

Form 990-T

**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0087

2016Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceFor calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see
instructions)

B Exempt under section

Print
orCOMMQUEST SERVICES, INC.34-0737793☒ 501(c)(3)

Number, street, and room or suite no. If a P.O. box, see instructions.

E Unrelated business activity codes
(See instructions.)

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 4,992.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 4,992.

Part IV Tax and Payments**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42 4,992.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 4,992.

45a Payments: A 2015 overpayment credited to 2016

45a

475.

b 2016 estimated tax payments

45b

2,805.

c Tax deposited with Form 8866

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:☐ Form 2439☐ Form 4136☐ Other

Total

45g

46 Total payments. Add lines 45a through 45g

46 3,280.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47 33.

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48 1,745.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

50 Enter the amount of line 49 you want: Credited to 2017 estimated tax

Refunded

50

Part V Statements Regarding Certain Activities and Other Information (see instructions)**61** At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes No

X

62 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes No

X

63 Enter the amount of tax-exempt interest received or accrued during the tax year

\$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *[Signature]* Date 05/14/18

CEO Title

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

Paid Preparer Use Only

Print/type preparer's name

Preparer's signature

Date

Check ☐ If self-employed

PTIN

BOB MARKS

BOB MARKS

05/11/18

P00224627

Firm's name CLIFTONLARSONALLEN LLP

Firm's EIN 41-0746749

Firm's address 4505 STEPHEN CIRCLE NW, STE. 200

Phone no. (330) 497-2000

Firm's address CANTON, OH 44718

Phone no. (330) 497-2000

Form 990-T (2016)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	24,195.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b	24,195.				
5	Total. Add lines 1 through 4b	5	24,195.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) **601 CLEVELAND AVE**

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	36,644.	29,377.
(2)		
(3)		
(4)		
Total	0.	Total 36,644.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

36,644.

(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)

29,377.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)					
(2)								
(3)								
(4)								
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Totals							0.	0.
Total dividends-received deductions included in column 8							0.	0.

Form 990-T (2016)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization

2. Employer
identification3. Net unrelated income
(gross) (see instructions)4. Total of specified
payments made5. Part of column 4 that is
included in the controlling6. Deductions directly
connected with income

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
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DESCRIPTION	AMOUNT
CASH PRIZES	399,048.
LOCATION RENTAL	29,034.
BANK FEES	2,036.
ACCOUNTING	1,200.
LEASE PAYMENTS EQUIPMENT	1,373.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	432,691.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	2
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DESCRIPTION	AMOUNT
TICKET COSTS	24,195.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	24,195.

FORM 990-T	DEDUCTIONS CONNECTED WITH RENTAL INCOME	STATEMENT	3
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		11,385.	
HOUSEKEEPING SUPPLIES		425.	
BUILDING REPAIRS/MAINTENANCE		1,089.	
UTILITIES		5,503.	
BUILDING INSURANCE		1,159.	
INTEREST EXPENSE		9,816.	
- SUBTOTAL -	1		29,377.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			29,377.