Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

		e Service	GO to www.iis.gov/Formaso for instructions and the latest i		1000	mspeçtion
			endar year, or tax year beginning 7/1/2017 , and ei		6/30/2018	
<u>B</u>	Check if a	pplicable	C Name of organization QUEST FARM, INC	D En	nployer identifi	ication number
$\bigsqcup \prime$	Address c	hange	Doing business as			
一.			Number and street (or PO box if mail is not delivered to street address) Room/suite	31-11	11677	
י ו	Name cha	inge	627 GLASS PIKE	E Te	lephone numbe	r
\Box	nitial retu	m i	City or town State ZIP code			
		,,,	GEORGETOWN KY 40324	(502)	535-6064	
\square	inal returni	terminated		ando		
г			Foreign country name Foreign province/state/county Foreign postal	1		1 552 400
<i>'</i> ب	Amended	return		G G	ross receipts \$	1,553,492
\square	Applicatio	n pending	F Name and address of principal officer	H(a) Is this a grou	p return for subor	dinates? Yes X No
			KATHY MARSHALL 122 PRATER DRIVE, GEORGETOWN, KY 40324	_		
				H(b) Are all sub		
1 7	ax-exem	ot status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) o	If "No," att	ach a list (see i	instructions)
1.	Vebsite	· ▶ www	v questfarm org	H(c) Group exe	motion aumber	•
K	orm of or	ganization	X Corporation Trust Association Other ▶ L Yea	r of formation	1984 M S	State of legal domicile KY
P	art I	Su	mmary			
	1			F AND TRAIL	NING OF ME	ENTALLY IMPAIRED
စ္		ADULTS	* ******	T.1117F1-111111		
ğ	1	MOULI	'			
Governance						
ξ	2	Check to	nis box I if the organization discontinued its operations or disposed	of mera than	25% of its r	net assets
တိ	3	Number	of voting members of the governing body (Part VI, line 1a)	CEIVE		9
ಂಶ	4		of independent voting members of the governing body (Part VI 1992 1b)		7 9 4	9
Activities &	1	Tatal	when of a duality is a sentenced as solved as solved as \$00.000.	T 9 A 204		
₹	5		mber of individuals employed in calendar year 2017 (Part V, line Za) 00	CT 3 0 201	8 95	92
ုံး	6		mber of volunteers (estimate if necessary)		86	
ĕ	7a	Total un	related business revenue from Part VIII, column (C), line 12	DEN, U	7 7a	0
	b	Net unre	elated business taxable income from Form 990-T, line 34	DEIN, U	7b	0
<u>~</u>				Prior	Year	Current Year
Revenue 7018	8	Contribi	utions and grants (Part VIII, line 1h)		65,922	32,768
23						
ြင့်	9		n service revenue (Part VIII, line 2g)		1,430,434	1,475,762
-é	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		6,803	11,624
()	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,053	29,416
UEC UEC	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,510,212	1,549,570
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		ol -	0
\circ	1		paid to or for members (Part IX, column (A), line 4)		0	
н	17					1,000,100
<u> </u>	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	ļ	1,119,152	1,088,122
SCAMMED	16a	Profess	onal fundraising fees (Part IX, column (A), line 11e)		0	0
3	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ► 4,771			حطانات البدائي وجاد
ji)	17	Other e	cpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		417,427	393,621
×	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		1.536.579	
,WA	1 40					
	19	Revenu	e less expenses Subtract line 18 from line 12		-26,367	67,827
Net Assets or				Beginning of		End of Year
set	20	Total as	sets (Part X, line 16)		1,221,964	1,299,252
Ž	21	Total lia	bilities (Part X, line 26)	L	255,082	242,604
S S	22	Net ass	ets or fund balances Subtract line 21 from line 20		966,882	1,056,648
	art II		nature Block			
			y, I declare that I have examined this return, including accompanying schedules and statements	and to the best	of my knowledg	ne
			ect, and complete Declaration of preparer (other than officer) is based on all information of whice			, -
					Ϋ́	
Si	qn	I ₽			<u> </u>	
	ere		Signature of officer		Date	
			SPENCER WAHL DIR	ECTOR 12	0/23/18	<u> </u>
			Type or print name and title		- 1	
_		Pri	t/Type preparer's name Preparer's signature	Date		PTIN
Pa	hid				Check	if
		_ MII	DRED L LYNCH MULTIPLE AND A CONTROL OF THE LYNCH	10/19/20)18 self-emp	ployed P01361249
	epare		n's name ► LYNCH & LYNCH CPAS PLLC		EIN ► 27-2	477938
Us	se Onl	y —				
		Firi	n's address ➤ 110 POCAHONTAS TR SUITE B, GEORGETOWN, KY 4032	4 Phone	e no (502) 863-1893
Ma	y the II	RS discu	ss this return with the preparer shown above? (see instructions)			X Yes No
	-					

	90 (2017)	QUEST FARM, INC	31-1111677	Page 2
Pa	till.3	Statement of Program Service Accomplishments		
_ •		Check if Schedule O contains a response or note to any line in this Part III		
1	PROVI	lescribe the organization's mission DE A HOME FOR ADULTS WHO ARE MENTALLY CHALLENGED AND A WORKPLACE FOR ADULT DPMENTAL DISABILITIES	• • • • • • • • • • • • • • • • • • • •	·
	Did the	organization undertake any significant program services during the year which were not listed on		
2	the prio	r Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
•	service	5?	Yes	X No
4		describe these changes on Schedule O ethe organization's program services, ethe organization's program service accomplishments for each of its three largest program services,	as massured by	
4	expens	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow expenses, and revenue, if any, for each program service reported		
4a	TRAIN) (Expenses \$ 468,262 including grants of \$) (Revenue NG FOR MENTALLY IMPAIRED ADULTS		
		~		
		·		
4b	(Code) (Expenses \$ 555,307 including grants of \$) (Revenue	- \$ 68°	3 106)
•••	-	NG		
				•
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		······································		
	(0.1			
4c	(Code) (Expenses \$ 434,321 including grants of \$) (Revenue EATION & RESPITE	e \$1:	2,202)
		·		
	7877	·		
- AA	Othor	program services (Describe in Schedule O.)		
4d	(Exper	orogram services (Describe in Schedule O) ses \$	0)	
4e		rogram service expenses 1,457,890		

Form **990** (2017)

ADC 31-111167

A 40 102			
Part IV.	Checklist o	of Required 9	chadulae

1 Site organization described in section 501c(2)3 or 4947(3)11 (other than a private foundation)? If "Yes," complete Schedule 6, Schedule of Contributors (see instructions)? 2 Is the organization region in direct or indirect or political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 Section 501c(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax yea?" If "Yes," complete Schedule C, Part II. 5 Is the organization aschon 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 6 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, perimanent endowments? If "Yes," complete Schedule D, Part II. 6 Did the organization and prot it is namount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part II. 7 Did the organization report an amount to other labilities in Part X, line 15? If "Yes," complete Schedule D, Part III. 8 Did the organization report and amount to	,			Yes	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "I'ves," complete Schedule C, Part I 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? "I'ves," complete Schedule C, Part II 5 Is the organization as exection 501(c)(4), 501(c)(6), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any did not advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, instoncal treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, instoncal treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 Did the organization and instance of the part IV 10 Did the organization similar of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 10 Did the organization similar on any of the forlowing questions is "Yes," complete Schedule D, Part VI 11 Did the organization similar on any of the forlowing questions is "Yes," complete Schedule D, Part VI 12 Did the organization similar of any of the forlowing questions is "Yes," complete Schedule D, Part VI 2 Did the organization asset separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for investments—program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is	1		1	х	_
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4 Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election melfect during the tax year? If "Yes," complete Schedule (2, Part I) 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 Revenue Procedure 69-197 If "Yes," complete Schedule (2, Part I) 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule (2, Part I) 7 Did the organization reserved or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule (2, Part II) 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule (2, Part II) 8 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for investments—order securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part IV 9 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part IV 9 Did the organization separate in Part X, line 10? If "Yes," complete Schedule D, Part IV 9 Did the organization separate in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedul		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), 605(0)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of aft, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of aft, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of aft, historical treasures, or other similar assets? If "Yes," complete Schedule O, Part II Did the organization for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts or maintain and a serve amounts or serve and part X, line 21, for escro		· · · · · · · · · · · · · · · · · · ·	3		<u>_X</u> _
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization 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 V 10 Did the organization report an amount in Part X, including, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 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 VIII 11 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 11 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 VIII 12 Did the organization report an amount for other inabilities in Part X, line 15? If "Yes," complete Schedule D, Part XIII 13 LX 14 Did the organization report an amount for other inabilities in Part X, line 15? If "Yes," complete Schedule D, Part XIII 14 LX 15 Did the organization organization report an amount for other inabilities in Part X, line 15? If "Yes," complete Schedule D, Part XIII 14 LX 15 Did the organization organization inabilities in part X, line 25? If "Yes," complete Schedule D, Part XI an		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ĺ	
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and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Is the organization maintain an office, employees, or agents outside of the United States? In the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV In 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 In the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV In the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) In the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II In the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_	·	12a		<u> </u>
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. •		18	x	
	19				
			19	<u> </u>	X

	90 (2017) QUEST FARM, INC	31-1111677	P:	age 4
Part	IV 😤 Checklist of Required Schedules (continued)			
、			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		- X -
	organization's current and former officers, directors, trustees, key employees, and highest compensated	Ì		
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	L-3-		
	\$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 Schedule K If "No," go to line 25a	24a		_X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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	į :		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		 ^
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	,		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		نہ آٹ	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
р	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	205	-	 ^-
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	l	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> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N,			
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	├	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	 ^
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle			\vdash
~	entity 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	}
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

·Par	💹 🛴 Statements Regarding Other IRS Filings and Tax Compliance			- 3
	Check if Schedule O contains a response or note to any line in this Part V		Ţ	
 ,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7	1 7	1 1 1 1 1 1 1	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1.37	100	-1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1, 1,	
_	gaming (gambling) winnings to prize winners?	1c		****
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · ·	1.50	4° '4, 7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 92			الم الم
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	المطالسة فأسد
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7 m 4	i, f 120	gi T
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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	Ì		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	(1:1)	3 % Jal.	**************************************
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1.10	30.4	975
	(FBAR)	1. 1, 15"	لسع	24 34
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).	12 a	137	î., .
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		2-7
	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ.,	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d	ــــــ <u>ــــ</u> ـــ	تنسد	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ئے۔ا	12	
0	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.		1.44	تسعث[
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	┼	├
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	1,,1	e' ik	
	Initiation fees and capital contributions included on Part VIII, line 12	1: (1)	14.7%	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	11.		F 1977, 32
11	Section 501(c)(12) organizations. Enter	7.1.		14 /
a	Gross income from members or shareholders	to We		
b	Gross income from other sources (Do not net amounts due or paid to other sources	4521	17.	1.
~	against amounts due or received from them)	79.14		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	,	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1 54 1545.2	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		†
•	Note. See the instructions for additional information the organization must report on Schedule O	7	1,5. 0	1 3,0
b	Enter the amount of reserves the organization is required to maintain by the states in which	ا مُ	1	
-	the organization is licensed to issue qualified health plans	45	1	() () () () () ()
С	Enter the amount of reserves on hand	1/3		130
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		\prod

		•	•	
Form 9	90 (2017) QUEST FARM, INC 31-11 ⁻	11677	Pi	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Schedule O contains a response or note to any line in this Part VI			
Sect	on A. Governing Body and Management			
			Yes	No
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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u>.</u>	-	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	- <u>·</u>		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			.,
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	,.	<u>X</u>
	the year by the following			
a	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	سنس	1	
OCCI	ion B. I oncles (This Section B requests information about policies not required by the internal Nevenue	2006	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ_	L
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		X
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	annual brothing.		
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	' "	`
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		' "	•
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		<u> </u>	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	3)s only	y)	

Indicate how you made these available Check all that apply

Another's website

X
Upon request
Other (explain in Schedule O) Own website 19 Describe in 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 20 ORGANIZATION OFFICES (502) 535-6064 627 GLASS PIKE, GEORGETOWN, KY 40324 Form **990** (2017)

1				-						, r	. •
Form 990 (2017)	QUEST FARM, INC									31-11116	77 Page 7
Part VII	Compensation of Officers, Direct	ctors. Trustee	s. K	ev	Em	ola	vees	s. H	ighest Comp		rage r
``	Employees, and Independent C		,	- ,			,	, .			
`.	Check if Schedule O contains a re		te to	any	/ lin	e ir	this	Pa	rt VII		
Section A.	Officers, Directors, Trustees, Key Er	nployees, and I	Highe	est (Com	per	nsate	d E	mployees		
1a Complete to	his table for all persons required to be li									vith or within the	
List all c	of the organization's current officers, dil ion Enter -0- in columns (D), (E), and (F						uals (or oi	rganizations), re	gardless of amou	ınt
 List all c 	of the organization's current key employ	yees, if any See	ınstr	uction	ons	for (defini	tion	of "key employe	ee "	
who received	organization's five current highest com reportable compensation (Box 5 of Forrand any related organizations										yee)
	of the organization's former officers, ke eportable compensation from the organi							ed e	mployees who r	eceived more tha	an
	of the organization's former directors c more than \$10,000 of reportable compe										he
	n the following order individual trustees employees, and former such persons	or directors, ins	titutio	nal	trus	tees	s, offi	cers	s, key employees	s, highest	
Check the	is box if neither the organization nor any	related organiz	ation	con	npei	nsat	ted ar	ту с	urrent officer, dir	ector, or trustee	
					(0	>)					
			l		Pos						
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title		hours per week (list any hours for related organizations below dotted line)				recto	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) KATHY	MARSHALL	5 00									
PRESIDENT		0 00	Х		Х				0	0.	
(2) TERIV	VARD	1 00									
BOARD MEN		0 00		<u> </u>		_		<u></u>	0	0	<u>.</u>
(3) LINDA		2 00	1	ļ					_		
SECRETARY		0 00	-	_	Х		ļ	_	0	0	
(4) TIM SC		1 00					ļ				
(5) ANDRE		0 00	_	├─	-	 	 		0	0	
TREASURER		2 00 0 00	l .		X				0	0	
	ET FOSTER	1 00	-	┼─	 ^		 				
BOARD MEM	,	0 00	1				İ		l o	o	
	FRANCE	1 00	 		\vdash		<u> </u>		<u>-</u>		
VICE PRESID		0 00	1		x				l o	О	
(8) DARIN		1 00				T			<u>-</u>		
BOARD MEN		0 00	L						0	0	
(9) JACQU		1 00									
BOARD MEM		0 00	X	_				$oxed{oxed}$	0	0	

40 00 0 00

Х

(10) SPENCER WAHL
DIRECTOR

(11)

(13)

ol

88,632

"L'Pa	Sec	ction A. Officers, Directors, Tru	ıstees, Key Emi	oloye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (c	ontını	ied)	
		(A)	(B)	(do n	ot ch	Pos	C) ition more	than o	one	(D)	(E)		(F)	-
		Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	s pe	rson	both Highest compensated employee	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensati from relate organizatio (W-2/1099-M	on ed ns	Estimat amount other compensa from the organiza and rela organizat	of ation ie tion ted
				e	stee			nsated						
(15)														
(16)						_								
(17)														
(18)				-		-			-					
(19)						-	_							
(20)					-									
(21)														
(22)									-					
(23)					1									
(24)														
(25)														
1b c		ntinuation sheets to Part VII, S	ection A		1	L	<u></u>	J	№	88,632 0		0		(
d 2		of individuals (including but not li		sted a	bov	/e) v	who	rece	ived	88,632 I more than \$100		0		
	reportable con	npensation from the organization	<u> </u>			0_							Yes	No
3		zation list any former officer, dire ine 1a? If "Yes," complete Sched				loye	ee, c	or hig	hes	t compensated			3	X
4	the organization	dual listed on line 1a, is the sum on and related organizations greater								•				
5	• •	n listed on line 1a receive or acc	·			•			_		vidual		4	متسدام
Sec		endered to the organization? If "Y	es," complete Si	cneau	ile .	<u>for</u>	Suc	ch pe	rso	7			5	<u> </u> X
1	Complete this	table for your five highest composition from the organization. Report co											ах	
	year	(A) Name and business add	tress	_					<u> </u>	(B) Description of se	nuces		(C)	
NON	IE	5.10 5.10 5.20 6.00								2000.07.00				
									-					
									+					- 1
2		of independent contractors (inclu		ted to	tho	se	liste	d ab	ove) who received		41		

Form 990 (2017) QUEST FARM, INC Rancyllis: Statement of Revenue

	``	Check if Schedule O contains	a response	or n	ote to any line in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
'nω	1a	Federated campaigns		1a [,]	0				
Grants	þ	Membership dues		1b	0				
ي ق	С	Fundraising events		1c	0				
ar A	d	Related organizations		1d	0				
s, E	е	Government grants (contributions	()	1e	0				
e is	f	All other contributions, gifts, grant							
ib ib		similar amounts not included abo	-	1f	32,768				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in life		\$	0				
ğ ģ	h	Total. Add lines 1a–1f		•		32,768			
-		,			Business Code	policione disconnection de la constant de la consta		AND THE PROPERTY OF THE PROPER	
Program Service Revenue	2a	DAY TRAINING		624310	695,909	695,909	and destroyment remains	2011-2011-02-2 CD VC-Autonomonistantin edit	
36	b	SCL ROOM & BOARD			623990	593,251	593,251		
83	С	TUITION			624310	89,855	89,855		
P.V.	ď	RESPITE & OTHER FEES			624310	12,202	12,202		
E	е	TOYOTA ENCLAVE		Ì	624310	84,545	84,545		
gra	f	All other program service revenue	 e			0			
Pro	q	Total. Add lines 2a-2f			▶	1,475,762	PER		MOVED TO THE OWN
	3	Investment income (including divi	dends, inte	rest,	and		A Plant Control of the Control of th	The state of the s	THE MAN TO STATE OF THE STATE O
		other similar amounts)			D	11,624			11,624
	4	Income from investment of tax-ex	empt bond	proc	eeds ⊳	0			
	5	Royalties	•		₽	0			
			(ı) Real		(II) Personal		Marka Marka		
	6a	Gross rents							
	b	Less rental expenses	•						
	С	Rental income or (loss)		C	0				
	d	Net rental income or (loss)			D	0			
	7a	Gross amount from sales of	(i) Securition	es	(II) Other				
		assets other than inventory		0	0				
	b	Less cost or other basis				Second Second			
		and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)				0			
					, —				
re	8a	Gross income from fundraising							
/eu		events (not including \$	0						
Ŕ	1	of contributions reported on line	lc)		ı				
er	1	See Part IV, line 18		а	9,263				
Other Revenue	b	Less direct expenses		b	3,922				
U	C	Net income or (loss) from fundrai				5,341	PARTE CANAL		5,341
	9a	Gross income from gaming activi	ties						
		See Part IV, line 19		а	0				
	b	Less direct expenses	•	h	[n				
	С	Net income or (loss) from gaming	g activities			0	Aller on the sea of a min contact of the sea	ATTICA AND TRAFFIC BY LANGUAGE MAN	Section 2012 in proper the first of the section
	10a	Gross sales of inventory, less							
		returns and allowances		а	0				
	b	Less cost of goods sold		þ	0				
	С	Net income or (loss) from sales of	of inventory		<u> </u>	0	Mary Supply decreased the supply of the supp	Aggregate and the second	St. (Market da Mar. m. ca. and
	<u> </u>	Miscellaneous Revenue			Business Code				TO THE STATE OF THE
	11a	MISCELLANEOUS				1,041	1,041		ļ
	b	INSURANCE INCOME			· · · · · ·	22,290			ļ
	С	CO-OP REFUND				565			<u> </u>
	d	All other revenue				179	Total at a 18" Million with Letter burning to the	Burn Standard and a second	المالية
	e	Total. Add lines 11a-11d			⊳	24,075			2155 (d) 27 (d)
	12	Total revenue. See instructions	U		₽	. 1,549,570	1,499,581	0	16,965

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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	domestic governments See Part IV, line 21	0								
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22	0		特别的						
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16	0	·	ABCEN STANT						
4	Benefits paid to or for members	0			据和内容等Intern					
5	Compensation of current officers, directors,									
_	trustees, and key employees	88,632	66,474	17,726	4,432					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	879,996	879,996							
8	Pension plan accruals and contributions (include	_								
•	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	44,657	44,657	1050						
10	Payroll taxes	74,837	73,142	1,356	339					
11	Fees for services (non-employees)									
a	Management	0	 							
b	Legal	0 007	0.007							
ن	Accounting	6,807	6,807							
d	Lobbying Professional fundraising services See Part IV, line 17		The Street Carly World Constitution of the	acolle moster exceptables						
f		25	W 420000 1 . 7 March 1 10005000 . 1	NAMES OF THE PERSON OF THE PER						
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column		25							
g	(A) amount, list line 11g expenses on Schedule O)	16,000	16,000	o						
12	Advertising and promotion	4,790								
13	Office expenses	22,952	22,952							
14	Information technology	5,682	5,682							
15	Royalties	3,002	3,002							
16	Occupancy	27,554	27,554		 '					
17	Travel	14,107	14,107							
18	Payments of travel or entertainment expenses	14,107	14,107							
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	12,255	12,255							
20	Interest	11,400								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	40,442		0	0					
23	Insurance	55,239								
24	Other expenses Itemize expenses not covered	TENER PROPER								
	above (List miscellaneous expenses in line 24e If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule ()	Constitution of the second second								
а	FOOD & HOUSEHOLD SUPPLIES	46,457	46,457							
b	CRAFT & FARMING EXPENSE	14,299	14,299							
С	RECREATION & DAY PROGRAM	61,195	61,195							
d	SCL TAX	42,966	42,966							
е	All other expenses SEE SCHEDULE O	11,451	11,451							
25	Total functional expenses. Add lines 1 through 24e	1,481,743	1,457,890	19,082	4,771					
26	Joint costs. Complete this line only if the				ļ					
	organization reported in column (B) joint costs		İ							
	from a combined educational campaign and			_						
	fundraising solicitation Check here ▶ ☐ if									
	following SOP 98-2 (ASC 958-720)		1							

Form 990 (2017) QUEST FARM, INC
Park 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			114,654	1	194,203
1	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and fo	ormer officers, dire	ctors,			
l		trustees, key employees, and highest compensa	ated employees				
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified person	•				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary en					
ets		organizations (see instructions) Complete Part II of Sche	dule L		0	6	
Assets	7	Notes and loans receivable, net			0	7	0
•	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges	1 1		District of the contract of th	9	THE RESERVE OF THE PARTY OF THE
	10a	Land, buildings, and equipment cost or				100 M	
	h	other basis. Complete Part VI of Schedule D	10a	1,458,393	050.777		045.405
	b 11	Less accumulated depreciation Investments—publicly traded securities	10b	643,258	850,777	10c	815,135
	12	Investments—publicly traded securities Investments—other securities. See Part IV, line	11		0	11	0
	13	Investments—program-related. See Part IV, line		256,533	13	289,914	
	14	Intangible assets	. II		230,333	14	203,514
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)		1,221,964	16	1,299,252
	17	Accounts payable and accrued expenses			2,184		1,209
	18	Grants payable			0		, , , , , , , , , , , , , , , , , , , ,
	19	Deferred revenue		0	19		
	20	Tax-exempt bond liabilities	0	20			
	21	Escrow or custodial account liability Complete f	Part IV of Schedul	e D	0	21	
es	22	Loans and other payables to current and former	officers, directors	's			
Liabilities		trustees, key employees, highest compensated	employees, and				
iab		disqualified persons Complete Part II of Schedu	ule L		0	22	
_	23	Secured mortgages and notes payable to unrela	· ·		252,898	23	241,395
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa	ayables to related	thırd		1	
		parties, and other liabilities not included on lines	s 17-24) Complete	е			
	00	Part X of Schedule D			0		0
	26	Total liabilities. Add lines 17 through 25			255,082	26	242,604
Ś		Organizations that follow SFAS 117 (ASC 958	• •	X and	and the second s		
Balances		complete lines 27 through 29, and lines 33 ar	na 34.				
<u>a</u>	27	Unrestricted net assets			966,882	27	1,056,648
ñ	28	Temporarily restricted net assets			0		
or Fund	29	Permanently restricted net assets			O	29	~0705 = 465563878815 = 67 A201441 - 7 G
Ĭ		Organizations that do not follow SFAS 117 (ASC958),	check here	and and			
		complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds			0	+	
455	31	Paid-in or capital surplus, or land, building, or e-	•		0		
et,	32	Retained earnings, endowment, accumulated in	ncome, or other ful	nds .	0		
Z	33	Total net assets or fund balances			966,882	-	1,056,648
	34	Total liabilities and net assets/fund balances	·		1,221,964	34	1,299,252

	990 (2017) QUEST FARM, INC	3	1-1111677	Page 12
?art	XI. Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,549,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,481,743
3	Revenue less expenses Subtract line 2 from line 1	3		67,827
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		966,882
5	Net unrealized gains (losses) on investments	5	·	21,939
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1	,056,648
art	XII. Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ 第	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		13 E 12 WA 1 6	
	Schedule O		ار الروادية المنابعة	المقالة المقال
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1. 1. Sie	
	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?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			医精神性
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		25 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
С		ıf		
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Britan Linner Annhidania
	If the organization changed either its oversight process or selection process during the tax year, explain in		100 m	建16湖
	Schedule O		建筑	
3a				
	the Single Audit Act and OMB Circular A-133?		3a	l x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2017)



SCHEDULE A (Form 990 ar 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

Name of the organization Employer identification number QUEST FARM, INC 31-111677

Par	tl	Reason for Public Chari	ty Status (All org	anizations	s must cor	nplete th	ıs part) :	See instructions	11077
he	org	anization is not a private foundati	on because it is (Fo	or lines 1 th	rough 12, c	heck only	one box)		
1	L	A church, convention of churche	es, or association of	churches c	described in	section '	170(b)(1)(A)(i).	γ
2		A school described in section 1	70(b)(1)(A)(II). (Atta	ach Schedu	le E (Form	990 or 99	0-EZ))	1	7
3	Γ	A hospital or a cooperative hosp	oital service organiza	ation descri	bed in sect	ion 170(b)(1)(A)(ni).	1
4	$\overline{}$	A medical research organization	n operated in conjun	ction with a	a hospital de	escribed in	section	170(b)(1)(A)(iii). En	ter the
		hospital's name, city, and state	, , , , , , , , , , , , , , , , , , , ,						
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or univers	sity owned o	or operate	d by a gov	vernmental unit desc	ribed in
6		A federal, state, or local governi	ment or government	tal unit desc	cribed in se	ction 170	(b)(1)(A)(v).	
7		An organization that normally redescribed in section 170(b)(1)(support from	m a gover	nmental u	nit or from the genei	ral public
8		A community trust described in	section 170(b)(1)(A	.)(vi). (Com	plete Part I	1)			
9		An agricultural research organiz or university or a non-land-gran university	zation described in s it college of agriculti	ection 170 ure (see ins	(b)(1)(A)(ix tructions) I) operated Enter the r	in conjun name, city	ction with a land-gra , and state of the col	ant college lege or
10	×	An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subjec ed business	t to certain s taxable inc	exceptions come (less	s, and (2) s section 5	no more than 33 1/3	% of its
11		An organization organized and	operated exclusively	y to test for	public safe	ty See se	ction 509	(a)(4).	
12		An organization organized and	operated exclusively	y for the be	nefit of, to p	perform th	e function	s of, or to carry out t	he purposes
		of one or more publicly support Check the box in lines 12a thro							
а		Type I. A supporting organization(s organization You must con	s) the power to regul	larly appoin	it or elect a				
t)	Type II. A supporting organization(s) You must c	e supporting organi	zation veste	ed in the sa				
C	:	Type III functionally integralits supported organization(s)	ated. A supporting o	rganization	operated ii				rated with,
C	l	Type III non-functionally in that is not functionally integr	ated The organizati	on general	ly must sati	sfy a distr	bution red	quirement and an att	
e		requirement (see instruction Check this box if the organiz	•						- III
Ĭ		functionally integrated, or Ty						Type I, Type II, Typ	J 111
f		Enter the number of supported							0
	<u> </u>	Provide the following information						,	
	(ı	Name of supported organization	(ii) EIN	(III) Type of (described of above (see i	-	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						ļ.,			
A)						Yes	No		
A)]			
B)									
C)					<u>i </u>				
D)			,		!				
(E)					; !				
	-		NAME OF THE PARTY	THE PART OF SEC.	Late or second	del emanare	Series on the		
Tota	31			47 TE 188		200 100 100 100	《本华·福州 》	0	0

instructions

Sche	 dule A (Form 990 or 990-EZ) 2017 QUEST FA	RM INC				31-111167	7 Page 2
ALC: NO.	Support Schedule for Orga		cribed in Sect	ions 170(b)(1)	(A)(iv) and 170		rage &
	(Complete only if you checke						ider
	Part III If the organization fa						
Sec	tion A. Public Support			·			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and			(0) =0 10	(4) 20 10	(4) = 0 11	1
•	membership fees received (Do not	•	\	ì			
	include any "unusual grants")						0
2	Tax revenues levied for the organization's						
_	benefit and either paid to or expended on			i	l		
	its behalf						0
3	The value of services or facilities					// 	
•	furnished by a governmental unit to the				1		
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	7/0	o	
5	The portion of total contributions by				715-62 (16-7 / -1515-4	TEASTICA SALESIE	
	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 Subtract line 5 from line 4		NAME OF THE PERSON OF THE PERS	2277	TORING TORING	MATERIAL STATES	C
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0	, O,	0	0	0	
8	Gross income from interest, dividends,		, /				
	payments received on securities loans,						
	rents, royalties, and income from						
	sımılar sources						C
9	Net income from unrelated business	- CF					
	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			STRUMETRY			
12	Gross receipts from related activities, etc (s					12	
13	First five years If the Form 990 is for the of	rganization's first,	second, third, fourti	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percent	age				
14	3-11-17			f))		14	0 00%
15	Public support percentage from 2016 Sched	ule A, Part II, line 1	14			15	0 00%
16a	33 1/3% support test-2017./if the organiz			, and line 14 is 33	1/3% or more, che	ck this box	_
	and stop here. The organization qualifies as	s a publicly suppor	ted organization				▶ _
b	33 1/3% support test—2016. If the organiz	ation did not check	ca box on line 13 c	r 16a, and line 15	is 33 1/3% or more	, check this	_
	box and stop here. The organization qualific	es as a publicly su	pported organization	on			▶ _
17a	10%-facts-and-circumstances test-2011	7. If the organization	on did not check a t	oox on line 13, 16a	, or 16b, and line 1	4	
	is 10% or more, and if the organization mee						
	Part VI how the organization meets the "fact						_
	organization						▶ [
þ	10%-facts-and-circumstances test—2010					ine	
	15 is 10% or more, and if the organization m					alv.	
	Explain in Part VI how the organization mee supported organization	ts the Tacts-and-C	ii cumstances test	me organization (quaimes as a public	ol y	▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 qu 	alify under the	tests listed belo	ow, please com	plete Part II)		
Sec	tion A. Public Support			· •	· · · · · · / .		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			\ <u>-</u> \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-		(0) 20	(1) 10101
	received (Do not include any "unusual grants")	63,171	51,683	57,003	65,922	32,768	270,547
2	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	686,398	733,462	722,723	654,308	695,308	3,492,199
3	Gross receipts from activities that are not an	000,000	700,402	122,125	034,300	090,000	3,432,133
_	unrelated trade or business under section 513						(
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	749,569	785,145	779,726	720,230	728,076	3,762,746
	Amounts included on lines 1, 2, and 3	0,000	700,110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	720,200	, 20,010	0,102,140
	received from disqualified persons						C
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	ļ					(
С	Add lines 7a and 7b	0	0	0	0	0	····································
8	Public support (Subtract line 7c from	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	San Hilliam	F. L. C. A. C.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 ja " * ;	· · · · · · · · · · · · · · · · · · ·
	line 6)	温量能引					3,762,746
Sec	tion B. Total Support		14 1 Xxx 14/2 15 P	11. 7. 11.761	1 St 144	1 (210. 24	9,1 92,1 10
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	749,569	785,145	779,726	720,230	728,076	3,762,746
10a	Gross income from interest, dividends,		1		7.25,255	1 - 2, 2, 2	91. 9-1
	payments received on securities loans, rents.						
	royalties, and income from similar sources	9,587	26,737	7,273	6,803	11,624	62,024
b	Unrelated business taxable income (less			1	3.17.77	,	
	section 511 taxes) from businesses						
	acquired after June 30, 1975	ļ		[(
С	Add lines 10a and 10b	9,587	26,737	7,273	6,803	11,624	62,024
11	Net income from unrelated business			.,,_,_		,	
	activities not included in line 10b, whether				,		
	or not the business is regularly carried on				·		(
12	Other income Do not include gain or						<u> </u>
	loss from the sale of capital assets						
	(Explain in Part VI)						(
13	Total support. (Add lines 9, 10c, 11,						· · · · · · · · · · · · · · · · · · ·
	and 12)	759,156	811,882	786,999	727,033	739,700	3,824,770
14	First five years. If the Form 990 is for the o						0,024,77
	organization, check this box and stop here	rgamzanon o mot, t	occona, ama, icare	ii, or martax your t	35 4 555kion 55 7 (5)	(0)	▶
Sec	tion C. Computation of Public Su	nnort Percent:	age				
15	Public support percentage for 2017 (line 8, o	• •		(f)		15	98 38%
16	Public support percentage from 2016 Sched	• • •	•	('/)		16	98 45%
	ction D. Computation of Investmen					<u> </u>	30 437
17				olumn (fl)		17	1 62%
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 S			OMITHI (I))		18	1 55%
	33 1/3% support tests—2017. If the organ			IA and line 15 is ~	ore than 33 1/30/		1 557
. Ja	not more than 33 1/3%, check this box and					and IIIC 17 15	▶ X
b	33 1/3% support tests—2016. If the organ	-			-	33 1/3% and	
	line 18 is not more than 33 1/3%, check this						▶ [

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

•

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 ioreign 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
- 1	1		
	2		
	3a	i	
	3b 3c	透燈	
	<u>编献</u> 4a		
	4b		
	4c		
•	5a		
	5b		RAE!
	5c		
	6		
	7		
	8		
	9a		
	9b		差额
	9c	•	
	10a		
		1	MA

Part	▼ Supporting Organizations (continued)			
	·	40.067	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C Soct	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Seci	ion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	222	163	
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Telle Laurine	DACEMENT R
2	Did the organization operate for the benefit of any supported organization other than the supported	被张	10.0	数数
	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	2		
Sect	ion C. Type II Supporting Organizations			
		ি ক্ষেত্ৰৰক্ষণ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	4		
Sect	ion D. All Type III Supporting Organizations			
0000	ion b. Air Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		7.5	e de la compansión de l
-	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			经推
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		識	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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	Edit		
<u> </u>	supported organizations played in this regard	3		
	ion 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 ins	structions	s)	
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instruc	ctions)
2	Activities Test Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	17		
	that these activities constituted substantially all of its activities	2a		ar see to
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	浸蘸		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b	SASSEMB BUSINESS	ASTECONO.
3	Parent of Supported Organizations Answer (a) and (b) below.		经验	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	11175	SAIR.	
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	_3a		は海がかれる
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	3b	12722	1486
	or to supported organizations in ires, describe in Fait vittle fole played by the diganization in this regald		i	

Reality: Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1. Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sections	A through E
Section 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	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	T-		
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	0	C
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	W. Control		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	3 3 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	10- 37 - R. P. R. W 37 P. O. P. L 27 P W. A. R.
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		· · · · · · · · · · · · · · · · · · ·
d Total (add lines 1a, 1b, and 1c)	1d	0	C
e Discount claimed for blockage or other	200	FARE BALL TO BE SET LINE TO LAND	
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	ATTOMATION OF THE PARTY OF THE	
3 Subtract line 2 from line 1d	3	0	C
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions)	4	0	١ . ر
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 035	6	0	(
7 Recoveries of prior-year distributions	7	0	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
Section C - Distributable Amount	·		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	1	THE STATE OF THE S	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		egrated Type III supporting	organization (see
instructions)			- ,

Part \	∴ Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	•		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			. 0
8	Distributions to attentive supported organizations to which the	ne organization is respoi	rsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0 000
		<i>(</i>)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(۱) Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		是是是其他的	0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017	moved it was the me, were it to the wasterness in It list a	李明小学的工作的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的	This street conversion in white a set winds place. I will also as
a				TAN AND THE PROPERTY OF THE PARTY OF THE PAR
<u>b</u>	From 2013			
с	From 2014 0			
d	From 2015 0			
е_	From 2016 0			
f	Total of lines 3a through e	0	经分别的基础的	的理论是由
g_	Applied to underdistributions of prior years	产的现在分类的	0	HAVING CONTROL
h	Applied to 2017 distributable amount	是到明显的影響的	世紀之前的	. 0
i	Carryover from 2012 not applied (see instructions) .	PROPERTY STATES IN THE PROPERTY OF THE PROPERT		阿拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	0	ENGLISH ENGLISH	2000年的計劃
4	Distributions for 2017 from			
	Section D, line 7 \$ 0			建筑型等。
a	Applied to underdistributions of prior years	金属基金的	0	把海戏的旅游作业
b	Applied to 2017 distributable amount	经验的证据的证据	ETURE DE LE CONTROL DE LA CONT	0
с	Remainder Subtract lines 4a and 4b from 4		被把 的	和工作的ANATOR
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2018. Add lines 3j		THE PARTY OF THE P	
	and 4c	0		
8	Breakdown of line 7			
а	Excess from 2013 . 0		医抗性性性性	
h	Excess from 2014 0		To an anti-	manuse to station the station of the
c	Excess from 2015 0			
d	Excess from 2016			
e	Excess from 2017 0			

Schedule A (Fo	orm 990 or 990-EZ) 2017 QUEST FARM, INC	31-1111677 F	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1 III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part IV, Section B, line 1e, Part V, Section B, line 1	7a or 17b, Part rt IV, Section lines 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
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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.

Inspection

Go to www.irs gov/Form990 for instructions and the latest information. Name of the organization Employer identification number QUEST FARM, INC 31-1111677 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b С Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 а Assets included in Form 990, Part X

Schedu	ile D (Form 990) 2017 QUEST FARM, INC						31-1111	677	F	Page 2
Part	iii Organizations Maintaining Colle	ctions of Art, H	stori	cal Trea	sures, or C	Other	Similar Assets	(contir	nued)	
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	neck any	of the following	ng that	t are a significant i	use of its	3	
а	Public exhibition	d		l oan d	or exchange p	roorai	ne			
_			\vdash		n exchange p	nograi	115			
р	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's ci	ollections and expl	aın ho	w they fu	rther the orga	ınızatı	on's exempt purpo	ise in Pa	ırt	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Ye	s 🔲	No
Part	IV. Escrow and Custodial Arrangem Complete if the organization answi 990, Part X, line 21		orm 99	90, Part	IV, line 9, oi	r repo	rted an amount	on For	m	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for contr	ibutions or ot	her as	sets not	Ye	·s []	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	follow	no table					ىــا °.	
	, , , , , , , , , , , , , , , , , , , ,						<i>F</i>	Amount		
С	Beginning balance					1	С			0
d	Additions during the year					1	d			
е	Distributions during the year					1	e			
f	Ending balance					1	f			0
2a	Did the organization include an amount on F	Form 990, Part X, I	ne 21	, for escr	ow or custodia	al acc	ount liability?	Ye	es 🗵	No
b	If "Yes," explain the arrangement in Part XII	Check here if the	expla	ination ha	as been provid	ded or	Part XIII			
Part										
	Complete if the organization answ									
	↓		(b) Prio		(c) Two years		(d) Three years back		ur years	
1a	Beginning of year balance	0		0	<u> </u>	0		0		0
b	Contributions									
С	Net investment earnings, gains,									
d	and losses Grants or scholarships									
d e	Other expenditures for facilities							+		
-	and programs			ŀ						
f	Administrative expenses							 -		
g	End of year balance	ol		0	<u> </u>	0		0		0
2	Provide the estimated percentage of the cui		nce (li		lump (a)) bel			<u> </u>		<u> </u>
a	Board designated or quasi-endowment	▶ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 1g, 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u uo				
b	Permanent endowment	%	=-							
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the possi	ession of the organ	ızatıoı	n that are	held and adr	nınıste	ered for 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 organia	zations listed as re	quired	on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of the	e organization's er	idown	nent fund	s					
Part										
	Complete if the organization answ	ered "Yes" on Fo	orm 9	90, Part	IV, line 11a			X, line	10	
	Description of property	(a) Cost or other ba (investment)	asis		ost or other is (other)	(0	e) Accumulated depreciation	(d) B	ook valu	ie
1a	Land	(mresument)	0		93,500	,	depreciation			93,500
b	Buildings		0		1,122,888	<u>. II.</u>	469,501			53,387
C	Leasehold improvements		0	-	1,122,000	-	409,301			0
d	Equipment		0		62,227		60,654			1,573
e	Other		- 0		179,778		113,103		 6	36,675
	I. Add lines 1a through 1e (Column (d) must	equal Form 990, P	لتسل	column (i			▶			15,135

Investments—Other Securities.	red "Yes" on Form 90	0, Part IV, line 11b See Form 990, Part X, line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests(3) Other	0	
/^>		
(A) (B)		
(C)		
(D)		
(E)		
(F)·		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Investments—Program Related.	ered "Yes" on Form 99	0, Part IV, line 11c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
(1) CSSC BROKERAGE ACCOUNT	289,914	Cost or end-of-year market value
(2)	200,014	
(3)		·
(4)		
(5)		
(6)		
	•	
_(8)		
(9) Total (Column (b) must equal Form 990, Part X, col. (□) [use 13.) ▶	280 014	
	ered "Yes" on Form 99	00, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
_(1)		
(2)		
(3)		
(4)		
(5) · · · · · · · · · · · · · · · · · · ·		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line Complete if the organization answer line 25		PO, Part IV, line 11e or 11f See Form 990, Part X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	(
(2)		
_(3)	ļ	
_(4)		
(5)		
(6)		
<u>(7)</u>		
<u>(8)</u>		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	+	
2. Liability for uncertain tax positions. In Part XIII, provide the		
organization's liability for uncertain tax positions under FIN		

Part	t XI Reconciliation of Revenue per Audited Financial Statements With Re	venue per Return	X
,	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
_	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
- a	Net unrealized gains (losses) on investments	- '	
b	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
q C	Other (Describe in Part XIII)	· · ·	
e	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	2e 3	0
		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	'.	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII) Add loss 45 and 45		•
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	0
Pan	t XII Reconciliation of Expenses per Audited Financial Statements With E	•	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	' -	
а	Donated services and use of facilities 2a		
þ.	Prior year adjustments 2b		
С	Other losses 2c	·	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	- ,	
~			
c	Add lines 4a and 4b	4c	0
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5	0
c 5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information.	5	0
c 5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 1b and 2b, Part V, line	0
c 5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	5 1b and 2b, Part V, line	0
c 5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	5 1b and 2b, Part V, line	0
c 5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	5 1b and 2b, Part V, line	0
c 5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	5 1b and 2b, Part V, line	0
c 5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	5 1b and 2b, Part V, line	0
c 5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	5 1b and 2b, Part V, line	0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www irs gov/Form990 for the latest instructions

or if the	2017
	Open to Public
Employerud	entification number

OUES	T FARM, INC					31-111	1677
	Part 12 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17						
	Form 990-EZ filers are not required to complete this part						
1	Indicate whether the organization ra	sed funds throu					
а	Mail solicitations		e Sc	olicitation o	f non-government g	rants	
b	Internet and email solicitations		f 🗌 So	olicitation o	f government grants	5	
C	Phone solicitations		g 🔲 Sp	oecial fund	raising events		
d	In-person solicitations						
2a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,				Yes No		
b					raiser is		
	to be compensated at least \$5,000 b				•		
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
					0	0	0
2					0	0	0
3 ——					0	O;	0
4					0	0	0
5		_			0	0:	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	
10							0
T-4-1		l	1		0	0	0
Total 3	List all states in which the organizat	ion is registered	or licones	d to solicit	contributions or bas	been notified it is e	0 vemat from
	registration or licensing		····				

₽P:		 Fundraising Events. 		zation answered "Yes" or ibutions and gross inco			
	•		epts greater than \$5,00	_	7110 011 1 01111 000 EE	i, mico i dila ob Elat	
			(a) Event #1 SOLF TOURNAMEN	(b) Event #2 HARVEST DAYS	(c) Other events NONE	(d) Total events (add col (a) through	
			(event lype)	(event type)	(total number)	col (c))	
Revenue	1	Gross receipts	8,000	1,263	0	9,263	
ď	2	Less Contributions Gross income (line 1			0	0	
		minus line 2)	8,000	1,263	0	9,263	
	4	Cash prizes			0	0	
	5	Noncash prizes			0	0	
Direct Expenses	6	Rent/facility costs		-	0	0	
d Exp	7	Food and beverages			0	0	
Die	8	Entertainment			0	0	
	9	Other direct expenses	2,895	1,027	0	3,922	
	10 11	Direct expense summary Add Net income summary Subtra	_		▷ ▶	(3,922)	
¢Pa	irt III	Gaming. Complete if	the organization answe	ered "Yes" on Form 990	, Part IV, line 19, or	reported more	
Revenue		than \$15,000 on Form	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Rev	1	Gross revenue				0	
ses	2	Cash prizes				0	
Expenses	3	Noncash prizes				0	
Direct E	4	Rent/facility costs				0	
_	5	Other direct expenses				0	
	6	Volunteer labor	Yes % No	Yes %	Yes %		
	7	7 Direct expense summary Add lines 2 through 5 in column (d)					
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)	<u> </u>	0	
ę) E	Enter the state(s) in which the oi	rganization conducts gami	ng activities			
		a Is the organization licensed to conduct gaming activities in each of these states? Yes No					
10		Vere any of the organization's g	aming licenses revoked, s	suspended, or terminated o	during the tax year?	Yes No	
	-						

sched	tule G (Form 990 or 990-EZ) 2017 QUEST FARM, INC	31-11116/7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	'Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b	······································	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization \$\bigset\$ \$ 0 \text{ and the}\$	Yes No
b	amount of gaming revenue retained by the third party > \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address •	
16	Gaming manager information	
	Name ▶	~
	Gaming manager compensation ▶ \$0	
	Description of services provided •	
	Director/officer Employee Independent contractor	
17	Mandatony distributions	
''a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to	
-	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year > \$	0
ikali	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	
-		
	······································	
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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 for the latest information.

OMB No 1545-0047

2017

Open to Rublic Inspection

Name of the organization	Employer identification number
QUEST FARM, INC	31-1111677
Form 990, Part IX, Line 24e MISCELLANEOUS 4489, KY ST TREAS AUDIT 5,862, BAD DEBT 1	,100
•	
•	
•	