Form ~	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						γĮ	OMB No 1545-0687						
FOITH 1		-	dand proxy tax ndar year 2018 or other tax year begin							19 9610				
		For cale							, 20	-	4	\cup	•	
•	nt of the Treasury evenue Service	▶ ₽•	Go to www.irs gov/Form990						4 (c)(" t	Open to P	ublic Insp	ection for	
	Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3 Name of organization (D Employer identification number			umber	
	address changed		COMMINITE OPTIONS N	ew v	ODE INC					(Emplo	oyees' trust, se	e instructi	ons)	
	ot under section	Print	COMMUNITY OPTIONS N						\dashv	11_3	111721			
	1(C)(0)3)	or	trainer, street, and room of sale no hard of social and social								11-3414724 E. Unrelated business activity code			
		(e) 220(e) Type 1.6 TARRED DOAD									(See instructions)			
\vdash	8A 530(a)		16 FARBER ROAD City or town, state or province, country	. and '	ZID or formen noctol		lo.		\dashv					
	9(a)		PRINCETON, NJ 08540	, anu z	ir or loreign postar	cou	ie			9999	۵۵			
	alue of all assets of year	F Gro	up exemption number (See instructi											
20	,251,719.		ck organization type X 501				501(0)	teriot I	Т	404(a)	trust		her trust	
	· <u>-</u>				·		501(c)			401(a)				
			nization's unrelated trades or busine NSPORTATION BENEFITS	sses						•	(or first) u			
							•	complete Parts				descrit	etile	
			end of the previous sentence, cor	npiete	Parts I and II, cor	mpi	ete a Si	chequie ivi for e	acn	additio	ıaı			
	or business, the		corporation a subsidiary in an affili	atad a	roup or a parant o	be	ndiani a	ontrolled group				Tvac	X No	
	-					SUUS	sidiary d	ontrolled group	۰.			J 165	ii NO	
			identifying number of the parent cor VID SWEENEY	porau	JN ▶	Т.	lenhon	e number ▶ 6	0.9	-951-	-9900			
			or Business Income		(A) Incom		iepiioii	(B) Expe			T	(C) Net	 	
			Dusiness income		(A) IIICOII	116		(0) Exp	CHISC		 	(0) 110	'	
	ross receipts or s		c Balance ▶	4.0									1	
	ss returns and allowa		ule A, line 7)	1c 2							 			
	_	•	2 from line 1c	3										
	•		ttach Schedule D)	4a										
				4a 4b								-		
			Part II, line 17) (attach Form 4797) rusts	46 4c							+			
			an S corporation (attach statement)	5										
		-	an 3 corporation (attach statement)	6										
			come (Schedule E)	7							 			
			nts from a controlled organization (Schedule F)	8										
			1(c)(7), (9), or (17) organization (Schedule G)	9							1			
_			ncome (Schedule I)	10										
		•	ule J)	11				· · · · · · · · · · · · · · · · · · ·						
	•		tions, attach schedule)	12							†			
			ough 12	13			0.				 			
Part	Deduction	ns Not	Taken Elsewhere (See instr		ns for limitation	on	s on d	eductions)	(Ex	cept f	or contri	oution	s.	
, a. c .			be directly connected with the						_ .					
14 C			directors, and trustees (Schedule K)							. 14				
16 R	epairs and main	tenance	RE	CF	MED	j .				16				
17 Ba	ad debts				1 V L. D.	1				. 17	1			
18 In	terest (attach so	chedule) (see instructions)	 		l i				. 18				
19 Ta	axes and licenses	S	(8) FEE	3 1 8	3 2020 [9 [. 19	1			
20 CI	haritable contrib	utions (S	ee instructions for limitation-rules)							. 20				
21 De	epreciation (atta	ch Form	4562) O.G.	JEI	J. J.T.	21	1							
22 Le	ess depreciation	claimed	on Schedule A and elsewhere on re	tum	V, O 1	2a				22b				
										23				
			compensation plans											
			Schedule I),											
			chedule J)											
			chedule)											
			s 14 through 28							_				
			le income before net operating											
			g loss arising in tax years beginnin											
		•	income Subtract line 31 from line	-										
For Pap	erwork Reducti	ion Act N	otice, see Instructions.								For	m 990	-T (2018)	
8X2740 1.	300252U ^J ₽49	0 1/2	20/2020 11:13:01 AM	V 1	8-7.6F								PAGE 4	

	990-T (20					Page Z
Par		Total Unrelated Business Taxable Income		_		
33		of unrelated business taxable income computed from all unrelated trades or businesses (sections)				
34		s paid for disallowed fringes				
35		on for net operating loss arising in tax years beginning before January 1, 2018 (se		_		
-		ions),				
36	Total c	f unrelated business taxable income before specific deduction. Subtract line 35 from the sui	m 🗔			
		33 and 34				
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 37			
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36				
		e smaller of zero or line 36				0.
Par	t IV	Tax Computation				
39		ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39	_		
40	Trusts	Taxable at Trust Rates See instructions for tax computation income tax o				
	the amo	ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40			
41		ax See instructions				
42	Alternat	ive minimum tax (trusts only).	. 42			
43		Noncompliant Facility Income. See instructions				
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies				
Par	t V	Tax and Payments	- 1	-		
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	Other c	redits (see instructions)				
		business credit Attach Form 3800 (see instructions)				
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)				
е	Total ci	edits. Add lines 45a through 45d	. 45e			
46	Subtrac	t line 45e from <u>line 44</u>	. 46			
47	Other ta	ces Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 47			
48		x Add lines 46 and 47 (see instructions)				0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				
50 a		nts A 2017 overpayment credited to 2018	⊣՝ ∣			
		stimated tax payments	_			
С	Tax dep	osited with Form 8868	-			
đ	Foreign	organizations Tax paid or withheld at source (see instructions)	⊣ ∣			
е	Backup	withholding (see instructions)				
f	Credit f	or small employer health insurance premiums (attach Form 8941)	_			
g		edits, adjustments, and payments Form 2439				
		orm 4136 Other Total ▶ 50g				
51		ayments. Add lines 50a through 50g				
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53			
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54			
55		e amount of line 54 you want Credited to 2019 estimated tax				
	t VI	Statements Regarding Certain Activities and Other Information (see instruct			V	T 11-
56		time during the 2018 calendar year, did the organization have an interest in or a signature			Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	_			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	ie roreigi	Country		x
	here >					X
57	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreign trus	ι		+*
	•	see instructions for other forms the organization may have to file				1
58		ne amount of tax-exempt interest received or accrued during the tax year ▶ \$ Index penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne best of n	ny knowledge	and bel	L lief, it is
e:	l tn	ie, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Sign		00 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	•	IRS discuss		
Her	~ ı' _	gnature of officer Date Title	(see instruct	preparer sh	s	No
		Propagate signature Propagate signature Date		PTIN		
Paid	l		neck Llı elf-employed	1 5000	9184	14
Prep	arer			22-202		
Use	Only	Firm's address TWO LOGAN SQ STE 2001; 18TH&ARCH ST, PHILADELPHIA, PA 19103-2726 Ph	none no 2	15-546-2	2140	
		FIIII 3 BUSICOS F				

Form 990-T (2018)					Page 3			
Schedule A - Cost of Goods Sold. E	nter metho	d of inventory valuation						
1 Inventory at beginning of year . 1		6 Inventory	at end of ye	ar	. 6			
2 Purchases 2	Purchases			7 Cost of goods sold Subtract line				
3 Cost of labor		6 from	line 5 Er	nter here and in				
4a Additional section 263A costs	· · ·	Part I, line	2		7			
(attach schedule) 4a				section 263A (
b Other costs (attach schedule) 4b				or acquired fo	· — —			
5 Total. Add lines 1 through 4b . 5					N/A			
Schedule C - Rent Income (From Real	Property a	nd Personal Property	Leased V	With Real Prope	erty)			
(see instructions)				•	•			
1. Description of property		· · · · · · · · · · · · · · · · · · ·	-	<u></u>				
(1)	_	·						
(2)		-						
(3)								
(4)								
	ived or accru	ed						
(a) From personal property (if the percentage of rent		rom real and personal property	(if the	3(a) Deductions	directly connected with the income			
for personal property is more than 10% but not more than 50%)	percent	age of rent for personal property	y exceeds		in columns 2(a) and 2(b) (attach schedule)			
				. —				
(1)	 				· <u> </u>			
(2)	<u> </u>			 				
(3)								
(4)	<u> </u>	 		-				
<u>Total</u>	Total			(b) Total deduction	ons.			
(c) Total income Add totals of columns 2(a) and 2				Enter here and or				
here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed				Part I, line 6, colu	inn (B)			
Schedule E - Ohrelated Debt-Financed	income (se	ee instructions)	3 [Deductions directly co	nnected with or allocable to			
Description of debt-financed property		2 Gross income from or allocable to debt-financed			ced property			
1. Description of debi-intalised property		property		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)			
(1)								
(2)								
(3)	•							
(4)								
4 Amount of average 5. Average adj	usted basis	0.001		•	O Allocable deduction			
acquisition debt on or of or alloc allocable to debt-financed debt-finance		6 Column 4 divided		income reportable	8. Allocable deductions (column 6 x total of columns			
property (attach schedule) debt-financed debt-financed		by column 5	(columi	n 2 x column 6)	3(a) and 3(b))			
(1)		%						
(2)		%	-	· · · · · · · · · · · · · · · · · · ·				
(3)		%						
(4)		%						
1			Enter her	e and on page 1,	Enter here and on page 1,			
				ne 7, column (A)	Part I, line 7, column (B)			
Totals		_						
Total dividends-received deductions included in o								

Schedule F—Interest, Anni	uities, Royalties			ntrolled Or			duoiis (se	- III3ti deti	0113)		
Name of controlled organization	2 Employer identification numb	oer 3. Ne	Net unrelated income iss) (see instructions)		4 Total of specified payments made		fied include	5 Part of column 4 that is included in the controlling organization's gross incom		connected with income	
(1)					_				_	_	
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations							<u> </u>	1		
7 Taxable Income	8. Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10		
(1)											
(2)											
(3)							_				
(4)									<u> </u>		
Totals	ncome of a Sec		 :)(7), ((9), or (17		Pá	ter here and o art 1, line 8, co	lumn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	fincome		3 Deduction of the 3 december 3 d	nected			Set-asides h schedule) 		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)	_				_				\rightarrow		
(3)									\rightarrow		
(4)	Enter here and Part I, line 9, c		ļ .					•		Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶ Schedule I – Exploited Exe	empt Activity In	3. Expens	ses	4 Net incor	ne (loss)			ructions)		7 Excess exempt	
1. Description of exploited activity	unrelated business income from trade or business	directly connected production unrelate business inc	with n of ed	or business 2 minus col If a gain, co cols 5 thro	(column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expe attributa coluri	able to	expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)			·							"	
(4)		-						1			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,		- .			•	Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J- Advertising Ir	ncome (see instr	uctions)			-		_ ·			<u> </u>	
Part I Income From Per			onsoli	dated Bas	sis				_	T	
2 Gross 1. Name of periodical advertising income		3 Directades advertising			s) (col ol 3) If mpute	5. Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	 			==				+-			
(2)						_				7	
(3)						_				7	
(4)		_									
Totals (carry to Part II, line (5))											

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)						
	_					
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) ▶					<u> </u>	

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			