

Form 990-T

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

OMB No 1545-0687

2017

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

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

A Check box if address changed

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

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

B Exempt under section 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.

E Unrelated business activity codes (See instructions)

7 BISHOP STREET

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

786,642.

F Group exemption number (See instructions.)

G Check organization type 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

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

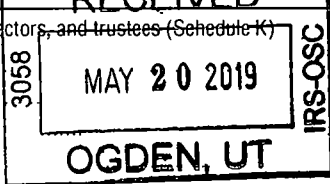
Part I Unrelated Trade or Business Income

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing gross receipts, cost of goods sold, capital gain, and other income.

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 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 14-34 detailing various deductions like compensation, salaries, repairs, and depreciation.



SCANNED JUN 02 2019

**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 0.  
 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 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:  Form 4255  Form 8611  Form 8697  Form 8866  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:  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 ▶ 48 0.  
 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ 49 0.  
 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  
 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 ▶ \$ X

**Sign Here** Under penalty 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 of officer: *[Signature]* Date: 5/15/19 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: BRENDA L. BOOTH Preparer's signature: *[Signature]* Date: 05/13/19 Check  if self-employed PTIN: P01342395

Firm's name ▶ CBIZ MHM, LLC Firm's EIN ▶ 26-3753134

Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116 Phone no. 617-761-0600

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FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED      STATEMENT 1  
BUSINESS ACTIVITY

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NO UNRELATED BUSINESS INCOME NOTED - PROTECTIVE FILING. SEE FORM 990 FOR DISCLOSURES OF ACTIVITIES.

TO FORM 990-T, PAGE 1