Form **990**

Return of Organization Exempt From Income Tax

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

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

	artment of the mail Revenu		► Go to www.irs.gov/For	m990 for instructions a	nd the latest i	nformation.		Inspectio	n
Α			endar year, or tax year beginning	7/1/2018	, and er	nding 6/3	0/2019		
В	Check if a	pplicable	C Name of organization QUEST FARM	, INC	_	D Employer	r identificatioi	number	
	Address c	hange	Doing business as	<u> </u>					
\neg	Nama aba		Number and street (or PO box if mail is not	delivered to street address)	Room/suite	31-1111677			
=	Name cha	nge	627 GLASS PIKE		<u> </u>	E Telephone	e number		
	Initial retui	m	City or town	State	ZIP code	(502) 535-6	3064		
\neg	Final return/	terminated	GEORGETOWN	KY	40324				
\equiv			Foreign country name Foreign	province/state/county	Foreign postal			1.6	71 410
	Amended	return		-		G Gross rec	eipts \$		<u>71,410 </u>
	Application	n pending	F Name and address of principal officer		_	H(a) Is this a group return	for subordinates	γYes	X No
			KATHY MARSHALL 122 PRATER DE	RIVE, GEORGETOWN,	KY 4 0324	H(b) Are all subordinate	es included?	Yes	No No
	Tax-exemp	t status		(insert no) 4947(a)(1)	<i>"</i>	If "No," attach a lis	st (see instruc	tions)	
				(7 5. 2 52.	IV-) C	ba. N		
			v questfarm org			H(c) Group exemption			
K	Form of or	ganization	X Corporation Trust Associa	tion Other ►	L Yea	r of formation 1984	M State o	f legal domicile	<u>KY</u>
F	Part I	Sur	nmary	\					
	1	Briefly de	escribe the organization's mission or r	nost significant activitie	s CAR	E AND TRAINING	OF MENTA	LLY IMPAIR	RED
Governance		ADULTS	_						
nar									
/er	2	Check th	is box ▶ if the organization disc	continued its operations	or disposed	of more than 25%	of its net as	sets	
ő	3		of voting members of the governing b	•	. с. а.сросос		3		9
	4		of independent voting members of the		VI. line 1b)		4		9
Activities &	5		nber of individuals employed in calen				5		99
₹	6		mber of volunteers (estimate if necess	•			6		
Act Ct	7a		elated business revenue from Part VI				7a		0
_	b 'a		lated business taxable income from F				7b		
	+ -	rict dine	lated business taxable income from t	OIII 000 1, IIII 00		Prior Year	1.2	Current Year	
_	8	Contribu	tions and grants (Part VIII, line 1h)				2,768		82,942
Revenue	9		service revenue (Part VIII, line 2g)	RECEI	VED		5,762		52,999
ě	10	-	ent income (Part VIII, column (A), line	1		1	1,624		23,087
8	11	Other re	venue (Part VIII, column (A), lines 5, 6	od 80 Sec 100 cando 110	2)2010 10	2	9,416	••	6,882
	12	Total reve	enue—add lines 8 through 11 (must equa	Part All Column (A) III)2019 ne 12)	1 54	9,570	1.6	65,910
	13		nd similar amounts paid (Part IX, colu		<u> </u>	1,0.	0	.,0	00,010
	14	Renefite	paid to or for members (Part IX, colu	nn (A) line OGDEN	N UT		0		
/A	1	Salaries	other compensation, employee benefits	(Part X rolumn (A) line	s 5=10\	1.08	8,122	1 1	93,145
Sec	16a		onal fundraising fees (Part IX, column		.50 10,	1,00	0,122	·, ·	00,110
ĕ	b		draising expenses (Part IX, column (I	• •	5,086				<u>_</u>
Expenses	17		penses (Part IX, column (A), lines 11:		3,000	39	3,621	3	40,910
	18		penses Add lines 13–17 (must equal		e 25)		1,743		34,055
	19	-	e less expenses Subtract line 18 from		3 20,		7,827		31,855
<u>ہ</u>		TTOTOTION	rese expenses eablider line to hon			Beginning of Current		End of Year	
Net Assets or	20	Total ass	sets (Part X, line 16)				9,252		06,926
A88	21		ollities (Part X, line 26)				2,604		31,368
Ne s	22		ets or fund balances Subtract line 21	from line 20			6,648		75,558
	art II		nature Block	110111111020			<u> </u>		,
			, I declare that I have examined this return, inclu	ding accompanying schedules	and statements.	and to the best of my ki	nowledge		
	•		ct, and complete Declaration of preparer (other						
<u> </u>		ñ		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Sig			Signature of officer	\sim .		Date	11		
He	ere	 	SPENCER WAHL	$\sim \lambda M$	DIRE	CTOR	11/5/1	7	
		ř. P	Type or print name and title	1			• •		
		Print	Type preparer's name	Pheparer's signature	4	Date		PTIN	
Pa	id	< →		har Y	1 1		Checkif	·	•
	eparer	← MIL	DRED L LYNCH	much		10/25/2019	self-employed_	P0136124	9
	e Only		s name LYNCH & LYNCH CPAs F	PLLC	<u> </u>	Firm's EIN ▶	<u>27-24779</u>	38	
	 ,		s address ► 110 POCAHONTAS TR S	UITE B, GEORGETOW	VN, KY 40324	Phone no	(502) 863	-1893	
Ma	v the IR		s this return with the preparer shown					X Yes	No
	.,		Proposition and Proposition Colleges	, ,	-,				<u></u>

Form 9	90 (2018)	QUEST FARM, INC				31-1111677	Page 2
Pai	t III	Statement of Program Check if Schedule Oc			e in this Part III		
1	PROVID	escribe the organization's m DE A HOME FOR ADULTS WODE ADVICES OF THE STATE OF THE	/HO ARE MENTALI) A WORKPLACE FOR A		
2	the prior	organization undertake any s Form 990 or 990-EZ? describe these new services	s on Schedule O			on Yes	X No
3	services	organization cease conductions? describe these changes on		ant changes in how it c	conducts, any program	Yes	X No
4	Describe expense	e the organization's program is Section 501(c)(3) and 50 expenses, and revenue, if a	service accomplish (c)(4) organization	s are required to report			
4a	TRAINII) (Expenses NG FOR MENTALLY IMPAIR	ED ADULTS				
4b) (Expenses					
					·····		
4c	(Code RECRE) (Expenses ATION & RESPITE	\$ 101,656	ncluding grants of \$) (Re	evenue \$1	1,029)
4d	Othern	ogram services (Describe ii	Schedule O)				
	(Expens	es_\$ 0	including grants of		O)(Revenue \$	0)	
4e	Total pr	ogram service expenses	<u> </u>	1,508,623			

Part IV Checklist of Required Schedules

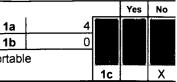
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		<u> </u>
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				.,
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XII.	11f		_X
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		X
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did 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	16		Х
17	Did 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)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		ĺ	
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 9	990 (2018) QUEST FARM, INC	31-1111677	P	age 4
Part	Checklist of Required Schedules (continued)			
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part-IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23	L	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	ļ		
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24 <u>c</u>		<u> </u>
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pari	t / 31	L	Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle			
	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_	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?



orm 99	990 (2018) QUEST FARM, INC	31-1111	677	Pa	age 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	•	I	***********	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	99			not i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	? 	2b	X	3000.251
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			&4	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u> </u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut		.		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account.	count)'/	4a	CHEMPS.	X
b	If "Yes," enter the name of the foreign country				Ž,
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F		17-4 <u>25</u>		112-12
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b 5c		
C	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		6a		Х
L	organization solicit any contributions that were not tax deductible as charitable contributions?	⊢	oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	, E	983	17548	
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	nde 🌷		Ho 🕉	
а	and services provided to the payor?		7a	الكمة	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c	1	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	Y .	1.	188	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a f	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the		133	Ma.
	sponsoring organization have excess business holdings at any time during the year?		8	C C. AC. C. COMPANY.	TATAK ME
9	Sponsoring organizations maintaining donor advised funds.	I***			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
, p	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	3.	9b	7,333200	Mainella.
10	Section 501(c)(7) organizations. Enter	1			
a	Initiation fees and capital contributions included on Part VIII, line 12		111977		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u></u>		.40	
11	Section 501(c)(12) organizations. Enter	1		1 3	
a	Gross income from members or shareholders Cross income from members or shareholders (Do not not one under due or poid to other sources)				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				Tarie.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1412	12a	No.	THE SEAL L.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		T-3.1	153	S aú y
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		og Man n 14"7151		
a	Is the organization licensed to issue qualified health plans in more than one state?	<u></u>	13a	4CM 1" 32	MALES - BREE
-	Note. See the instructions for additional information the organization must report on Schedule O		۲, ۲	/2, 7 8	
b	Enter the amount of reserves the organization is required to maintain by the states in which	3.			
	the organization is licensed to issue qualified health plans		Milae		
С	Enter the amount of reserves on hand			E	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	•	14b	I	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat				
	excess parachute payment(s) during the year	1	15	_	X_
	If "Yes," see instructions and file Form 4720, Schedule N	<u> </u>	Ç di	THE STATE OF	ATTACK.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	P**	16		Х
. •	If "Yes." complete Form 4720, Schedule O	l.v	žengari.	tingging	1000 1000 1000 1000 1000 1000 1000 100
	II TOD. COMPLETE TO TOTAL TO ECO. COMOCICIO O		w12.000	a netime	1 744 24

	'			
	90 (2018) QUEST FARM, INC 31-11		F	age 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"	truati	ono
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI	je irisi	ırucu	Oris.
Sect	ion A. Governing Body and Management			<u> </u>
000	ion A. Coverning Body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9	# 100 1 fr 100 200	\$450 3 4 1	12
	If there are material differences in voting rights among members of the governing body, or		\$~* 5 .!	15.
	if the governing body delegated broad authority to an executive committee or similar			ر اونځ
	committee, explain in Schedule O		1. 3.1 1. 18/18/1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9	- 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			, late
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		_v
	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			 ^
, 4	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	of the	٠٠,	
	the year by the following		1	11
а	The governing body?	8a	Х	<u> </u>
þ	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	_		١.,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Joae) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00		·
-	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		Wd.	É.É
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	ļ
14	Did the organization have a written document retention and destruction policy?	14	X 質問形	1 11 11 11
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?		athi.	
а	The organization's CEO, Executive Director, or top management official	15a	X	كتفينيا
b	Other officers or key employees of the organization	15b	Ĥ	X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	200	5. Y 4.8.3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		14	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	107		\$ 141 3 141 3 141
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		100 P. P. T.	37.
	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 (1024 or 1024-A if applicable), 990, and 990-T (Section 5	νU1(C)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. X Upon request. Other (explain in Schedule O)			
10	Own website Another's website X Upon request Other (explain in Schedule O)	ıcv ar	nd	

State the name, address, and telephone number of the person who possesses the organization's books and records

ORGANIZATION OFFICES 627 GLASS PIKE, GEORGETOWN, KY 40324

financial statements available to the public during the tax year

20

(502) 535-6064

11	111677	Page	7

Form	aaa	/201	Q١

QUEST FARM, INC.

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

Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	рох,	unles	s pe	ition more rson	th bor/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KATHY MARSHALL	5 00							i		
PRESIDENT	0 00	X	L	Х						
(2) TERI WARD	1 00									
BOARD MEMBER	0 00	X								
(3) LINDA CORNETT	2 00									
SECRETARY	0 00	Х		Х						
(4) TIM SCHNIDLER	1 00									
BOARD MEMBER	0 00	Х						_		
(5) ANDREA SMITH	2 00									
TREASURER	0 00	X	İ	Х						
(6) BRIDGET FOSTER	1 00									
BOARD MEMBER	0 00	Х								
(7) DIANE FRANCE	1 00									
VICE PRESIDENT	0 00	Х		X						
(8) DARIN DILLOW	1 00									
BOARD MEMBER	0 00	Х								
(9) JACQUE HUKILL	1 00									
BOARD MEMBER	0 00	Х								
(10) SPENCER WAHL	40 00									
DIRECTOR	0 00			l	Х					
(11)										
(12)										
(13)										
(14)										

31-111<u>1677</u>

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em _l	oloye	es,	and	1 Hi	ghes	t Co	ompensated Em	ployees	continu	ied)	
	. (A) Name and title	(B) Average hours per	unles er an	Pos neck ss pe	rson	than on the than of the than the the than the the than the the than the the the the the the than the	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	•	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099-	tions	compens from the organization and relations	ation he ation ated
(15)													
(16)													
(17)													
(18)													
(19)	-												
(20)													
(21)	·											.,	
(22)	****												
(23)									-				
(24)													
(25)													
1b	Sub-total							•	0		0		-
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						>	0		0	<u> </u>	(
2	Total number of individuals (including but not li		ted a	bov	e) v	vho	rece	ved	more than \$100	0,000 of			
	reportable compensation from the organization	<u> </u>			0							1	
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>		-		oye	e, c	or hig	hest	t compensated			Yes 3	S No
4	For any individual listed on line 1a, is the sum the organization and related organizations greandividual											4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	rue compensatio 'es," complete So	n froi chedu	m ai ile J	ny u I for	inre suc	lated	org rsor	anization or indiv	vidual		5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization. Report coyear											эх	
	(A) Name and business add	dress							(B) Description of ser	rvices	C	(C) ompensatio	n
NON	E							$oxed{\Box}$					
								_					
								\vdash					
								1			l		

Total number of independent contractors (including but not limited to those listed above) who received

0

more than \$100,000 of compensation from the organization

Part VIII 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 revenuc	(D) Revenue excluded from tax under sections 512–514
\$ \$	1a	Federated campaigns	L	1a	0				
a a	b	Membership dues		1b	0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c	0				apar Isla
퇇	d	Related organizations		1d	0		V Hill	14	a di Luttini
S, E	е	Government grants (contributions	s) [1e	0			in the section in	
틸립	f	All other contributions, gifts, gran	its, and			eminum Automorphism	90000		
호취		similar amounts not included abo		1f	82,942		400.00	- 1 L	100 mg/m
탈	g	Noncash contributions included in li	nes 1a–1f	\$	0			17809.7	in a state
اة ت	h	Total. Add lines 1a-1f			>	82,942			
•					Business Code	ACCOMPANIES.	20170 2017 JANE		
e l	2a	DAY TRAINING			624310	770,158	770,158		
8	b	SCL ROOM & BOARD			623990	584,442	584,442		
2	С	TUITION			624310	81,550	81,550		
Š	d	RESPITE & OTHER FEES			624310	11,029	11,029		
Ĕ	е	TOYOTA ENCLAVE			624310	105,820	105,820		
Program Service Revenue	f	All other program service revenu	_	0					
ية	g	Total. Add lines 2a-2f			•	1,552,999			
ļ	3	Investment income (including div	idends, inter	est,	and		:		
ŀ		other similar amounts)	•	23,087			23,087		
	4	Income from investment of tax-ex	xempt bond p	oroc	eeds >	0			
	5	Royalties			•	0	+veno sérité Pintint. Adaministra (**	Arida (Automobile Control Parist)	. cri Ans (a) Lan Labour substitution
			(ı) Real		(II) Personal			對於 計場	
	6a	Gross rents							
	b	Less rental expenses							
1	С	Rental income or (loss)		0	0		ilm Visit in the control of the cont		
	_d	Net rental income or (loss)	(3) Convention		(v) Other	O SECONDA LICA CONTR	aratasilis mecenesara	phonograph withouth city transformer	Haratering
	7a	Gross amount from sales of	(i) Securities		(II) Other				
	_	assets other than inventory		0	0				
	b	Less cost or other basis		_	_		ara da sa la		
1		and sales expenses	<u> </u>	0	0	# 5 Mar. 1		1 - Profits 2 - Profits 3 - Profits	
	C	Gain or (loss)	<u> </u>	0	0			i na	
	d	Net gain or (loss)					FoTAS CASSIANTA		
	0-	Crees income from finadratoing				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2	8a	Gross income from fundraising	0			Trea era pelamola alda estado	13347.000	665 (496)	
Other Revenue		events (not including \$ of contributions reported on line	10)					2.2	
ا يخ		See Part IV, line 18	10)	а	10,593				
<u>ē</u>	b	Less direct expenses		b	5,500	Company of the Compan			
ŏ	C	Net income or (loss) from fundra	isina events	b	5,500	5,093		STATE OF THE SELECTION	5,093
		Gross income from gaming activ	_			34157-401-4	4-21/16/19/19/19		W76401
	- Ou	See Part IV, line 19		а	0		en de rouge en		
	b	Less direct expenses		b	0			43,640	
	c	Net income or (loss) from gaming	g activities	_		0	74.4	24.0.17.17.138.17.18.18.18.18.18.18.18.18.18.18.18.18.18.	114.1411.18.1411.1411.1411.1411.1411.14
1		Gross sales of inventory, less	9				THE DELICATION OF THE SECOND		
		returns and allowances		а	0		6 400005	200	### ###
	b	Less cost of goods sold		b	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	c	Net income or (loss) from sales of	of inventory			0		140	
		Miscellaneous Revenue			Business Code	204453344504577555			
	11a	MISCELLANEOUS		-		1,310	1,310		
	b	CO-OP REFUND			· · · ·	479	479		
	C								
	d	All other revenue				0			
	е	Total. Add lines 11a-11d			•	1,789			
	12	Total revenue See instructions			•	1 665 910	1 554 788	0	28 180

Part IX Statement of Functional Expenses

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				X
	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			an a profit	1 10246
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				" "
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign	1		a distanti	if the feet like
	organizations, foreign governments, and foreign				Maria Septiment
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	94,500	70,875	18,900	4,725
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	968,535	968,535		
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	48,038	48,038		
10	Payroll taxes	82,072	80,265	1,446	361
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	7,894	7,894		
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	21,354	21,354	0	
12	Advertising and promotion	6,906	6,906		
13	Office expenses	19,336	19,336		
14	Information technology	0			
15	Royalties	0			
16	Occupancy .	26,261	26,261		
17	Travel	16,294	16,294		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,534	11,534		
20	Interest	10,832	10,832		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	37,199	37,199	0	(
23	Insurance	41,452	41,452		
24	Other expenses Itemize expenses not covered	SOUTH STANGERS		Aller Bridge	
	above (List miscellaneous expenses in line 24e If		CITUM ON THE PURSON	The second secon	
	line 24e amount exceeds 10% of line 25, column	of the base of the sales			
	(A) amount, list line 24e expenses on Schedule O)		The state of the s	A CA A C	Manage of the State of the Stat
а	FOOD & HOUSEHOLD SUPPLIES	43,327	43,327		
b	CRAFT & FARMING EXPENSE	7,963	7,963		
С	RECREATION & DAY PROGRAM	47,552	47,552		
d	SCL TAX	40,482			
е	All other expenses SEE SCHEDULE O	2,524	2,524		
25	Total functional expenses. Add lines 1 through 24e	1,534,055		20,346	5,086
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
	fundraising solicitation Check here ► if		i		
	following SOP 98-2 (ASC 958-720)		<u> </u>		<u> </u>
					Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X	•		
					(A)		(B)
		•			Beginning of year		End of year
	1	Cash—non-interest-bearing			194,203	1	311,817
	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 for	rmer c	officers, directors,	BALANTAS CONTROL CONTR	4	
		trustees, key employees, and highest compensation	ated en	nployees			man conjugation and conjugatio
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified person	ns (as c	lefined under section	E STATE I		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	ributing employers and			and the sales of t	
		sponsoring organizations of section 501(c)(9) voluntary en	mployee	s' beneficiary			
şţ		organizations (see instructions) Complete Part II of Sche	dule L		0	6	
Assets	7	Notes and loans receivable, net		,	0	7	0
۹	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment cost or			All the second second second		
		other basis Complete Part VI of Schedule D	10a	1,475,958			
	b	Less accumulated depreciation	10b	680,457	815,135	10c	795,501
	11	Investments—publicly traded securities			0		0
	12	Investments—other securities See Part IV, line	11		0		0
	13	Investments—program-related See Part IV, line	289,914	13	299,608		
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11		•	0		0
	16	Total assets. Add lines 1 through 15 (must equa	1,299,252		1,406,926		
	17	Accounts payable and accrued expenses	1,209	17	2,043		
	18	Grants payable -	0				
	19	Deferred revenue			0		
	20	Tax-exempt bond liabilities			0		
	21	Escrow or custodial account liability Complete F			0	21	311.04F-B192.0308696
jes	22	Loans and other payables to current and former			reduced the second seco		Ten saturate di didana
Ħ		trustees, key employees, highest compensated		yees, and			
Liabilities		disqualified persons Complete Part II of Schedu			. 0	22	220 225
_	23	Secured mortgages and notes payable to unrela			241,395	23	229,325
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D	11-24	+) Complete Falt X	0	25	0
	26	Total liabilities. Add lines 17 through 25		`	242,604	26	231,368
	20				242,004	1000	201,000
ý		Organizations that follow SFAS 117 (ASC 958		ck here ► X and			表現
ıce		complete lines 27 through 29, and lines 33 ar	10 34.				
ılar	27	Unrestricted net assets			1,056,648	27	1,175,558
Fund Balances	28	Temporarily restricted net assets			0	-	
nd	29	Permanently restricted net assets			0	29	S2424000000 935445746
Ī		Organizations that do not follow SFAS 117 (ASC958),	check l	here 🕨 🔛 and			ACCUMENT TO STATE OF THE STATE
ō		complete lines 30 through 34.			English Alberta Barrier	4.4	
ets	30	Capital stock or trust principal, or current funds			0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or ea	quipme	ent fund	0	31	
it A	32	Retained earnings, endowment, accumulated in	come,	or other funds	0		
ž	33	Total net assets or fund balances			1,056,648		1,175,558
	34	Total liabilities and net assets/fund balances			1,299,252	34	1,406,926

Form 9	990 (2018) QUEST FARM, INC	3	31-1111677	Page	e 12
Par	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		1,665,	,910
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,534	,055
3	Revenue less expenses Subtract line 2 from line 1	3		131,	,855
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	•	1,056,	,648
5	Net unrealized gains (losses) on investments	5		-12	<u>,945</u>
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
•	column (B))	10		1,175	,558
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII	•		L	<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O				
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			200 Jane 2	M
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		8872	33.19	4/24
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				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	:			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		F- (45)	70° -1	4 534
	Schedule O			100 S	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

ion. Inspection
Employer identification number

		FARM, INC					31-11	116//		
Pai	rt I	Reason for Public Chari	ity Status (All org	ganizations must col	mplete th	ns part)	See instructions			
The	orga	anization is not a private foundati	on because it is (F	or lines 1 through 12, o	check only	one box)			
1		A church, convention of churche	es, or association of	f churches described ir	section	170(b)(1)((A)(i).	2		
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	0-EZ))	n n	1		
3		A hospital or a cooperative hosp	oital service organiz	ation described in sec	tion 170(l	o)(1)(A)(iii). <i>U</i>	•		
4		A medical research organization hospital's name, city, and state	n operated in conjur	nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). En	iter the		
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	·	e or university owned	or operate	d by a gov	vernmental unit desc	cribed in	1	
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(v).			
7		An organization that normally redescribed in section 170(b)(1)(m a govei	nmental u	ınıt or from the gene	ral publ	IC	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II)					
9		An agricultural research organiz or university or a non-land-gran university								
10	X	*	o its exempt function income and unrelated	ns—subject to certain ed business taxable inc	exception come (les	s, and (2) s section 5	no more than 33 1/3 511 tax) from busine	3% of its		
11		An organization organized and	operated exclusivel	y to test for public safe	ty See s e	ection 509)(a)(4).			
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).	
a		Type I. A supporting organization(sorganization You must com	s) the power to regunder to regunder in the power to regular to to r	larly appoint or elect a ions A and B.	majority o	of the direc	ctors or trustees of the	ne supp	orting	
b) [Type II. A supporting organiz control or management of th organization(s) You must c	e supporting organi	zation vested in the sa						
C	: [Type III functionally integra						rated w	⁄ith,	
_	. 1	its supported organization(s)	•	_				onizotio	nn/n)	
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att			
е	.	Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III		
f		Enter the number of supported of	•	, , , , , , ,	0 0					0
g	ı	Provide the following information	n about the support	ed organization(s)						
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)	
					Yes	No ,				
(A)	_									_
										_
(B)										
(C)										
(D)										_
(E)										
Tota							0	 		^

31-1111677 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	ino to quality ar	ider the teotom	otou bolow, pio	<u></u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total ' \
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	O	O	0	0	0
5	The portion of total contributions by			1.00			
	each person (other than a		September 21:40 city				
	governmental unit or publicly	是					
	supported organization) included on			4.5			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			######################################	7-45	Sand Carlotter Committee	0
	tion B. Total Support	Investment of the second of th	1 '40 000000 MC AAACCC // // // // //	I Show St. Closes M.			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	0	0	/0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans,						=-
	rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets						•
	(Explain in Part VI)	1 1724 234 88888355771177					0
11	Total support. Add lines 7 through 10	[1-1/6% 94 (558 ++++++++++++++++++++++++++++++++++		A STATE OF THE STA	A STATE OF STREET	12	
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the c organization, check this box and stop here	organization's first,	/	h, or fifth tax year a	as a section 501(c)		>
	tion C. Computation of Public Su					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2018 (line 6,	,	=	(f))		14	0 00%
	Public support percentage from 2017 Scheo	/				15	0 00%
	33 1/3% support test—2018. If the organization qualifies a	is a publicly suppor	ted organization				▶ □
	33 1/3% support test—2017. If the organization qualification qualificati	ies as a publicly su	pported organization	on			▶□
	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part VI how the organization meets the factorganization	the "facts-and-circ ts-and-circumstand	umstances" test, cl æs" test. The organ	heck this box and s nization qualifies as	stop here. Explain s a publicly support	in ted	▶□
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in Explain in Part VI how the organization meesupported organization	neets the "facts-and	d-circumstances" to	est, check this box	and stop here.		▶□
18	Private foundation. If the organization did instructions	not check a box or	n 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 qualify under the tests listed below, please complete Part II)

Sec	tion A.·Public Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 .	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	51,683	57,003	65,922	32,768	82,942	290,318
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	733,462	722,723	654,308	695,308	665,992	3,471,793
3	Gross receipts from activities that are not an	700,102		00.1000			
_	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities		-		·		
	furnished by a governmental unit to the						
	organization without charge		,				0
6	Total. Add lines 1 through 5	785,145	779,726	720,230	728,076	748,934	3,762,111
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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	•					0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				HTUSS OF		
	line 6)						3,762,111
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 -	(f) Total
9	Amounts from line 6	785,145	779,726	720,230	728,076	748,934	3,762,111
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	26,737	7,273	6,803	11,624	23,087	75,524
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	26,737	7,273	6,803	11,624	23,087	75,524
11	Net income from unrelated business						
	activities not included in line 10b, whether	·					
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets			-			_
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	811,882	786,999	727,033	739,700	772,021	3,837,635
14	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourti	n, or fifth tax year a	is a section 501(c)	(3)	
_	organization, check this box and stop here						
	tion C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, o	• • •		(f))		15	98 03%
16	Public support percentage from 2017 Sched					16	98 38%
	tion D. Computation of Investme						4.070/
17	Investment income percentage for 2018 (line			column (f))		17	1 97%
18	Investment income percentage from 2017 S					18	1 62%
19a	33 1/3% support tests—2018. If the organ					and line 17 is	<u> </u>
	not more than 33 1/3%, check this box and				_	22 4/20/	. ► <u>X</u>
b	33 1/3% support tests—2017. If the organ						. □
	line 18 is not more than 33 1/3%, check this					•	₹ ⊨
20	Private foundation. If the organization did	not cneck a box on	line 14, 19a, or 19	D, CRECK this box a	ina see instructions	•	▶

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Part IV 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
- 4a 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 foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
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Part	IV Supporting Organizations (continued)			ugo o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Fr Vij		157
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ma		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	-	├
<u>C</u>	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		
Sect	ion B. Type I Supporting Organizations		Yes	No
4	Did the discrete at twisters as manharable of any or more augmented arganizations have the newer to	ali de	Tes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		野路	
	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	Place Book	14.27	
	controlled the organization's activities. If the organization had more than one supported organization,	oginganitude	47.73 M.M.	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.0573		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	1545.000	
2	Did the organization operate for the benefit of any supported organization other than the supported	The spile		ga es
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Cile.		解於
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	15.15.1 040000000000	1 22	
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
		·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			Et
	or management of the supporting organization was vested in the same persons that controlled or managed	يتانترسوا	- Valid	種的
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations		1.7	T
	Dilli	[:]	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	, ž	1,355	1.6
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	14112		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	#412317#S	212.72m.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1114(1) / " F	HIS.	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	411,		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	.endedici	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3 Carr	434	(<u>1</u>
•	significant voice in the organization's investment policies and in directing the use of the organization's			100
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	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 inst	ruction	s)	
а	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 (se	e instru	ctions	3)
		<i>-</i>		
2	Activities Test Answer (a) and (b) below.	F878435-11	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		74.1	
	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	5,716		THE ST
	that these activities constituted substantially all of its activities	2a		1415.713
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	والما أوا	1972	Ærè.
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	SE.		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	· [-manonitátició 2	14trik#â
3	Parent of Supported Organizations Answer (a) and (b) below.	7 1	7 TO 16	NAME OF THE PERSON NAME OF THE P
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	() !] () !] () () !] ()		Lexie
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50% (5 s.) 70% (1 kg)	T is	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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Part V 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	nizatio	ons must complete Sections	
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			
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		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	2.		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
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	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			patricks to the success of the
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	当一种种种的	0
2 Enter 85% of line 1	2	中 [#1] [为答 》 [#1] [#1] [#1] [#1]	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	Haran Baran Ba	0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		amanan ang tanan ana ang tanan tanan ang	
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting	organization (see
instructions)			

e Excess from 2018

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	· · · · · · · · · · · · · · · · · · ·
Section	on 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			
	organizations, in excess of income from activity	_		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	 .
4	Amounts paid to acquire exempt-use assets	<u></u> .		
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		<u>-</u>	0
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6	·		0 000
10	Line 8 amount divided by line 9 amount		411	0 000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018 [/]	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	Triplication and triple	Application of the second seco	0
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI) See			
	instructions		ner (Sur) habrican maintenary a na	
3	Excess distributions carryover, if any, to 2018	10000 velicitati in telicit di un un accesa santanti in in contra constanti di accesa sono di accesa santanti	modula (1111) Propression 4-11-0 (17-11)	
<u>a</u>	From 2013 0	The Control of the Co		2015 2017 2017 2017 2017 2017 2017 2017 2017
b	From 2014 0	46 (46 (46 (46 (46 (46 (46 (46 (46 (46 (The state of the s
<u> </u>	From 2015 0			
<u>d</u>	From 2016 0			
<u>е</u>	From 2017 0		Right Carlotte Carlott Carlott Carlotte	
f_	Total of lines 3a through e	U STATE OF THE STA	Englishman contraction	And The Control of th
<u>g</u>	Applied to underdistributions of prior years Applied to 2018 distributable amount			C SANSON TO COLUMN TO CONTRACT
<u>h</u>	Carryover from 2013 not applied (see instructions)	\$5-hard-William Stranger, 2-2-5" 2-411 cr dev. \$2000. Julies	The Contract of the Contract o	a service appropriate and the services of the
<u>-</u> -	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2018 from	1277 (1974)	Company of the second of the s	omore appropriate the second s
•	Section D, line 7 \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2018 distributable amount			0
С	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result	Programme Company (All Company)		
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions		den Tara de la companya de la compan	0
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c	Desira has statistically desire or involved in the	San Sill Companies of the Vision	Minute Company of the
8	Breakdown of line 7	TO THE RESERVE AND A STATE OF THE PERSON NAMED AND A STATE OF	Compose and the control of the contr	
<u>a</u>	Excess from 2014 0		Section 2 and a section of the secti	Activity of the state of the st
b	Excess from 2015 0		#920 ZE LE	ESPACE TO A CONTRACTOR OF THE PROPERTY OF THE
	Excess from 2016 0		BENGE CONSTRUCTION OF	
<u>d</u>	Excess from 2017 0	A CONTRACTOR OF THE PROPERTY O	BEAL OF STREET SERVICES	
е	Excess from 2018 0	1 2 Detraction Disc District The Self	Therefore (A	I TO MEN SECURISE STATE OF THE PROPERTY OF

	orm 990 or 990-EZ) 2018 QUEST FARM, INC	31-1111677	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	, Section s 1c, 2a, 2b,	
	, , , , , , , , , , , , , , , , , , , ,		
	·		

SCHEDULE D (Form 990)

Department of the Treasury Internal Rèvenue 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.

► Attach to Form 990.

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

OMB No 1545-0047
2018

Open to Public

Inspection

Employer identification number

QUEST FARM, INC				
Complete it the organization answered "Yes" on Form 990, Part IV, line 6 1 Total number at end of year 2 Aggregate value of contributions to (duning year) 3 Aggregate value of grants from (duning year) 4 Aggregate value of grants from (duning year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 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 histonically important land area Proservation of open space 2 Complete inse 2 at mough 2 did the organization held a qualified conservation on attribution in the form of a conservation easements 1 Total number of conservation easements 2 Total number of conservation easements 2 Number of conservation easements on a certified histonic structure included in (a) 3 Number of conservation easements on a certified histonic structure included in (a) 4 Number of conservation easements on a certified histonic structure included in (b) 8 Number of conservation easements on a certified histonic structure included in (b) 9 Number of conservation easements on a certified histonic structure included in (b) 1 Number of conservation easements on a certified histonic structure included in (b) 1 Number of conservation easements on a certified histonic structure included in (b) 2 Number of conservation easements on a certified histonic structure included in (b) 3 Number of conservation easements on a certified histonic structure included in (b) 4 Num				31-1111677
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Part III 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 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 Signature 1 Signature 2 Signature 3 Signature 3 Signature 4 Signature 4 Signature 4 Signature 5 Signature 5 Signature 6 Signature 7 Signature 8 Signature 7 S	6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforci	ng conservation easements during the year
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 b 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 a Revenue included on Form 990, Part VIII, line 1	9			
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(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 a Revenue included on Form 990, Part VIII, line 1 ▶ \$				
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a Revenue included on Form 990, Part VIII, line 1	_			
	а	· · · · · · · · · · · · · · · · · · ·		
				▶ \$

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Sched	ule D (Form 990) 2018 QUEST FARM, INC						31-111	<u> 1677 </u>		Page 2
Part										
3	Using the organization's acquisition, acce	ession, and other	records,	check any	of the follows	ng tha	t are a significant	use of it	S	
	collection items (check all that apply)									
а	Public exhibition		d	Loan or	exchange pro	ograms	S			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization' XIII	s collections and	explain h	ow they fu	irther the orga	anızatı	on's exempt purp	ose in Pa	art	
5	During the year, did the organization solid assets to be sold to raise funds rather that							☐ Ye		No
David			eu as par		gariization 3 C			<u>" " "</u>		
Part	Complete if the organization and 990, Part X, line 21		n Form 9	990, Part	IV, line 9, o	r repo	orted an amoun	t on For	m	
1a	Is the organization an agent, trustee, cus	todian or other in	itermediar	y for contr	ributions or ot	her as	sets not			
	included on Form 990, Part X?							Ye	:s 🔝	No
b	If "Yes," explain the arrangement in Part	XIII and complete	e the follow	wing table				A		
	B Natara							Amount		
C	Beginning balance					10				
d	Additions during the year					1	 			
e f	Distributions during the year Ending balance					1				0
	-	- Farm 000 Day	4 V luna 0:	1 60-00-	avv ar avatadı	_			es X	No
2a	Did the organization include an amount of "Yes," explain the arrangement in Part.								" <u> </u>	NO
b Bort		Alli Check here	ii tile expi	anationna	as been provi	ded or	TI dit XIII		بــا	
Part	V Endowment Funds. Complete if the organization and	ewered "Vee" o	n Form (000 Part	IV line 10					
	Complete if the organization and	(a) Current year	T -	or year	(c) Two years	back	(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	0		0	(0) 1110)0010	0	(-)	0		0
b	Contributions					Ť		1		
c	Net investment earnings, gains,	-								
ŭ	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses						_			
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	current vear end	balance (line 1g. co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment	▶ ′	% `	.	` ''					
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c	should equal 10	0%							
3a	Are there endowment funds not in the po			n that are	held and adı	ministe	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 orga	inizations listed a	as required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of	f the organization	n's endowi	ment fund	s					
Part	VI Land, Buildings, and Equipme	ent.								
	Complete if the organization ans	swered "Yes" o	n Form 9	990, <u>Part</u>	IV, line 11a	See	Form 990, Par	t X, line	10	
	Description of property	(a) Cost or o	ther basis	(b) Cost	or other basis other)	(c) Accumulated depreciation		ook valu	e
1a	Land		0		93,500			<u> </u>	ξ	3,500
b	Buildings		0		1,099,723		464,731			34,992
C	Leasehold improvements		0		4,800		696			4,104
d	Equipment		0		193,378		132,173		€	31,205
е	Other	l	0		84,557		82,857			1,700

▶

795,501

Complete if the organization answered "Yes" on Form 990, Part IV, Ine 110 See Form 990, Part X, Ine 12 (4) Brook value (including pame of security) (including pame pame of security) (including pame pame pame pame pame pame pame pame	Part VII	Investments—Other Securities.			
(I) Financial derivatives 0 0 (2) Closely-held equity interests 0 0 (3) Other (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11b See Form 990, Part X, line	12
(2) Closely-held equity interests			(b) Book value		
(3) Other (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(1) Financia	I derivatives	0)	
(A) (B) (B) (C) (C) (D) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		held equity interests	0)	
(E)	` '				
(5)	(A)				
(E)					
(E)					
(5) (6) (7) Total, Column (a) must equal Form 990, Part X col (B) line 12) ▶ O Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) CSSC BROKERAGE ACCOUNT (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) Total, (Column (a) must equal Form 990, Part X col (B) line 13) ▶ (a) Description (b) Book value (c) (c) (d) (d) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (h) Description (h) Book value (h) Book value (h) Description (h) Book value (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (h) Description (f) must equal Form 990, Part X, col (B) line 15) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(F) Total. (Column (a) must equal Form 990. Part X. col. (B) line 12) ▶ 0 Part XIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990. Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) CSC BROKERAGE ACCOUNT 299,608 F (2) (3) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X col. (B) line 13) ▶ 299,608 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS					-
Total Column (s) must equal Form 990, Part X, col (β) line 12)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part XIII Investments—Program Related.				, , , , , , , , , , , , , , , , , , , ,	
Investments		n (h) must equal Form 990, Part X, col. (R) line 12.)	0		78
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (cst of end-of-year maintert value (cst			<u> </u>	Control of the Contro	BERRY CONT. A. I.
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 0 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		1		and the state of t	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 0			· · · · · · · · · · · · · · · · · · ·		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0					i sure
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 0					40.00
		in (b) must equal Form 000. Bod V and (D) line 05 \ b			
				The total party to the party of	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Par	t XI	Reconciliation of Revenue per Audited Financial Statements			turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV	V, line	12a		
1		revenue, gains, and other support per audited financial statements			1	
2		unts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net u	nrealized gains (losses) on investments	2a		L. C. Stand	
b.	Dona	ted services and use of facilities	2b			
С	Reco	veries of prior year grants	2c			
d	Other	r (Describe in Part XIII)	_2d			
е	Add I	ines 2a through 2d			2e	0
3	Subtr	act line 2e from line 1			3	0
4	Amou	unts included on Form 990, Part VIII, line 12, but not on line 1			100	
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	_ 4a			
b	Other	r (Describe in Part XIII)	4b			
С	Add I	ines 4a and 4b			4c	0
5	Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	0
Part	XII	Reconciliation of Expenses per Audited Financial Statements	s With	Expenses per	Return	•
		Complete if the organization answered "Yes" on Form 990, Part IV	V, line	12a		
1	Total	expenses and losses per audited financial statements			1	
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25			S. TEES	
а	Dona	ted services and use of facilities	2a			
b	Prior	year adjustments	2b			
С	Other	rlosses	2c			
d	Other	r (Describe in Part XIII)	2d			
е	Add I	ines 2a through 2d			2e	0
3	Subtr	act line 2e from line 1			3	0
4	Amou	unts included on Form 990, Part IX, line 25, but not on line 1	'			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		3.7.12 12.13	
b	Other	r (Describe in Part XIII)	4b			
					ایدا	0
С	Add I	ines 4a and 4b			4c	0
с 5		ines 4a and 4b expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4C 5	0
5	Total				-	
5 Part	Total XIII	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art IV, lır	nes 1b and 2b, Par	5	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information.			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0
5 Part Provi	Total XIII de the	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			t V, line	0

Schedule D (Fo		QUEST FARM, INC				 31-1111677	Page 5
Part XIII	Suppleme	ntal Information	(continued)			 	
						 	••
•							
				•			
			,				

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				•			
						 	

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number

	of the organization					Employer identificati	
Par	ST FARM, INC t I Fundraising Activities.	Complete if the	organizat	ion answ	ered "Yes" on For	31-11 m 990 Part IV lu	
гаі	Form 990-EZ filers are no				eled les offici	111 330, 1 attiv, iii	10 17
1	Indicate whether the organization	raised funds thro	ugh any of t	he following	ng activities Check	all that apply	
a	Mail solicitations				of non-government g		
b	Internet and email solicitations	;	f S	olicitation o	of government grant	s	
С	Phone solicitations		g 🗍 Si	ecial fund	raising events		
d	In-person solicitations		_				
2a	Did the organization have a written key employees listed in Form 990,						Yes No
b	If "Yes," list the 10 highest paid inc	•	-	•		-	
•	compensated at least \$5,000 by the		55 (14)14/4/5	oro, paroac	ant to agreemente a		141001 10 10 00
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of utions?	(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			100				
					0	0	0
2					0	0	0
3					0	0	0
4					0	0	
5							0
6		<u> </u>	-		0	0	0
7		 			0	0	0
					0	0	0
8					. 0	0	0
9					0	0	0
10					0	0	0
Total		1	•		0	0	0
3	List all states in which the organization	ation is registered	d or license	d to solicit	·		
	registration or licensing						· • • • • • • • • • • • • • • • • • • •
						·	
				·			

	edule G	G (Form 990 or 990-EZ) 2018	UEST FARM, INC			31-1111677 Page 2
P	art II		Complete if the organiz	ation answered "Yes" o	n Form 990, Part IV,	line 18, or reported
		more than \$15,000 of f			ne on Form 990-EZ,	lines 1 and 6b List
		events with gross recei			4-1 Other and	
	'		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			GOLF TOURNAMEN (event type)	HARVEST DAYS (event type)	(total number)	col (c))
ě			(even type)	(event type)	(total riambor)	
én	1	Gross receipts	9,501	1,092	0	10,593
Revenue		•				
	2	Less Contributions			0	0
	3	Gross income (line 1 minus			_	
_		line 2)	9,501	1,092	0	1 <u>0,593</u>
	۱ ,	Oach asses			0	o
	4	Cash prizes				
	5	Noncash prizes			0	0
		Nonedan prizes		-		<u>-</u>
ses	6	Rent/facility costs			·0	0
Den		•			·-	
$\overline{\mathbf{x}}$	7	Food and beverages			0	0
Direct Expenses	_					
ق	8	Entertainment			0	. 0
	9	Other direct expenses	4,561	939	0	5,500
		Other direct expenses	4,501			0,000
	10	Direct expense summary Add	d lines 4 through 9 in colui	mn (d)	•	(5,500)
	11	Net income summary Subtra	ct line 10 from line 3, colu	mn (d)	_ _	5,093
Pa	art III		_	ed "Yes" on Form 990,	Part IV, line 19, or re	eported more
	r-	than \$15,000 on Form	990-EZ, line 6a			
ine			(2) 0.222	(b) Pull tabs/instant		1-0 T-4-1 /
Revenue			(a) Bingo	hingo/progressive hingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
- ses	2	Gross revenue Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
enses			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)) O
sesuedx			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
ct Expenses	2	Cash prizes Noncash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)) O
	2	Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)) O
Direct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)) O
	2	Cash prizes Noncash prizes				col (a) through col (c)) O
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes%	(c) Other gaming Yes % No	col (a) through col (c)) O
	2 3 4	Cash prizes Noncash prizes Rent/facility costs			Yes%	col (a) through col (c)) O
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	☐ Yes% ☐ No	Yes%	col (a) through col (c)) O
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	☐ Yes% ☐ No	Yes%	O O O O O O O O O O O O O O O O O O O
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No d lines 2 through 5 in colu	Yes % No	Yes%	O O O O O O O O O O O O O O O O O O O
Direct	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Additional summary	Yes % No d lines 2 through 5 in coluing Subtract line 7 from line	Yes % No mn (d) 1, column (d)	Yes%	O (a) through col (c)) O O O O O O O O O O O O O O
Direct	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary	Yes % No d lines 2 through 5 in column Subtract line 7 from line	Yes % No mn (d) 1, column (d) ng activities	Yes%	Col (a) through col (c)) O O O O O O O O O O O O
Direct	2 3 4 5 6 7 8 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary inter the state(s) in which the or	Yes % No d lines 2 through 5 in column Subtract line 7 from line ganization conducts gaminated and activities in	Yes % No mn (d) 1, column (d) ng activities each of these states?	☐ Yes % No ►	ool (a) through col (c)) 0 0 0 0 0 0 0 1 Yes No
Direct	2 3 4 5 6 7 8 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary inter the state(s) in which the or	Yes % No d lines 2 through 5 in column Subtract line 7 from line ganization conducts gaminated and activities in	Yes % No mn (d) 1, column (d) ng activities	☐ Yes % No ►	ool (a) through col (c)) 0 0 0 0 0 0 0 1 Yes No
Direct	2 3 4 5 6 7 8 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary inter the state(s) in which the oresis the organization licensed to cost.	Yes % No d lines 2 through 5 in coluing Subtract line 7 from line reganization conducts game and activities in	Yes % No mn (d) 1, column (d) ng activities each of these states?	☐ Yes % No ▶	ool (a) through col (c)) 0 0 0 0 0 0 0 1 Yes No
Direct Direct	2 3 4 5 6 7 8 8 b If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary inter the state(s) in which the orea in the organization licensed to contain	Yes % No d lines 2 through 5 in coluing Subtract line 7 from line reganization conducts gaming activities in	Yes % No mn (d) 1, column (d) ng activities each of these states?	Yes % No	ol (a) through col (c)) 0 0 0 0 1 1 Yes No
Direct Direct	2 3 4 5 6 7 8 8 9 E a Is b If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary inter the state(s) in which the oresis the organization licensed to cost "No," explain	Yes % No d lines 2 through 5 in coluing Subtract line 7 from line ganization conducts gaming activities in aming licenses revoked, s	Yes % No mn (d) 1, column (d) ng activities each of these states? suspended, or terminated descriptions	Yes % No No Iuring the tax year?	O (a) through col (c)) O O O O Yes No
Direct Direct	2 3 4 5 6 7 8 8 9 E a Is b If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary inter the state(s) in which the orea in the organization licensed to contain	Yes % No d lines 2 through 5 in coluing Subtract line 7 from line ganization conducts gaming activities in aming licenses revoked, s	Yes % No mn (d) 1, column (d) ng activities each of these states? suspended, or terminated descriptions	Yes % No No Iuring the tax year?	O (a) through col (c)) O O O O Yes No

Schedu	ile G (Form 990 or 990-EZ) 2018 QUEST FARM, INC 31-11116// Page 3
11	Does the organization conduct gaming activities with nonmembers?
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	An outside facility <u>13b</u> %
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 revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
C	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 a b	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information See instructions

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

2018

Open to Public Inspection

Name of the organization	Employer identification number
QUEST FARM, INC	31-1111677
Form 990, Part IX, Line 24e MISC 2,524	
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