50° 990° T	Exempt Organization Bu	siness	Income Ta	ax.Beturn		OMB No 1545-0687	
Narm JJU I	(and proxy tax und			1400			
	For calendar year 2018 or other tax year beginning $$			v 30, 201	.9	2018	
	Go to www irs gov/Form990T for				0G L		
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it ma				501(n to Public Inspection for c)(3) Organizations Only	
A Check box if address changed	Name of organization (Check box if name	changed and	see instructions.)		D Employer (Employee instruction	identification number es' trust, see es)	
B Exempt under section	Print WORCESTER PUBLIC INEBE	RIATE I	PROGRAM, I	NC		2661664	
X = 501(C M3)	or Number, street, and room or suite no. If a P 0 b	ox, see instru	ctions		E Unrelated (See instru	business activity code ictions)	
408(e) 220(e)	/ BISHUP STREET						
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code FRAMINGHAM, MA 01702						
Book value of all assets	F Group exemption number (See instructions)						
1,095,1		orporation	501(c) trust	401(a) trust	Other trust	
H Enter the number of the	he organization's unrelated trades or businesses. Describe the only (or first) unrelated						
trade or business here	SEE STATEMENT 1		. If only one,	complete Parts I-V.	If more tha	n one,	
describe the first in the b	ank space at the end of the previous sentence, complete F	Parts I and II,	complete a Schedule	M for each addition	nal trade or		
business, then complete							
	the corporation a subsidiary in an affiliated group or a par	ent-subsidiary	controlled group?	>	Yes	X No	
	nd identifying number of the parent corporation.		T.1. 1	one number 🕨 5	10 CO	0 2216	
	MICHAEL HUTNAK, CFO Trade or Business Income	<u> </u>	(A) Income	(B) Expense	T	(C) Net	
		- -	(A) Illicollie	(D) Expense	•	(O) Net	
1a Gross receipts or sale b Less returns and allov		1 _C			1		
2 Cost of goods sold (S	· · · · · · · · · · · · · · · · · · ·	2					
3 Gross profit. Subtract		3					
4a Capital gain net incom		4a					
	4797, Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction		4c					
5 Income (loss) from a	partnership or an S corporation (attach statement)	5					
6 Rent income (Schedu	le C)	6		/			
7 Unrelated debt-financ	ed income (Schedule E)	7		/			
	ralties, and rents from a controlled organization (Schedule F			<u> </u>			
	a section 501(c)(7), (9), or (17) organization (Schedule G	1 1					
	vity income (Schedule I)	10					
11 Advertising income (S	•	11			-		
	structions; attach schedule)	12	0.				
Part II Deductio	ns Not Taken Elsewhere (See instructions						
(Except for d	contributions, deductions must be directly connected	ed with the u	inrelated business	income)			
14 Compensation of off	icers, directors, and trustees (Schedule K)				14		
15 Salaries and wages					15		
16 Repairs and mainten	ance				16		
17 Bad debts					17		
18 Interest (attach sche	dule) (see instructions)				18		
19 Taxes and licenses		1			19		
	ons (See instructions for limitation rules)		RECEI	VED	20		
21 Depreciation (attach		- 1		70	225		
	armed on Schedule A and elsewhere on return	1	22a JUL 2 0		22b 23		
23 Depletion	erred compensation plans	- 1'	B JUL 20	צטצט אאר	24		
24 Contributions to defe25 Employee benefit pro		1	OGDEN	RS RS	25		
26 Excess exempt expe	- /	L	CODEN	<u>, UT</u>	26		
27 Excess readership co					27		
28 Other deductions (at					28		
<i>,</i>	dd lines 14 through 28				29	0.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					30	0.	
,	erating loss arising in tax years beginning on or after Janu	uary 1, 2018 (see instructions)		31		
32 'Unrelated business t	axable income. Subtract line 31 from line 30				32	0.	
823701 01-09-19 LHA Fo	r Paperwork Reduction Act Notice, see instructions			11	F	orm 990-T (2018)	

Form 990 T		51664	Page 2
Part1		T: 1	
- 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
	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		
	lines 33 and 34	- 36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
	/iki Tax Computation	1 30 11	
			0.
	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:	363	
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part 1	¶ (Tax and Payments	<u> </u>	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	123	
	Other credits (see instructions)		
	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
	• • • • • • • • • • • • • • • • • • • •		0.
	Subtract line 45e from line 44 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	46	
		47	
	Total tax Add lines 46 and 47 (see instructions)	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total > 50g		
51	Total payments. Add lines 50a through 50g	5	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	58	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
		55	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	1 38 1	
		- J	TvI N.
	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		(2.25°) 26°C 38°
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file		
58	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 knowle correct, any complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is th	ue,
Sign		lay the IRS discuss th	
Here		ie preparer shown bel	
		structions)? X	/e: ·
	<u> </u>	I PTIN	
n	self- employed		
Paid	DRENDA I DOOMY MAAAA X YAAAA 04/29/20	P01342	2395
Prepar	ODITA MIM TIG	26-375	
Use O	10 BOYLSTON STREET	20 375	,,,,,,
		317-761-0	1600
			990-T ₍₂₀₁₈₎
823711 01-0	ษ- เช	rorm ≈	/JUT (2018)

TORK AND THE PROPERTY OF OF

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

STATEMENT 1

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

TO FORM 990-T, PAGE 1