

Form 990-T

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

OMB No 1545-0687

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

2017

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 at end of year 6,795,229; D Employer identification number 23-2051143; E Unrelated business activity codes 900099.

F Group exemption number; G Check organization type: [X] 501(c) corporation, [] 501(c) trust, [] 401(a) trust, [] Other trust.

H Describe the organization's primary unrelated business activity: TRANSPORTATION FRINGE BENEFITS

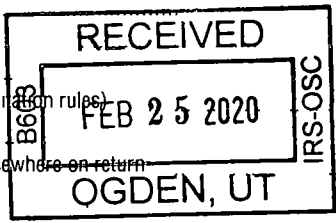
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes, [X] No

J The books are in care of LISA AUERBACH, CFO Telephone number 215-763-8870

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-34. Total deductions 1,000. Unrelated business taxable income 0.



Pre-arranged in MAR 05 2020

Part III Tax Computation

| | | |
|---|-----|----|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u> </u> (2) \$ <u> </u> (3) \$ <u> </u> b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <u> </u> (2) Additional 3% tax (not more than \$100,000) \$ <u> </u> c Income tax on the amount on line 34 ▶ | 35c | 0. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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 | 0. |

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 | 0. |
| 43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | |
| 44 Total tax. Add lines 42 and 43 | 44 | 0. |
| 45a 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: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other <u>660.</u> Total <u>660.</u> | 45g | 660. |
| 46 Total payments. Add lines 45a through 45g SEE STATEMENT 1 | 46 | 660. |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | 660. |
| 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input checked="" type="checkbox"/> Refunded <input checked="" type="checkbox"/> | 50 | 660. |

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 |
| 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. | | 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.

▶ Shoa Ambani | 2/18/2020 **▶** 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 <u>Helen M. Martin</u> | Date 2/12/2020 | Check <input type="checkbox"/> if self-employed | PTIN P01330899 |
| | Firm's name ▶ EISNERAMPER LLP | | | Firm's EIN ▶ 13-1639826 | |
| | Firm's address ▶ 130 NORTH 18TH STREET, SUITE 3000 PHILADELPHIA, PA 19103-2757 | | | Phone no. (215) 881-8800 | |

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 1

DESCRIPTION

AMOUNT

SECTION 512(A)(7) TAX PAYMENT

660.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

660.