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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

2010 1632

Open to Public  
Inspection**A For the 2010 calendar year, or tax year beginning****, 2010, and ending**

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	<b>Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC</b>	<b>20-0334976</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	<b>P.O. BOX 6082</b>	<b>(580) 536-7000</b>
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return	<b>LAWTON</b>	<b>OK 73506-0082</b>
<input type="checkbox"/> Application pending		

<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ► <b>N/A</b>	
<b>J</b> Tax-exempt status (ck only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 18,996.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>18,506.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>490.</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>140.</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>350.</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>18,856.</b>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>432.</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>9,103.</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>9,535.</b>
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>9,321.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>-24,849.</b>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) <b>See L-20 Stmt.</b>	<b>20</b>	<b>-12,378.</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>-27,906.</b>	

MAY 16 2011  
RECEIVED  
Lawton, Oklahoma

See Form 990-EZ, Part I, Line 16 Other Expenses

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2010)

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

☒

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

**X**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

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

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

- 33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
- 34** Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.
- a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
- b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?
- 36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.
- b** Did the organization file **Form 1120-POL** for this year?
- 38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
- b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b** 13,823.
- 39** Section 501(c)(7) organizations. Enter:
- a** Initiation fees and capital contributions included on line 9 **39a**
- b** Gross receipts, included on line 9, for public use of club facilities **39b**
- 40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 **40a**; section 4912 **40a**, section 4955 **40a**
- b** Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**
- c** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c**
- d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d**
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40e**
- 41** List the states with which a copy of this return is filed **41** Oklahoma

	Yes	No
<b>33</b>		<b>X</b>
<b>34</b>		<b>X</b>
<b>35a</b>		<b>X</b>
<b>35b</b>		
<b>36</b>		<b>X</b>
<b>37b</b>		<b>X</b>
<b>38a</b>	<b>X</b>	
<b>40b</b>		<b>X</b>
<b>40e</b>		<b>X</b>

- 42a** The organization's books are in care of **42a** WM. E. BARNES, P.C. Telephone no **42a** (580) 357-0220  
 Located at **42a** 1401 SW PARKRIDGE BLVD STE B1 LAWTON OK ZIP + 4 **42a** 73505

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: **42b**

	Yes	No
<b>42b</b>		<b>X</b>
<b>42c</b>		<b>X</b>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
 If 'Yes,' enter the name of the foreign country: **42c**

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **43** ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year

- 44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44a**
- b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b**
- c** Did the organization receive any payments for indoor tanning services during the year? **44c**
- d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

	Yes	No
<b>44a</b>		<b>X</b>
<b>44b</b>		<b>X</b>
<b>44c</b>		<b>X</b>
<b>44d</b>		

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)	<b>45a</b>	<b>X</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<b>46</b>	<b>X</b>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	<b>X</b>
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000

0

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

0

**52** Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <i>Bernita Taylor</i>		Date <i>05/13/11</i>	
	Type or print name and title <b>BERNITA TAYLOR PRESIDENT</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature <i>Carl Welsh</i>	Date <i>05/13/11</i>	Check <input type="checkbox"/> if self-employed PTIN <i>P00076163</i>
	Firm's name	<b>WM E BARNES PC CPA</b>		
	Firm's address	<b>1401 SW PARKRIDGE BLVD STE B LAWTON OK 73505-7529</b>		
	Firm's EIN	<b>73-1441887</b>		
			Phone no	<b>(580) 357-0220</b>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC**

Employer identification number

**20-0334976**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III — Functionally integrated
  - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	29,426.	62,522.	85,223.	37,459.	18,506.	233,136.
<b>2</b> 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	0.	0.	8,020.	0.	490.	8,510.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	29,426.	62,522.	93,243.	37,459.	18,996.	241,646.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	21,816.	41,153.	50,155.	25,356.	16,568.	155,048.
<b>b</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.	0.	0.	0.		0.
<b>c</b> Add lines 7a and 7b	21,816.	41,153.	50,155.	25,356.	16,568.	155,048.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						86,598.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	29,426.	62,522.	93,243.	37,459.	18,996.	241,646.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1.	7.	4.	0.	0.	12.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1.	7.	4.	0.	0.	12.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		500.				500.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						242,158.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	35.76 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	39.13 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	18	0.00 %

**19a 33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒**b 33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.  
(See instructions).

Other Income Part III, Line 12

Description: SALE OF FIXED ASSET

2007: 500.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**

► Complete if the organization answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

**Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC**

Employer identification number

**20-0334976****Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) JAMES TAYLOR OPERATIONS	X		12,000.	1,413.		X	X		X	
(2) BERNITA TAYLOR OPERATIONS	X		15,804.	12,410.		X	X		X	
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b>				► \$ 13,823.						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010



**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC**

Employer identification number

**20-0334976**

**Pt III, Exempt Purp FAITH BASED ORGANIZATION MOTIVATING INDIVIDUAL GROWTH THROUGH**

**CHANGE BY CONNECTING PEOPLE TO COMMUNITY RESOURCES.**

**Pt III, Line 28 Q.U.E.S.T. MINISTRIES OF OKLAHOMA, INC. OFFERS THE FOLLOWING**

**FREE SERVICES AND PROGRAMS:**

**1. MIGHT COMMUNITY DEVELOPMENT & RESOURCE CENTER (MIGHT)**

**MIGHT COLLABORATES WITH GOVERNMENT AGENCIES, CHURCHES, FELLOW PARTNERS,**

**AND OTHER COMMUNITY AGENCIES TO ADDRESS THE NEEDS OF INDIVIDUALS WHO ARE**

**NEAR OR BELOW THE POVERTY LEVEL. THE MISSION OF MIGHT IS FOR THE**

**PARTICIPANTS TO BECOME SELF-SUFFICIENT, WITH A NEW AWARENESS OF THEIR**

**SKILLS AND ABILITIES. MIGHT HELPS PARTICIPANTS ESTABLISH 90 DAY GOALS**

**AND PROVIDES THE RESOURCES TO GUIDE THEM TO ACCOMPLISH THE GOALS WITH**

**PARTICIPATION IN MEETINGS AND CONTINUAL FOLLOW-UP USING A BANK OF RELIABLE**

**RESOURCES. INCLUDED IN THE PROGRAM ARE THE FOLLOWING SERVICES.**

**A. RESOURCE REFERRALS TO MEET UTILITIES, FOOD, CLOTHING,**

**TRANSPORTATION, AND SPIRITUAL NEEDS**

**B. OPPORTUNITY TO OBTAIN LITERACY AND G.E.D. STATUS.**

**C. TUTORIAL SERVICE USING VISUAL LEARNING AND SPANISH TO ANY**

**SCHOOL AGE CHILDREN.**

**D. PROVIDE A MEANS TO IMPROVE EMPLOYMENT SKILLS SUCH AS:**

**CAREER INTEREST/APTITUDE SELF-ASSESSMENT; RESUME DEVELOPMENT/**

**JOB APPLICATIONS; INTERVIEW SKILLS/JOB SEARCH STRATEGY.**

**E. PROVIDE A MEANS TO STRENGTHEN FAMILIES AND THE COMMUNITY**

**BY OFFERING ACTIVITIES.**

**F. OFFER LIFE MANAGEMENT CLASSES SUCH AS: STRESS, ANGER,**

**FINANCE, DECISION MAKING AND GOAL SETTING.**

**G. ENHANCEMENT OF HEALTH/FITNESS THROUGH CLASSES AND**

Name of the organization

Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC

Employer identification number

20-0334976

Pt III, Line 28 INFORMATION HEALTH, NUTRITION AND SPIRITUAL GUIDANCE.

## 2. ALABASTER MINISTRY

ALABASTER MINISTRY IS A WOMEN'S SUPPORT GROUP WHICH MEETS WEEKLY TO SUPPORT ONE ANOTHER THROUGH BIBLICAL TEACHING, SHARED EXPERIENCES, FELLOWSHIP AND ACTIVITIES. ALABASTER MINISTRY ALSO SUPPORTS MIGHT THROUGH TIME, FINANCIAL SUPPORT, DINNERS, ETC.

## 3. NORTH SIDE ACHIEVERS

NORTH SIDE ACHIEVERS IS A YOUTH GROUP WHICH MEETS WEEKLY WITH A GOAL TO HELP YOUTH SET LIFE GOALS, PROVIDE STEPS AND RESOURCES NECESSARY TO MEET THE GOALS. THE TARGETED AGE GROUP IS STUDENTS IN GRADES 7-12 WITH A REQUIRED COVENANT OF COMMITMENT SIGNED BY THE STUDENTS AND THEIR PARENTS. THE YOUTH EXPERIENCE SUPPORT BY QUALIFIED, CARING STAFF, FIELD TRIPS, AND DISCUSSIONS ON CURRENT EVENTS, ECONOMIC DEVELOPMENT, COMMUNITY SERVICE ACTIVITIES, AND LEARNING PROPER BEHAVIOUR MANAGEMENT SKILLS.

## 4. ADULT PROGRAM

THE ADULT PROGRAM IS A 1 YEAR PROGRAM THAT IS DESIGNED TO HELP THE PARTICIPANTS IDENTIFY AND FOLLOW THROUGH WITH THE PREVIOUSLY ESTABLISHED 90 DAY GOALS AND OBJECTIVES WHICH WERE DESIGNED TO BRING STABILITY INTO THE HOME. THROUGHOUT THE COURSE OF THE PROGRAM THE PARTICIPANTS MEET WITH A PROGRAM SPECIALIST WHO ASSISTS THEM IN GAINING EMPLOYMENT OR RECEIVE ADDITIONAL JOB TRAINING.

## 5. LIFE SKILLS PROGRAM

THE LIFE SKILLS PROGRAM INCORPORATE TWO PROGRAMS, A JOB READINESS PROGRAM AND A MONEY MANAGEMENT PROGRAM. THE JOB READINESS PROGRAM IS DESIGNED TO ASSIST PARTICIPANTS IN DISCOVERING WAYS TO MARKET THEIR SKILLS EFFECTIVELY, LEARN ABOUT THE INTERVIEWING PROCESS, DEVELOP RESUMES, AND HELP CREATE

Name of the organization

Employer identification number

Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC

20-0334976

Pt III, Line 28 JOB STABILITY BY TEACHING SOUND WORK ETHICS AND LIFE SKILLS THAT PROMOTE  
 PROPER CONDUCT IN THE WORKPLACE ENVIRONMENT. THE MONEY MANAGEMENT PROGRAM  
 ASSISTS PARTICIPANTS IN DEVELOPING BUDGETS AND IMPLEMENTING A FINANCIAL  
 STRATEGY FOR THEIR LIVES THAT IS EFFECTIVE AND EFFICIENT.

6. AFTER SCHOOL ENRICHMENT PROGRAM

THIS PROGRAM OFFERS A SAFE HAVEN FOR SCHOOL AGE CHILDREN AND PROVIDES  
 ASSISTANCE TO STUDENTS WITH HOMEWORK, TUTORING, SKILLS PARENTS IDENTIFY  
 AS ACADEMICALLY CHALLENGING, SOCIAL SKILLS, SELF ESTEEM BUILDING, AND  
 TEAM BUILDING SKILLS. VARIOUS OTHER ACTIVITIES, FIELD TRIPS, CRAFTS,  
 AND NUTRITIOUS SNACKS ARE ALSO PROVIDED.

7. SUMMER FEEDING PROGRAM

MIGHT COLLABORATES WITH A STATE FUNDED AGENCY TO OFFER YOUTHS FROM 0-18  
 YEARS OF AGE BREAKFAST AND LUNCH ALONG WITH ACTIVITIES AND FIELD TRIPS  
 BETWEEN THE BREAKFAST AND LUNCH HOURS. THE GOAL IS TO PROVIDE SUMMER  
 ACTIVITIES AND NUTRITIONAL MEALS WHILE INCORPORATING THE SAME POSITIVE  
 ELEMENTS FOUND IN THE AFTER SCHOOL ENRICHMENT PROGRAM. EACH WEEK HAS A  
 THEME AND A SPEAKER WHO VISITS AND TALKS TO THE YOUTH PARTICIPANTS.

8. SUMMER WORK PROGRAM

THIS PROGRAM IS DESIGNED TO TEACH POSITIVE WORK ETHICS AND RESPONSIBILITY  
 TO YOUTH BETWEEN THE AGES OF 13-16 FOR TWO SUMMER MONTHS. THE YOUTHS MUST  
 COMPLETE AN APPLICATION, ACQUIRE TWO REFERENCES, HAVE A BEHAVIORAL  
 REPORT FROM SCHOOL, WRITE AN ESSAY, AND COMPLETE AN INTERVIEWING PROCESS.  
 THE YOUTH ARE COACHED DURING NORTHSIDE ACHIEVERS IN ORDER TO ACHIEVE SUCCESS.  
 ONCE EMPLOYMENT IS ACHIEVED, THE YOUTH MUST COMPLETE TRAINING WHICH  
 CONSISTS OF TEAM BUILDING AND CONFLICT MANAGEMENT AT GREAT PLAINS VO-TECH,  
 BABYSITTER BOOT CAMP AT THE RED CROSS, BASIC EARLY CHILDHOOD DEVELOPMENT  
 AND ORIENTATION. THE YOUTH WORK WITH THE SUMMER FEEDING PROGRAM. ATTENDANCE,

Name of the organization

Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC

Employer identification number

20-0334976

Pt III, Line 28 TEAMWORK, CONDUCT, AND DRESS CODE ARE EVALUATED THROUGHOUT THE PROGRAM.

PARENT MEETINGS AND EVALUATIONS ARE CONDUCTED THREE TIMES DURING

THE TWO SUMMER MONTHS.

Q.U.E.S.T. MINISTRIES OF OKLAHOMA, INC's. PROGRAMS ARE

VERY INTER-RELATED AND DEPENDENT UPON EACH OTHER. DURING

2010 THE VARIOUS PROGRAM ACTIVITIES HAD TO BE SUSPENDED

AND EFFORTS WERE PRIMARILY FOCUSED ON SALVAGING THE FUTURE

OF THE ENTITY THROUGH STRATEGIC PLANNING AND MEETINGS TO

DETERMINE RESOURCES AVAILABLE TO ALLOW THE ENTITY TO

CONTINUE AS A GOING CONCERN AND TO PROVIDE ITS VARIOUS

PROGRAMS WHICH ARE VALUABLE TO THE COMMUNITY.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

<b>CONFERENCES &amp; MEETINGS</b>	<b>250.</b>
<b>INTEREST EXPENSE</b>	<b>797.</b>
<b>OFFICE EXPENSE</b>	<b>1,035.</b>
<b>STORAGE RENTAL</b>	<b>1,870.</b>
<b>TELEPHONE</b>	<b>2,076.</b>
<b>CONTRACT LABOR</b>	<b>1,002.</b>
<b>Depreciation</b>	<b>2,073.</b>
Total	<b><u>9,103.</u></b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part I, Line 20**

Description	Amount
<b>CORRECTION OF PRIOR YEAR NOTE PAYABLE BALANCE TO ACTUAL</b>	<b>-12,378.</b>
Total	<b><u>-12,378.</u></b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
<b>FURNITURE &amp; EQUIPMENT, NET</b>	<b>5,019.</b>	<b>3,393.</b>
<b>VEHICLE, NET</b>	<b>556.</b>	<b>185.</b>
Total	<b><u>5,575.</u></b>	<b><u>3,578.</u></b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 26**

Line 26 - Total Liabilities:	Beginning of Year	End of Year
<b>PAYROLL TAXES PAYABLE</b>	<b>10,833.</b>	<b>10,433.</b>
<b>LOAN PAYABLE, JAMES TAYLOR</b>	<b>5,860.</b>	<b>1,413.</b>
<b>NOTES PAYABLE, BENEFICIAL FINANCE</b>	<b>3,279.</b>	<b>0.</b>
<b>LOAN PAYABLE, MICHAEL WILLIAMSON</b>	<b>11,000.</b>	<b>7,500.</b>
<b>LOAN PAYABLE, BERNITA TAYLOR</b>		<b>12,410.</b>
Total	<b><u>30,972.</u></b>	<b><u>31,756.</u></b>



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545 0172

**2010**Attachment  
Sequence No **67**

Name(s) shown on return

**Q.U.E.S.T. MINISTRIES OF OKLAHOMA INC**

Identifying number

**20-0334976**

Business or activity to which this form relates

**Form 990 / Form 990EZ****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>1,676.</b>

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	<b>386.</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		<b>76.</b>	<b>7.0 yrs</b>	<b>HY</b>	<b>200 DB</b>	<b>11.</b>
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			<b>25 yrs</b>		<b>S/L</b>	
h Residential rental property			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
i Nonresidential real property			<b>39 yrs</b>	<b>MM</b>	<b>S/L</b>	
				<b>MM</b>	<b>S/L</b>	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life				<b>S/L</b>	
b 12-year			<b>12 yrs</b>	<b>S/L</b>	
c 40-year			<b>40 yrs</b>	<b>MM</b>	<b>S/L</b>

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	<b>2,073.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDIZ0812 10/29/10

Form **4562** (2010)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If 'Yes,' is the evidence written?		Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25			
26 Property used more than 50% in a qualified business use										
27 Property used 50% or less in a qualified business use										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29			

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44