

Form 990-T

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

OMB No. 1545-0047

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

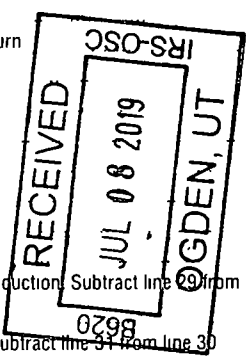
Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity: TRANSPORTATION FRINGE BENEFITS. Includes parent corporation information: LISA AUERBACH, CFO.

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income: 4,144.

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-34. Total deductions: 1,000. Unrelated business taxable income: 3,144.



Vertical stamps: SCANNED SEP 30 2019, ENVELOPE, POSTMARK DATE JUL 02 2019, 0423235246 AUG 09 2019, 130625

Handwritten number: 2594

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 660.

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 **44** ▶ 40 660.

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 42 660.

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 **48** ▶ 44 660.

45 a Payments A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 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

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

48 Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed **53** ▶ 48 660.

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 2018 estimated tax Refunded ▶ 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 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

52 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

53 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] 5/14/19 CFO
 Signature of officer Date 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: HELEN M MARTIN
 Preparer's signature: *[Signature]*
 Date: 5/14/2019
 Check if self-employed
 PTIN: P01330899
 Firm's name: EISNERAMPER LLP
 Firm's EIN: 13-1639826
 Firm's address: 130 NORTH 18TH STREET, SUITE 3000
 Phone no: (215) 881-8800

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

QUALIFIED TRANSPORTATION FRINGE BENEFITS

4,144.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

4,144.