			TENDED TO M								
Form 996-T	E	Exempt Organ	nization Bus	sine	ss Incom	e 1	Γax Returr	νL	OMB	No 1545-0687	
e	l	[
	For ca	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30 2019								UTO	
Department of the Treasury			.irs.gov/Form990T for in					_	Door to I	Jublia lasaaskaa tar	
Internal Revenue Service		Do not enter SSN numbe	rs on this form as it may	be ma	de public if your o	gani	zation is a 501(c)(3)			Public Inspection for Organizations Only	
A Check box if		Name of organization (Check box if name c	hanged	and see instruction	ıs.)		(Empl	loyees' tru	tification number ust, see	
address changed									ictions)		
B Exempt under section	Print	FIRST UP								438144	
X 501(c)(3()	Type	Number, street, and room		•					ated busir nstruction	ness activity code is)	
408(e) 220(e)	,,,,,	1608 WALNUT STREET, NO. 300									
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19103 900099									
529(a) C Book value of all assets	L	PHILADELPHI	_ 	3				900	099		
at end of year		F Group exemption numb		P	501/0) +	runt	401(0)			Other trust	
1,291,9		G Check organization type ation's unrelated trades or t		1		_	401(a)			Other trust	
	-	ANSPORTATION		<u>тая</u>			the only (or first) un , complete Parts I-V.		than or	10	
		ice at the end of the previou								ı c,	
business, then complete			13 Semence, complete i a	ii tə raii	iu ii, complete a oci	icuui	c W for cach addition	ar traut	, 01		
		poration a subsidiary in an a	affiliated group or a parer	nt-subs	idiary controlled gro	2002	•	Ye	s 2	K No	
		tifying number of the paren			,		,		_		
		EXECUTIVE DI			Т	eleph	one number 🕨 2	15-	893-	-0130	
Part I Unrelate	d Tra	de or Business Inc	ome		(A) Income		(B) Expenses	3		(C) Net	
1a Gross receipts or sale	es										
b Less returns and allo	wances		c Balance	1c							
2 Cost of goods sold (S	Schedule	A, line 7)		2							
3 Gross profit. Subtrac	t line 2 f	rom line 1c		3							
4a Capital gain net incor	•	•		4a					<u> </u>		
		art II, line 17) (attach Form	4797)	4b		_				 	
c Capital loss deduction				4c			RECEIV	(FI)			
, ,	•	ship or an S corporation (at	tach statement)	5					$\frac{1}{2} \frac{1}{2} 1$		
6 Rent income (Schedu		(Cabadula F)		7		333	APR 0 1	2020	HÕ		
7 Unrelated debt-finance		•		$\overline{}$		U	71111 0 = 1		12		
								1 17			
10 Exploited exempt acti			gamzation (concodic d)	10		<u>L</u>	OGDEN,				
11 Advertising income (•	, ,		11							
12 Other income (See in		•		12							
13 Total. Combine lines	3 throu	gh 12		13		0.					
Part II Deduction	ns No	ot Taken Elsewher	e (See instructions fo	r lımıta	ations on deducti	ons))				
(Except for	contrib	utions, deductions must	be directly connected	d with	the unrelated bus	sines	s income)				
14 Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)					14	<u> </u>		
15 Salaries and wages								15	_		
16 Repairs and mainter	nance							16	—		
17 Bad debts	a.e.s.r	an inchesion of the second						17			
18 Interest (attach sche	eaule) (s	ee instructions)						18	 		
19 Taxes and licenses 20 Charitable contribut	one (C-	e instructions for limitation	rulae)					19 20			
20 Charitable contribute 21 Depreciation (attach	•		iuics)		21	1		20	 		
		ooz) n Schedule A and elsewher	e on return		22a		· ·	22b			
23 Depletion	allileu o	ii Schedule A and eisewher	e on return		228	L		23			
24 Contributions to def	erred co	mpensation plans						24			
25 Employee benefit pr								25			
26 Excess exempt expe	•							26			
	ship costs (Schedule J)										
28 Other deductions (a	-							28			
29 Total deductions. A	dd lines	14 through 28						29		0.	
30 Unrelated business	taxable ı	ncome before net operating	loss deduction. Subtrac	t line 2	9 from line 13			30		0.	
31 Deduction for net op	erating	loss arısıng ın tax years beç	ginning on or after Janua	ry 1, 20)18 (see instruction	s)		31			
		ncome. Subtract line 31 fro						32		0.	
823701 01-09-19 LHA F	or Pape	work Reduction Act Notice	e, see instructions.						Form	1 990-T (2018)	

Form 990-T	2था। FIRST UP	23-643	8144		Page 2
Part II	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	ines 33 and 34	mà	36		
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	39	37	1,0	00.
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		1		
	enter the smaller of zero or line 36		38		0.
Part IV			1		
	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39		0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		 		
40	Tax rate schedule or Schedule D (Form 1041)	_	1,		
44			41		
	Proxy tax. See instructions		42		
	Alternative minimum tax (trusts only)		 		
	Tax on Noncompliant Facility Income See instructions		43		0.
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		<u> </u>
Part V	Tax and Payments		- 1 -		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
	Other credits (see instructions)				
	General business credit. Attach Form 3800				
	Credit for prior year minimum tax (attach Form 8801 or 8827)		الما		
	Total credits Add lines 45a through 45d		45e		
	Subtract line 45e from line 44		46		0.
		ttach schedule)	47		_
	Total tax. Add lines 46 and 47 (see instructions)	ļ	48		0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	000	49		0.
	Payments: A 2017 overpayment credited to 2018 94 56a 56a	809.	'		
	2018 estimated tax payments	0.100			
	Tax deposited with Form 8868	2,100.			
	Foreign organizations: Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions) 50e				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 50g		,		
51	Total payments. Add lines 50a through 50g		§ 1	2,9	<u>09.</u>
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	_	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	GG >	513		
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1/1	54	2,9	<u>09.</u>
55		underd 🗩 📗	55	2,9	<u>09.</u>
Part V	Statements Regarding Certain Activities and Other Information (see instruction)	tiońs)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	!		Yes	No
	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 >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			1	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				i
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my know	wledge and belief, it is	s true,	
Sign	Correct, and complete Decialation of prepare (other trial taxpase) is based on all fill minimation of which propare the only interesting		y the IRS discuss thi	ıs return v	with
Here	3 12 20 \ EXECUTIVE DIREC	7MAD	preparer shown belo		****
	Signature of officer Date Title	ıns	structions)? X Y	es 🔃	No
	Print/Type preparer's name Preparer's signature Date C	Checkif	PTIN		
Paid	/Maga = 2/7/20 s	elf- employed	1		
			P01682	531	
Prepa Use O	Contract N PPD TID	Firm's EIN	23-289	669	2
USE U	1835 MARKET STREET, 3RD FLOOR				
		Phone no. 2	15-567-7	770	
823711 01-			Form 9	90-T (2018
	38			`	

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory valuatio	on ▶ N/A						
1 Inventory at beginning of year 1				tory at end of yea		6				
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part			ıne 6				
3 Cost of labor	3					Part I,				
4a Additional section 263A costs			line 2				7			
(attach schedule)	4a		8 Do the	rules of section	263A (v	with respect to		Yes	No	
b Other costs (attach schedule)	4b	=	prope	rty produced or a	duced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b									<u> </u>	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Persona	al Property	Leas	ed With Real Pro	pert	y) 		
1. Description of property										
(1)				•						
(2)										
(3)										
(4)										
		ed or accrued				3(a) Deductions directly	сопле	cted with the income	tn	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal pro personal property int is based on pr	perty (if the percenta y exceeds 50% or if ofit or income)	columns 2(a) ar	2(a) and 2(b) (attach schedule)				
(1)	·									
(2)										
(3)										
(4)										
Total	0.	Total			0.	(h) T-4-1 d- d				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.	
Schedule E - Unrelated Del	bt-Financed	I Income (see	instructions)						
			2. Gross	s income from		Deductions directly con to debt-finance	nected ed prop	with or allocable perty		
Description of debt-financed property			or alloc	or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)						-				
(2)										
(3)										
(4)										
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)				nn 4 divided column 5	7. Gross income reportable (column 2 x column 6)		(8. Allocable deduction 6 x total of co 3(a) and 3(b))		
(1)				%						
(2)		_		%						
(3)				%_						
(4)		_		<u></u> %			\downarrow			
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column		
Totals				•		0	•		0.	
Total dividends-received deductions included in column 8						<u> </u>			0.	
				·				Form 990-T	(2018)	

Schedule F - Interest,	Annuitie	s, Roya	lties, ar	nd Rent	s From C	ontrolle	ed Organiz	zatio	ns (see ins	structio	ns)
				Exempt (Controlled O	rganızatı	ons				
Name of controlled organization		2. Em identifi num	cation	3. Net unr (loss) (see	related income e instructions)	4. Tota payn	al of specified nents made	5. Part of column 4 the included in the control organization's gross in		rolling	6. Deductions directly connected with income in column 5
(1)	-				-		-			$\neg \uparrow$	
(2)	-							1		$\overline{}$	
(3)	_			<u> </u>						$\neg \uparrow$	
(4)								İ		$\neg \neg$	
Nonexempt Controlled Organi	zations		_	1				•			
7. Taxable Income	8. Net ui	nrelated incon		9. Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nization's		Deductions directly connected th income in column 10
(1)	<u> </u>										
<u>(1)</u> <u>(2)</u>				 		+					
(3)											
(4)	<u></u>								_		
(1)	_			l			Add colur Enter here and line 8, (a 1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						>			0.		0.
Schedule G - Investme		ne of a	Section	501(c)(7), (9), or	(17) Or	ganizatior	ו			<u>-</u>
1. Desc	ription of inco	me			2. Amount of	Amount of income Greatly connect (attach schedule)			4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							*-				
(2)											
(3)	_					Ì					
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	ivertisi	ng Income	e		_	
Description of exploited activity	1. Description of unrelated business exploited activity uncome from of under the property of t		directly of with pro of uni	delated sincome 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7		trade or olumn 2 in 3) If a e cols 5	from activity that attrib		attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)									Î		
(4)	Enter her page 1, line 10,	, Part I, col (A)	page 1	re and on I, Part I, col (B)					<u></u> .		Enter here and on page 1, Part II, line 26
Totals -	L	0.		0.							0.
Schedule J - Advertisi						. D :-					
Part I Income From	Periodic	als Rep	orted o	n a Con	isolidated	I Basis					<u> </u>
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5. Circula e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											_
(2)					_						1
(3)					_		ļ		Ļ		4
(4)					<u> </u>						<u> </u>
Totals (carry to Part II, line (5))	•		0.	0).			_			0 . Form 990-T (2018

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018) FIRST UP						643814	14 Page
Part II Income From Perio columns 2 through 7 on a			rate Basis (For eac	ch periodic	al listed in Pa	art II, fill in	
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				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 (8)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	,				0.
Schedule K - Compensatio	n of Officers,	Directors, an	d Trustees (see ins	structions)			
1. Name		2. Title 3. F				npensation attributable inrelated business	
(1)					%		
(2)					%		
(3)					%		

Form 990-T (2018)