Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

30

31

32

DAA

168,339

168,339

Form 990-T (2018)

Form	990-T (2018) Community Quest, Inc **-**4876	Page
	rt III Total Unrelated Business Taxable income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	<b>33</b> 168,33
34	Amounts paid for disallowed fringes	34
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see	
55	instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
30	of lines 33 and 34	168,33
27		37 1,00
37 22	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1,00
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	167 22
_		167,33
<u> </u>	rt IV Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	75 14
39 40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	39 35,14
40		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40
41	Proxy tax. See instructions	41
42	Alternative minimum tax (trusts only)	42
43	Tax on Noncompliant Facility Income. See instructions	48
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>4</b> 35,14
Pa	rt V Tax and Payments	
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	<u> </u>
b	Other credits (see instructions) 45b	_
С	General business credit Attach Form 3800 (see instructions)	_
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
е	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	<b>46</b> 35,14
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att sch.)	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 35,14
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49
50a	Payments A 2017 overpayment credited to 2018   50a	8
	2018 estimated tax payments	<del> </del>
b	^\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	<del>.</del>
C		4
d	, , ,	1
e	Backup withholding (see instructions)  50e	
f	Credit for small employer health insurance premiums (attach Form 8941)  50f	4
g	Other credits, adjustments, and payments Form 2439	
	Form 4136   Other   Total ▶   50g	- 1
51	Total payments. Add lines 50a through 50g	<b>51</b> 35,51
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 20
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54 17
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 172   Refunded ▶	\$5
	rt VI Statements Regarding Certain Activities and Other Information (see instructions)	
 56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes N
	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 >	st?
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus If "YES," see instructions for other forms the organization may have to file	st'
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	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 belie true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Sig	$m = \frac{1}{2} (1 + \frac{1}{2}) (0)$	May the IRS discuss this return with the preparer shown below (see instructions)?
Hei	e Myfrul WW   Pairman CEO	
	Signature of officer Date Title	Yes N
	Print/Type preparer's name Preparer's signature Date	Check If PTIN
Paid	Robert J. Kelly Jr. 03/13/20	self-employed ******
		EIN
	Only P.O. Box 942	<u></u>
JJE	M N T 00000	eno 609-390-885
	Firm's address Marmora, NJ U8223 Phone	
		Form <b>990-T</b> (20

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

Form **990-T** (2018)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	iities, Royali	ies, and Rer	its Fror	n Controll	ed Or	ganiz	ations	(see instru	ctions)		
				ot Controlled							
1 Name of controlled organization		2 Employer ntification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that included in the controll organization's gross included.		6 Deductions directly connected with income in column 5	
(1) N/A											
(2)											
(3)	1										
(4)					<del></del>						
Nonexempt Controlled Organizat	ions									<u> </u>	
Trondxompt Controlled Organizati	10110				_	I					
7 Touchia Income		Net unrelated income oss) (see instructions)		9 Total of specified payments made		in	10 Part of column 9 that included in the controlling organization's gross incolumn.			Deductions directly     nected with income in     column 10	
(1)	İ										
(2)							-		1		
(3)											
(4)					-	1					
Totals					•	En Pa	iter here ar art I, line 8,	is 5 and 10 nd on page 1, column (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (8)	
Schedule G – Investment In	come of a S	ection 501(c	)(7), (9)	, or (17) O	rganiz	zatior	see II	nstructions)			
1 Description of income	1 Description of income		2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (cot 3 plus col 4)	
(1) N/A											
				<u> </u>							
(2)											
(4)				<del>                                     </del>						<del></del>	
Totals Schedule I – Exploited Exer	> A páisiás	Enter here and c Part I, line 9, co	lumn (A)	Advotici	ing In		/222			nter here and on page 1, art I, line 9, column (B)	
Scriedule I - Exploited Exer	npt Activity	income, Oth	er i nar	i Auvertisi	ing ind	come	(see in	Structions)		1	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper direct connected production unrelate business in	ly d with on of ed	4 Net income ( from unrelated to or business (co 2 minus colum: If a gain, comp cols 5 through	trade lumn n 3) oute	from a	oss income activity that t unrelated ess income	attrib	epenses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)											
(3)											
(4) Totals ▶	Enter here and o page 1, Part I, line 10, col. (A)	Enter here page 1, F	art I,	,						Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	come (see in	structions)									
Part I Income From P			Conso	olidated Ba	asis			<del></del>			
1 Name of periodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertising gain or (loss) (2 minus col 3 a gain, comptools 5 through	ng (col i) If ute		irculation ncome		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A				:							
(2)				-							
(3)					Γ						
(4)										7	
Totals (carry to Part II, line (5))	<u> </u>										

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.)

Z tillough 7 on	a lille-by-lille bas	15 ]				
1 Name of penodical	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) N/A						
(2)						
(3)						
(4)					<u> </u>	
Totals from Part I			, , ,			
	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)						

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) N/A	·	%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14		•	

Form **990-T** (2018)

# **Federal Statements**

## Statement 1 - Form 990-T - Primary Unrelated Business Activity

#### Description

Providing medical personnel to needed organizations and staffing services

### Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description		Amount		
Med A Quest Fees	\$_	1,181,005		
Total	\$	1,181,005		

# Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	 Amount
Advertising	\$ 29,849
Bank charges	61
Consultant	747
Criminal background check	•
Dues and subscriptions	778
Insurance	27,343
Management fees	38
Office expense	5,209
Payroll expenses	101
Postage	342
Professional fees	1,817
Rent	29,936
Telephone	2,360
Training	2,512
Travel and transportation	83,248
Utilities	 1,565
Total	\$ 185,906