| | Form | 990-T | Ex | empt Organization (and proxy tax | | | | | rn | OMB No 1545-0687 |
|---|-----------|---|-------------|--|--------------------|---------------------------------------|------------|-------------------|--------------------------|--|
| | rom | •••• | | | | | | | 018 | മ∆47 |
| | | | | | | | | | | |
| | | nent of the Treasury Revenue Service | ▶ Do | not enter SSN numbers on this form a | | | | | :)(3). | Open to Public Inspection for 501(c)(3) Organizations Only |
| | A | Check box if | - | | | me changed and se | | | D Empl | oyer identification number |
| - | | address changed | | | | | | | (Emplo | oyees' trust, see instructions) |
| | B Exe | mpt under section | | WORCESTER POLYTECHN | IC I | NSTITUTE | | | | |
| | X | 501(C)(\dagger)3) | Print | Number, street, and room or suite no | faPO | box, see instructio | ns | . =. | 04-2 | 121659 |
| | \square | 408(e) 220(e) | Type | | | | | | | ated business activity codes istructions) |
| | | 408A530(a) | | 100 INSTITUTE ROAD | | | | | (366 111 | istructions ; |
| | | 529(a) | | City or town, state or province, country | y, and a | ZIP or foreign postal | code | | | |
| | | k value of all assets nd of year | | WORCESTER, MA 01609 | | | | | 6116 | 00 523000 |
| | | · | | up exemption number (See instruct | | · · · · · · · · · · · · · · · · · · · | 1 | | Г | |
| | | 017130657 | G Che | rimary unrelated business activity | (c) co | rporation אאבס כאאספ | 501(c | :) trust | <u> 401(а)</u> миссти | trust Other trust |
| | | | | | | | | | | |
| | | | | corporation a subsidiary in an affili | | | subsidiary | controlled group? | | ▶ |
| | | | | identifying number of the parent co JEFFREY SOLOMON | rporau | UII P | Telephor | ne number ▶ 50 | 8-831- | -5000 |
| | | | | or Business Income | | (A) Inco | | (B) Expen | | (C) Net |
| | | Gross receipts or | | 358,207 | | (4, | | (=)=== | | (=, ::::: |
| | | Less returns and allows | | c Balance ▶ | 1c | 358 | 3,207 | | | |
| | 2 | | | ule A, line 7) | 2 | | | | | |
| | 3 | • | • | 2 from line 1c | 3 | 358 | 3,207 | | | 358,207 |
| | 4 a | Capital gain net i | ncome (a | attach Schedule D) | 4a | 3 | 3,176 | | | 3,176 |
|) | b | Net gain (loss) (Fe | orm 4797, | Part II, line 17) (attach Form 4797) | 4b | | | | | |
| ? | c | Capital loss dedu | ction for | trusts | 4c | | | | | |
| | 5 | Income (loss) from | partnershi | ps and S corporations (attach statement) | 5 | -1,029 | 797 | ATCH 1 | | -1,029,797 |
| | 6 | 6 Rent income (Schedule C) 6 | | | | | | | | |
| j | 7 | Unrelated debt-fi | nanced ir | come (Schedule E) | 7 | | | | | |
| | 8 | · · · · · · · · · · · · | | nts from controlled organizations (Schedule F) | 8 | | | | | |
| = | 9 | | | 1(c)(7), (9), or (17) organization (Schedule G) | | | | | | |
| = | 10 | • | - | ncome (Schedule I) | 10 | | | | | |
| > | 11 | - | • | dule J) | 11 | 88 | 3,769 | ATCH 2 | | 88,769. |
| • | 12 | • | | ctions, attach schedule) | 13 | 1 | 0,645 | AICH Z | | -579,645 |
| • | 13 Par | | | Taken Elsewhere (See instr | | | | deductions) (F | xcent f | 1 |
| • | ı aı | | | t be directly connected with t | | | | | | |
| | 14 | | | directors, and trustees (Schedule K) | | | | | 14 | |
| | 15 | • | | | | | | | 15 | 165,685 |
| | 16 | Repairs and mair | | | | | | | 16 | |
| | 17 | Bad debts | | RECEIVE | D. | | | | 17 | |
| | 18 | Interest (attach s | chedule) | | | ပ္တု | | | 18 | |
| | 19 | Taxes and license | es | See instrument on similar rules | ရ ၂ | ϕ | | | | 815 |
| | 20 | Charitable contri | butions (| See instructions for filmitation rules) | . | 8 1 | | | 20 | 1 |
| | 21 | Depreciation (att | ach Form | 1 4562) | , , , , | /≂] ∟ | | | <u> </u> | - |
| | 22 | Less depreciation | n claimed | on Schedule Aan @severe on re | gum | <u> </u> | 22a | | 22b | 121,101 |
| | 23 | • | | | | | | | | 121,101 |
| | 24 | | | compensation plans | | | | | | 2,814 |
| | 25 26 | | | s | | | | | | |
| | 26 27 | | | Schedule J) | | | | | | |
| | 28 | | | schedule) | | | | | | 99,735 |
| | 29 | | | es 14 through 28 | | | | | | 390,150. |
| | 30 | | | ble income before net operating | | | | | | -969,795 |
| | 31 | | | ion (limited to the amount on line 30 | | | | | | |
| | 32 | | | le income before specific deduction | | | | | | -969,795 |
| | 33 | Specific deduction | on (Gene | rally \$1,000, but see line 33 instruc | tions f | or exceptions) . | | | 33 | 1,000 |
| | 34 | Unrelated busin | ess tax | able income. Subtract line 33 fr | om lir | ne 32 If line 3 | 3 is grea | ater than line & | 32) | |
| | | | | r line 32 | | | | | X 34- | 969,795 |

Form **990-T** (2017)

PAGE 86

Page 2

Ĭ.

| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members, elections 1561 and 1562) techs there ▶ | Par | i III | Tax Computation | | | | | | | | |
|--|-----------|------------------|---|--|-------------------------|---|--------|---|-------------|-------------|------------|
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 lazable momore brackets (in that order) (in) | 35 | Organi | zations Taxable as Corporations. S | ee instructions for tax co | mputati | on Controlled gro | oup | | | | |
| to Enter organization's share of (1) Additional 5% tax (not more than \$11,750), | | member | s (sections 1561 and 1563) check here | See Instructions and | | | | | | | |
| b Enter organization's share of (1) Additional 5% tax (not more than \$11,750), \$\$ (2) Additional 3% tax (not more than \$10,000), \$\$ (3) Income tax on the amount on line 34, \$\$ 5 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 34 from \$\$ Tax rate schedule or \$\$ Tax and rate schedule or \$\$ Tax on Non-Compilant Facility Income. See instructions \$\$ Tax on Non-Compilant Facility Income. See instruction | а | Enter y | our share of the \$50,000, \$25,000, and | \$9,925,000 taxable income | bracket | s (in that order) | | | | | |
| (2) Additional 3% tax (not more than \$100,000) | | (1) \$ | (2) | | | | | | | | |
| (2) Additional 3% tax (not more than \$100,000) | b | Enter or | ganization's share of (1) Additional 5% tax (no | ot more than \$11,750) | [| S | | | | | |
| c Income tax on the amount on line 34. | | (2) Addı | tional 3% tax (not more than \$100,000) | | 🛭 | | | | | | |
| the amount on line 34 from | С | | | | | | .▶ | 35c | | | |
| 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 41 b Other credits (see instructions). 41 b Credit for prior year minimum tax (attach Form 8801 or 8827). 41 d Total credits. Add lines 41 a through 41 d 41 c Credit for prior year minimum tax (attach Form 8801 or 8827). 41 d Total credits. Add lines 41 a through 41 d 41 total tax Add lines 42 and 43. 42 Subtract line 41 feron in Fern 425 Form 8611 Form 8687 Form 8686 Other (attach schedule). 43 Other taxes Check 4 from Form 425 Form 8611 Form 8687 Form 8686 Other (attach schedule). 43 Other taxes Check 4 from Form 425 Form 8611 Form 8687 Form 8686 Other (attach schedule). 43 Payments A 2016 overpayment credited to 2017 | 36 | Trusts | Taxable at Trust Rates. See II | nstructions for tax com | putation | n Income tax | on | | | | |
| Alternative minimum tax 38 | | the amo | unt on line 34 from Tax rate schedule | or Schedule D (Form | 1041). | | .▶ | 36 | | | |
| 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 41 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies 42 Tax and Payments 43 Foreign tax credit (corporations attach Form 1118, fusts attach Form 1116). 44 Tax and Payments 45 Other credits (see instructions). 46 Credit for prior year minimum tax (attach Form 8800 (see instructions). 47 Credit for prior year minimum tax (attach Form 8801 m 827). 47 Eattach 2 Subtract line 41s from line 40. 48 Other taxes Check if from Form 4255 Form 8811 Form 8897 Form 8866 Other (attach schedule). 49 Attach 2 Subtract line 41s from line 40. 40 Total tax Add lines 42 and 43. 41 Total tax Add lines 42 and 43. 42 Total tax Add lines 42 and 43. 43 Eastwage withholding (see instructions). 45 Payments A 2016 overpayment credited to 2017 | 37 | Proxy ta | x. See instructions | | | | . ▶ | 37 | | | |
| Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 38 | Alternat | ive minimum tax | | | | | 38 | | | _ |
| ## A same programments ## A | 39 | Tax on | Non-Compliant Facility Income. See instruction | ns | | | | 39 | | | |
| 41 a Foreign tax credit (corporations attach Form 1116, trusts attach Form 1116). 41 b Other credits (see instructions). 41 c General business credit (Attach Form 3800 (see instructions). 41 c Hoto 41 d Hoto 41 d Hoto 42 Subtract line 41 ef from line 40. 43 Other taxes Check fiftom Form 425 Form 8611 Form 8597 Form 8866 Other (attach schedule). 43 Other taxes Check fiftom Form 425 Form 8611 Form 8597 Form 8866 Other (attach schedule). 44 Total tax Add lines 42 and 43. 45 Payments A 2016 overpayment credited to 2017 . 45 Payments A 2016 overpayment credited to 2017 . 45 Payments A 2016 overpayment credited to 2017 . 45 Payments A 2016 overpayment schedule as source (see instructions) . 45 C Tax deposited with Form 8868. 45 C G Tox adeposited with Form 8868. 45 Foreign organizations Tax pand or withheld at source (see instructions) . 45 C redit for small employer health insurance premiums (Attach Form 8941) . 45 Total payments. Add lines 45a through 45g. 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 overpaid. 49 Overpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid. 49 Overpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid. 50 Enter the amount of line 99 you went Credited to 2018 estimated tax Penalty (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 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign finalty. 17 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. 54 Supray the RS discu | 40 | Total. A | dd lines 37, 38 and 39 to line 35c or 36, which | chever applies | | | | 40 | | | |
| b Other credits (see instructions), c General business credit. Attach Form 3800 (see instructions), decented business credit. Attach Form 3801 or 8827), decented business credit. Attach Form 8801 or 8827, decented business credit. Attach Form 8802 or 8828, decented business credit. Attach Form 8804 or 8828, decented bu | Par | t IV | Tax and Payments | | | - | | | | | |
| b Other credits (see instructions), c General business credit. Attach Form 3800 (see instructions), decented business credit. Attach Form 3801 or 8827), decented business credit. Attach Form 8801 or 8827, decented business credit. Attach Form 8802 or 8828, decented business credit. Attach Form 8804 or 8828, decented bu | 41 a | Foreign | tax credit (corporations attach Form 1118, tru | usts attach Form 1116) | . 41a | | | i | | | |
| c General business credit. Attach Form 3800 (see instructions) | | | | | | | | . | | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827), | | | | | | | | . | | | |
| to tal credits. Add lines 41a through 41d 1 Subtract line 41e from line 40. 3 Other taxes Check if from | d | Credit fo | or prior year minimum tax (attach Form 8801 | or 8827) | . 41d | - | | | | | |
| 43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8666 Other (attach schedule). 43 44 Total tax Add lines 42 and 43 | | | | | | | | 41e | | | |
| 44 Total tax Add lines 42 and 43. 45 a Payments A 2016 overpayment credited to 2017 | 42 | | | | | | | 42 | | | |
| to tal at X and onlines 42 and 43. b 2017 estimated tax payments | 43 | Other tax | tes Check if from Form 4255 Form 861 | 1 Form 8697 Form 8 | 866 | Other (attach schedu | le) . | _43 | | | |
| 45a Asyments A 2016 overpayment credited to 2017 45a 45b 45c 45c 45d | 44 | Total ta | x Add lines 42 and 43 | | | | | 44 | | | 0 |
| b 2017 estimated tax payments | 45 a | | | | | | | . | | | |
| d Foreign organizations Tax paid or withheld at source (see instructions) | | | | | | | | . | | | |
| d Foreign organizations Tax paid or withheld at source (see instructions) | C | Tax dep | osited with Form 8868 | | . 45c | | | . 1 | | | |
| g Other credits and payments | | | | | | | | . 1 | | | |
| g Other credits and payments | | | | | | | | | | | |
| Total payments. Add lines 45a through 45g. Total payments. Add lines 45a through 45g. Total payments. Add lines 45a through 45g. Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Teter the amount of line 49 you went Credited to 2018 estimated tax Refunded Total payments. 47 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Refunded Total payments. 47 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Ag Total payments. 48 48 49 Verpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid Part V Statements Regarding Certain Activities and Other Information (see instructions) Total payment of line 49 you went Credited to 2018 estimated tax Refunded Total payments. 48 48 49 Verpayment. If line 46 is less than the total of lines 44 and 47, enter amount owed Ag Refunded Total payments and enter amount owed Ag 49 Verpayment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 48 you and 18 and 19 lines 44 and 47, enter amount owed the feat and 19 lines 48 and 47. enter amount overpaid to 49 lines 49 line | f | | | | | | | . ! | | | |
| Total payments. Add lines 45a through 45g. Total payments. Add lines 45a through 45g. Total payments. Add lines 45a through 45g. Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Teter the amount of line 49 you went Credited to 2018 estimated tax Refunded Total payments. 47 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Refunded Total payments. 47 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Ag Total payments. 48 48 49 Verpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid Part V Statements Regarding Certain Activities and Other Information (see instructions) Total payment of line 49 you went Credited to 2018 estimated tax Refunded Total payments. 48 48 49 Verpayment. If line 46 is less than the total of lines 44 and 47, enter amount owed Ag Refunded Total payments and enter amount owed Ag 49 Verpayment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 46 is less than the total of lines 44 and 47, enter amount owed Refunded Total payment. If line 48 you and 18 and 19 lines 44 and 47, enter amount owed the feat and 19 lines 48 and 47. enter amount overpaid to 49 lines 49 line | g | Other c | redits and payments Form 2 | 2439 | | | | ıİ | | | |
| Total payments. Add lines 45a through 45g | | F | orm 4136 Other | Total | ► 45g | | | | | | |
| 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 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 ▶ 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | 46 | | | | | | | 46 | | | |
| Ag Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 47 | Estimat | ed tax penalty (see instructions) Check if Forr | m 2220 is attached | | ▶ | | 47 | | | |
| Title Part V Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) 1 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 ▶ 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | 48 | Tax due | . If line 46 is less than the total of lines 44 ar | nd 47, enter amount owed | | | .▶ | 48 | | | |
| 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. 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. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | 49 | Overpa | yment. If line 46 is larger than the total of line | es 44 and 47, enter amount ove | rpaid . | | . ▶ | 49 | | | |
| 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. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | 50 | Enter the | | | | | | | | | |
| 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? | Par | · V | Statements Regarding Certain A | Activities and Other In | form | ation (see instruc | ctions | <u>;) </u> | | | T . |
| Fince Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here 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 Enter the amount of tax-exempt interest received or accrued during the tax year Sign Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it intrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge What the IRS discuss this return with the preparer shown below (see instructions)? X yes No Primity per perparer's name QI WEN LIANG Prim's name GRANT THORNTON LLP Firm's name GRANT THORNTON LLP Firm's address 75 STATE STREET, 13TH FLOOR, BOSTON, MA 02109 Phone no 617-723-7900 | 51 | • | • | • | | _ | | | - | Yes | No |
| During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | | • • • | • | | · - | | • | | | |
| During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | FinCEN | Form 114, Report of Foreign Bank and | d Financial Accounts If Y | ES, ent | ter the name of | the | foreign | country | | |
| 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 ▶ Sign Here Under penalties of penury, 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 May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name QI WEN LIANG Preparer Use Only Prim's name ▶ GRANT THORNTON LLP Firm's address ▶ 75 STATE STREET, 13TH FLOOR, BOSTON, MA 02109 Phone no 617-723-7900 | | here > | | _ | | | | | | | |
| Enter the amount of tax-exempt interest received or accrued during the tax year Sign Here Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it I true, correct, and complete (Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Visual Property Visu | 52 | During 1 | he tax year, did the organization receive a dis | stribution from, or was it the g | rantor o | f, or transferor to, a | forei | gn trust | ? | | X |
| Sign Here Under penalties of penury, 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 May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No No | | - | - | · · · · · · · · · · · · · · · · · · · | | | | | | | 1 1 |
| Sign Here Sign Si | <u>53</u> | | | | | | | | | | |
| Here Signature of officer Date Title | | to | ider penalties of perjury, I declare that I have examined ie, correct, and complete (Declaration of preparer (other than | taxpayer) is based on all information of t | scheaules which prep | and statements, and to parer has any knowledge | tne b | est of m | y knowleage | and bei | iet, it is |
| Signature of officer Date Title Signature of officer Date Title | _ | | //// // // | 1 diala | / | 4.4 - | Ma | y the | IRS discuss | s this | return |
| Preparer's name QI WEN LIANG Preparer's signature 2 ManJuny 5/8/2019 Check if self-employed self-employed self-employed self-employed Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 75 STATE STREET, 13TH FLOOR, BOSTON, MA 02109 Phone no 617-723-7900 | Her | _ | | 5/12/17 | ~ / / 6 | 10 | | | | | _ |
| Paid Preparer Use Only QI WEN LIANG A Wantury S/8/2019 Self-employed P01270238 Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558 Phone no 617-723-7900 | | S | <u> </u> | | 1. | Date | (see | nstructio | _ | es | No |
| Preparer Use Only Firm's name → GRANT THORNTON LLP Firm's elin → 36-6055558 | Paid | | | | | 5/0/2010 | | | 1 2026 | 27025 | 0 |
| Use Only Firm's address ▶ 75 STATE STREET, 13TH FLOOR, BOSTON, MA 02109 Phone no 617-723-7900 | | arer | - CDANE THOUSAND II | | | | | | | | ,0 |
| Firm's address 75 STATE STREET, 13TH FLOOR, BOSTON, MA 02109 Phone no 017-723-7900 | | | | | MA | 00400 | | | | | <u> </u> |
| | | | rimm's address > /3 SIAIE SIREEI, | TOTA FLOOR, BOSTON | , PIA | 02109 | rhone | no (| | | |

WORCESTER POLYTECHNIC INSTITUTE

| Schedule A - Cost of Go | oods Sold. En | iter method | l of inventory | valuation | <u> </u> | | | | | |
|--|---------------------|---------------|--|-----------------|--|---|--|-------------------------------------|------|----|
| 1 Inventory at beginning of y | ear 1 | | 6 | Inventory | at end of yea | r | 6 | | | |
| 2 Purchases | 2 | · | 7 | | | d. Subtract line | | | | |
| 3 Cost of labor | 3 | | | 6 from | line 5 Ent | ter here and in | ١ | | | |
| 4a Additional section 263A co | osts | | | Part I, line | 2 | | 7 | | | |
| (attach schedule) | 4a | | 8 | | | section 263A (w | ith r | espect to | Yes | No |
| b Other costs (attach schedu | | | | property | produced | or acquired for | resa | le) apply | | |
| 5 Total. Add lines 1 through | 4b · 5 | | | to the orga | anization? | <u> </u> | | | | х |
| Schedule C - Rent Income (see instructions) | (From Real P | roperty ar | nd Personal | Property | Leased W | ith Real Proper | ty) | | | |
| 1. Description of property | | | | | | | | | | |
| (1) | | <u> </u> | | | | | | | | |
| (2) | | | | | | | | • | | |
| (3) | | | | | | | | | - | |
| (4) | | | | | | | | · | | |
| | 2. Rent recei | ved or accrue | ed | | | | | | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent percentage of rent for personal property is more than 10% but not percentage of rent for percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of rent for personal property is more than 10% but not percentage of the p | | | rom real and per age of rent for pe of the rent is bas | rsonal property | roperty exceeds in columns 2(a) and 2(b) (attach schedule) | | | | | me |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | <u>-</u> | | |
| Total | | Total | | | | | | | | |
| (c) Total income. Add totals of co | olumns 2(a) and 2(| b) Enter | | | | (b) Total deduction Enter here and on | | 1. | | |
| here and on page 1, Part I, line 6 | | | | | | Part I, line 6, colum | | | | |
| Schedule E - Unrelated De | | | e instructions | 5) | | | | | | |
| 1. Description of deb | at-financed nonesty | | 2. Gross inco | | 3 . D | eductions directly con debt-finance | | | e to | |
| 1. Description of des | r-intenced property | | allocable to debt-financed property | | (a) 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 of or allocable to debt-financed property (attach schedule) | | | 6 Colu 4 divid by colu | ded | | oss income reportable umn 2 x column 6) 8. Allocable deduct (column 6 x total of column 3(a) and 3(b)) | | f colum | | |
| (1) | | | | % | | | | | | |
| (2) | | | | % | | | | | | |
| (3) | | | | % | | | | | | |
| (4) | | | | % | | | | | | |
| | | | | | | e and on page 1, e 7, column (A) | | er here and on t I, line 7, colu | | |
| Totals | | · · · · · · | | ▶ | <u> </u> | - | | | | — |

Form **990-T** (2017)

i i

| Schedule F - Interest, Annu | incs, royanics | | | ontrolled Or | | | 40013 (30 | e mandem | | | |
|--|---|---|--------------------------------------|--|--|-----------------------|---|--------------------------|---|--|--|
| 1. Name of controlled 2 Emp organization identification | | ber 3 Net unrelate (loss) (see inst | | · · · · · · · · · · · · · · · · · · · | | | . I iliciadea ili tile conti | | | 6 Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | - | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | _ | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organiz | zations | | | | | , | | | | | |
| 7 Taxable Income | 8 Net unrelated in (loss) (see instruc | | | Total of specifications of the comments of the | | ınc | Part of columi uded in the c nization's gro | ontrolling | | Deductions directly nected with income in column 10 | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals | ncome of a Sec | tion 501 | (c)(7), | (9), or (17 | | Pa | , | structions) | | ter here and on page 1, art I, line 8, column (B) | |
| 1 Description of income | 2 Amount of | ' income | | directly co (attach sc | nnected | | | et-asides i schedule) | | 5 Total deductions and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | - | | | | | | | | |
| (3) | | | - | | | | | | | | |
| Totals | Enter here and Part I, line 9, c | olumn (A) | hor Th | aan Advort | icina In | | /coo instr | untions\ | | Enter here and on page 1 Part I, line 9, column (B) | |
| Description of exploited activity | 2. Gross unrelated business income from trade or business | 3 Exper direct connecter productiv unrelat business ii | ises ly d with on of led | 4 Net incol from unrela or business 2 minus co If a gain, c cols 5 thm | ne (loss) ted trade (column lumn 3) ompute | 5. G from | ross income activity that of unrelated ness income 6 Expenses attributable to column 5 | | 7 Excess exempt expenses (column 5 minus column 5, but not more than column 4) | | |
| <u>(1)</u> | | | | | | | | 1 | - | | |
| (2) | | | | 1 | | | | 1 | | | |
| (3) | | | | | | | | | | | |
| (4) | | | ********** | - | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A) | Enter here page 1, P line 10, co | art I, | | | | | | | Enter here and on page 1, Part II, line 26 | |
| Totals | come (see inst- | uctions) | | 1 | | | | | | | |
| | | | oncol | idated Ba | eie . | | | | | | |
| Part I Income From Per | lodicals Report | ed on a C | onsoi | 4 Adver | | | | | | 7. Excess readership | |
| 1. Name of periodical | 2 Gross advertising income | 3. Direct advertising costs | | gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 | | 5. Circulation income | | 6. Readership costs | | costs (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | _ | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | | | | | Form 990-T (2017) | |

Form 990-T (2017)

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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) | | | | | | |
| (4) | | | | | | |
| 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) | | | | | | |

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) | | ۰ % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | |

Form **990-T** (2017)

04-2121659

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INVESTMENT INCOME FROM PARTNERSHIPS

-1,029,797.

INCOME (LOSS) FROM PARTNERSHIPS

-1,029,797.

04-2121659

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

DISALLOWED QUALIFIED TRANSPORTATION BENEFITS

PART I - LINE 12 - OTHER INCOME

88,769.

88,769.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

| TAX PREP FEES | 39,075. |
|--------------------|---------|
| FOOD - | 26,591. |
| INDIRECT COSTS | 22,023. |
| ATHLETIC EQUIPMENT | 4,073. |
| UNIFORMS | 3,117. |
| CONSULTING | 1,840. |
| TRAVEL | 1,489. |
| LICENSE & FEES | 820. |
| LODGING | 617. |
| PRINTING & POSTAGE | 90. |

PART II - LINE 28 - OTHER DEDUCTIONS

SCHEDULE D (Form 1120)

đ

Capital Gains and Losses

► Attach to Form 1120, 1120-F, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www irs.gov/Form1120 for instructions and the latest information.

Name

Employer identification number

| WOR | CESTER POLYTECHNIC INSTITUTE | | | | | 04-2121659 |
|------------|---|----------------------------------|---------------------------------|--|-------|---|
| Part | Short-Term Capital Gains and Losses | s - Assets Held O | ne Year or Less | | | |
| | See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments or loss from Form 8949, Part I, line column (g) | 1(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | | |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term capital gain from installment sales from l | Form 6252, line 26 or 3 | 37 | | 4 | |
| 5 | Short-term capital gain or (loss) from like-kind exchain | nges from Form 8824 | | | 5 | |
| 6 | Unused capital loss carryover (attach computation) | | | | 6 | () |
| | Net short-term capital gain or (loss) Combine lines | | | | 7 | |
| Part | Long-Term Capital Gains and Losses | s - Assets Held M | ore Than One Yea | <u>ar</u> | | |
| | See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to | (d) Proceeds | (e) Cost | (g) Adjustments to or loss from Form 8949, Part II, line | 1(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| | whole dollars | (sales pnce) | (or other basis) | column (g) | · • , | the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | | |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | | 11 | 3,176 |
| 12 | Long-term capital gain from installment sales from F | Form 6252, line 26 or 3 | 37 | | 12 | |
| 13 | Long-term capital gain or (loss) from like-kind exchar | nges from Form 8824 | | | 13 | |
| 14 | Capital gain distributions (see instructions) | | | | 14 | |
| 15 Part | Net long-term capital gain or (loss) Combine lines 8 | a through 14 in column | nh | | 15 | 3,176 |
| | | | | - | | I |
| 16 | Enter excess of net short-term capital gain (line 7) o | ver net long-term capit | al loss (line 15) | | 16 | |
| 17 | Net capital gain. Enter excess of net long-term capit | | | | 17 | 3,176 |
| 18 | Add lines 16 and 17 Enter here and on Form 1120, the corporation has qualified timber gain, also complete. If lesses exceed gains, see Capital lesses in the | ete Part IV | • • | | 18 | 3,176 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017