

Form 990-T

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

OMB No 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Information about Form 990-T and its instructions is available at www.irs.gov/form990t

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

C&F 955

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employers' trust, see instructions)

B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

WORCESTER PUBLIC INEBRIATE PROGRAM, INC.

04-2661664

Number, street, and room or suite no. If a P.O. box, see instructions.

7 BISHOP STREET

E Unrelated business activity codes (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

FRAMINGHAM, MA 01702

C Book value of all assets at end of year 290,918.

F Group exemption number (See instructions.)

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. SEE STATEMENT 1

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

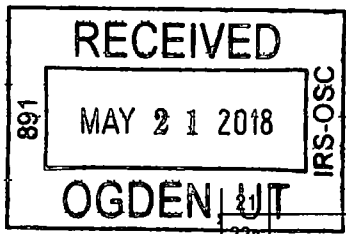
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of MICHAEL HUTNAK, CFO Telephone number 508-620-2316

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

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 with 2 columns: Deduction description, Amount. Rows 14-34.



SCANNED JUL 02 2018

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from... 37 Proxy tax. See instructions... 38 Alternative minimum tax... 39 Tax on Non-Compliant Facility Income. See instructions... 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)... 42 Subtract line 41e from line 40... 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)... 44 Total tax. Add lines 42 and 43... 45a Payments: A 2015 overpayment credited to 2016... 46 Total payments. Add lines 45a through 45g... 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached... 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed... 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid... 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded

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

51 At any time during the 2016 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... 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... 53 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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer [Signature], Date 5-9-18, Title CFO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name BRENDA L. BOOTH, Preparer's signature [Signature], Date 05/07/18, Check self-employed [] if PTIN P01342395, Firm's name CBIZ MHM, LLC, Firm's address 500 BOYLSTON STREET BOSTON, MA 02116, Firm's EIN 26-3753134, Phone no. 617-761-0600