM students to earn

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. *Mo P tka t they might otherwise do .*

28

See Schedule A

### Grants 5

If this amount includes foreign grants, check here

28a 34,675.

23

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Digitized by srujanika@gmail.com

(Grants \$ ) If this amount includes foreign grants, check here . . . ►

30

Digitized by srujanika@gmail.com

(Grants \$ ) If this amount includes foreign grants, check here . . . ► □

**31 Other program services (describe in Schedule O)**

**(Grants \$ )** If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) . . . . . ►

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TRUSTEE DAVID NIMICK	as needed	NONE		
TRUSTEE MARIA SWANSON				

OAB

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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  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  Yes  No

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  Yes  No

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b  Yes  No

c 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  35c  Yes  No

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  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  37a  Yes  No

b Did the organization file Form 1120-POL for this year?  37b  Yes  No

38a 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?  38a  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b  Yes  No

39 Section 501(c)(7) organizations. Enter:  39a  Yes  No

a Initiation fees and capital contributions included on line 9  39a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities  39b  Yes  No

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►  40a  Yes  No

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  Yes  No

c 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  40b  Yes  No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40c  Yes  No

e 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  Yes  No

41 List the states with which a copy of this return is filed ►  No STATES

42a The organization's books are in care of ► DAVID NIMICK Telephone no. ► 412-749-3895 Located at ► 3012 Scottish Rite Lane Sewickley PA ZIP + 4 ► 15143-2420  42a  Yes  No

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)? If "Yes," enter the name of the foreign country ►  42b  Yes  No

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42c  Yes  No

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  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►  43  Yes  No

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  Yes  No

c Did the organization receive any payments for indoor tanning services during the year?  44c  Yes  No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  Yes  No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a  Yes  No

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  Yes  No

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	<input type="checkbox"/> 46 <input checked="" type="checkbox"/>																														
<b>Part VI Section 501(c)(3) Organizations Only</b>																																
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.																																
Check if the organization used Schedule O to respond to any question in this Part VI		<input type="checkbox"/>																														
47	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	<input type="checkbox"/> 47 <input checked="" type="checkbox"/>																														
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48 <input checked="" type="checkbox"/>																														
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a <input checked="" type="checkbox"/>																														
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b <input type="checkbox"/>																														
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	<input type="checkbox"/>																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">(a) Name and title of each employee</th> <th style="width: 20%;">(b) Average hours per week devoted to position</th> <th style="width: 20%;">(c) Reportable compensation (Forms W-2/1099-MISC)</th> <th style="width: 20%;">(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th> <th style="width: 10%;">(e) Estimated amount of other compensation</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																										<input type="checkbox"/>
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																												
f	Total number of other employees paid over \$100,000	<input type="checkbox"/>																														
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	<input type="checkbox"/>																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">(a) Name and business address of each independent contractor</th> <th style="width: 20%;">(b) Type of service</th> <th style="width: 50%;">(c) Compensation</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																<input type="checkbox"/>												
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																														
d	Total number of other independent contractors each receiving over \$100,000	<input type="checkbox"/>																														
52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																																
<b>Sign Here</b> <input type="checkbox"/>	<div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 10px;"> <input type="checkbox"/> Signature of officer  <b>D. A. Nimick</b> </div> <div style="flex: 1;"> <input type="checkbox"/> Type or print name and title  <b>D. A. Nimick TRUSTEE</b> </div> <div style="flex: 1; text-align: right;"> <input type="checkbox"/> Date  <b>7/26/2019</b> </div> </div>																															
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN																											
	Firm's name ►		Firm's EIN ►																													
	Firm's address ►		Phone no.																													
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No																																

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

7/1/18 - 6/30/19  
OMB No. 1545-0047

100-13

Open to Public  
Inspection

Name of the organization

QUAKER VALLEY EDUCATION FOUNDATION

Employer identification number

35-2461138

**Part I 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). *OS*
- 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).
- 4  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.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  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.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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 33 1/3% 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 33 1/3% 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.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,565	38,443	29,090	87,689	95,231	261,018
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	10,565	38,443	29,090	87,689	95,231	261,018
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)						103,665
6 Public support. Subtract line 5 from line 4						157,353

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	10,565	38,443	29,090	87,689	95,231	261,018
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	335	1507	1426	2476	3599	8343
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						269,361
12 Gross receipts from related activities, etc. (see instructions)					12	—
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	38	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	—	%
16a 33 1/3% support test—2018. 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			► <input checked="" type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not 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			► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization 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, 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			► <input type="checkbox"/>
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			► <input type="checkbox"/>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

QUAKER VALLEY EDUCATION FOUNDATION

Employer identification number

35-2461138

990-EZ

Part II Line 26 Total Liabilities

Scholarship Installments payable 2019-2023 \$74,900.

Part I Line 10 & Part III Line 28a)

Scholarships to 4 STEM-oriented QV seniors \$34,000.

Awards to 5 QV students in AMC-10 & -12 tests 675. } \$34,675.

Part II Line 16 Other Expenses

PA registration \$100

HS Musical Advent 100