

**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)

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010



<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization Quest Counseling & Consulting, Inc.		<b>D</b> Employer Identification Number 71-0930980
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 3500 Lakeside Court 101		<b>E</b> Telephone number (775) 786-6880
		City, town or country State ZIP code + 4 Reno NV 89509		<b>G</b> Gross receipts \$ 1,121,820.
		<b>F</b> Name and address of principal officer: Denise Everett, E 540 Magistrate Court Reno NV 89521		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: N/A		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of Formation: 2003	<b>M</b> State of legal domicile: NV	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>The Organization is committed to providing quality client care in an environment that promotes self-discovery and change. Quest provides outpatient evidence-based therapy for adults and adolescents with substance abuse, mental health and co-occurring disorders.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 7
	5	Total number of employees (Part V, line 2a)	5 13
	6	Total number of volunteers (estimate if necessary)	6 25
	7a	Total gross unrelated business revenue from Part VIII, I column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 320,176. Current Year 636,417.
	9	Program service revenue (Part VIII, line 2g)	435,303. 480,691.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	600.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,596. 4,112.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	760,075. 1,121,820.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	394,593. 541,654.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,777.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	263,863. 314,412.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	658,456. 856,066.	
19	Revenue less expenses. Subtract line 18 from line 12	101,619. 265,754.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Year 165,614. End of Year 436,093.
	21	Total liabilities (Part X, line 26)	8,712. 13,437.
	22	Net assets or fund balances. Subtract line 21 from line 20	156,902. 422,656.

**Part II Signature Block**

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 	Date 04/27/11			
	Type or print name and title. Denise Everett Executive Director				
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 10/21/11	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 Jackie L. Royle, CPA P.O. Box 10374 Reno NV 89510	EIN	Phone no. (775) 787-6092		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

