8X2740 1,900 7322GQ 649N 3/26/2020

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PAGE 1

				Page
33	/ Total Unrelated Business Taxable Income			
,	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	<i>\</i>		
	instructions)	,33	80,	363
4	Amounts paid for disallowed fringes	34		
5	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	35	80,	363
6	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
-	of lines 33 and 34,	36		
7	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		C
Par	Tax Computation	7		
_		39		
D	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on			
•		40		
1		41		
	Alternative minimum tax (trusts only).			
	Alternative minimum tax (trusts only)			
	Total, Add lines 41, 42, and 43 to line 39 or 40, whichever applies	[44]		
	V ∭Tax and Payments	 	_	
	Foreign ax credit (corporations attach Form 1118; trusts attach Form 1116)	1		
þ	Other credits (see instructions)			
C	General business credit. Attach Form 3800 (see instructions)	1		
	Credit for prior year minimum tax (attach Form 8801 or 8827),	1		
e	Total credits. Add lines 45a through 45d	45e		
	Subtract line 45e from line 44	46		
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ,	47		
	Total tax. Add lines 46 and 47 (see instructions)	48		Ċ
	2018 net 985 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.1	49		
a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments	i I		
C	Tax deposited with Form 8868- · · · · · · · · · · · · · · · · · · 50c			
đ	Foreign organizations Tax paid or withheld at source (see instructions)	1		
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments Form 2439	1		
_	Form 4136 Other Total ▶ 50g			
	Total payments. Add lines 50a through 50g			
		51		
		51		
!	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
? }	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53		
3	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53 54		
2 3 4	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53 54 55		
ar	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53 54 55	Vos	
ar	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53 54 55 50 50 50 50		No
ar	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53 54 55 other authority y have to file		No
ar	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53 54 55 other authority y have to file		
3 4 Sari	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization material Financial Accounts If "Yes," enter the name of the finance.	52 53 54 55 other authority y have to file foreign country		х
2 3 4 5 Pari	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	52 53 54 55 other authority y have to file foreign country		
2 3 4 Sari	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign Yes," see instructions for other forms the organization may have to file.	52 53 54 55 other authority y have to file foreign country		х
ari	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 eatlmated tax. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign 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.	52 53 54 55 other authority y have to file foreign country		X
ar	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign 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. Under penalties of pergury, I declare that I have examined this return including accompanying schedules and statements, and to the beauting carried of compliant. Declaration of prepage (other than tangenet the improvement has any knowledge.)	52 53 54 55 other authority y have to file foreign country		X X
ar	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign "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. Under penalties of papury. I declare that I have examined this return including accompanying schedules and statements, and to the between the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	52 53 54 55 other authority y have to file foreign country on trust?	e and be	X X
ar	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want	52 53 54 55 other authority y have to file foreign country on trust?	and be	X X filef, it
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arign	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want	52 53 54 55 55 other authority y have to file foreign country in trust? est of my knowledg the IRS discuir the preparer instructions)? X	and be	X X Hief, it
2 3 4 5 Pari 6 3 ign ere	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign 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. Under penalties of payury, I declare that I have examined this return including accompanying schedules and statements, and to the beautive, correct, and complise Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name. Preparer's signature. Date Check self-en.	52 53 54 55 other authority y have to file foreign country in trust? ist of my knowledg the IRS discuit the preparer instructions)? X	and be	X X retum below
2 3 4 5 2 ar 6 7 3 ign ere	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Refunded Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign 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. Under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the beautive, correct, and compliance Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer. Date Print/Type preparer's name Preparer's signature Date Check	52 53 54 55 55 other authority y have to file foreign country in trust? ist of my knowledg the IRS discur the preparer instructions)? X PTIN nployed P01	and be	X return below No

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Form 990-T (2018)								Page 3
Schedule A - Cost of Go	ods Sold.	nter metho	d of inventor	ry valuation I	>			
1 Inventory at beginning of y	i I					ar	6	
2 Purchases	2		_			ld. Subtract line		
3 Cost of labor	1 1			6 from I	ine 5 En	ter here and in		
4a Additional section 263A co				Part I, line	2		7	
(attach schedule)	4a		İ			section 263A (w	ith respect to	Yes No
b Other costs (attach schedul				property	produced	or acquired for	resale) apply	,
5 Total. Add lines 1 through				to the orga	anization?	<u> </u>		. x
Schedule C - Rent Income	(From Real	Property a	ınd Person	al Property	Leased V	Vith Real Proper	ty)	
(see instructions)								
Description of property								
(1)								
(5)								
(3)								
(4)								
	2. Rent rec	eived or accru	ied					
(a) From personal property (if the page 15 for personal property is more than 50%)		percen	tage of rent for	ersonal property personal property ased on profit or	exceeds		rectly connected wit a) and 2(b) (attach so	
(1)	·							
(2)		 						
(3)								
(4)								
Total .		Total						
(c) Total income. Add totals of co	lumns 2(a) and	2(b). Enter			-	(b) Total deduction Enter here and on		
here and on page 1, Part I, line 6,	column (A)	>	_			Part I, line 6, colum		
Schedule E - Unrelated De	bt-Financed	Income (s	ee instruction	ns)	 ,			
			2. Gross in	come from or	3. 0	Deductions directly con debt-finance		ble to
1 Description of deb	t-financed property		1	debt-financed perty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			 -				(5115-511-5511	
(2)			-					
(3)			-					
(4)			-			- 		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ad of or allo debt-finance (attach so	cable to ed property	4 d	olumn vided ilumn 5		income reportable n 2 x column 6)	8 Allocable de (column 6 x total 3(a) and 3	of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						e and on page 1, e 7, column (A)	Enter here and Part I, line 7, co	
Totals				▶l				

Form **990-T** (2018)

Page 4

Schedule F-Interest, Annu	uities, Royaltie			om Contro ontrolled Org			ons (see	nstruction	ns)	
Name of controlled organization	2. Employer identification numb	oer 3	3. Net unrelated income 4.		4. Total of specified		5 Part of column 4 that is included in the controlling organization's gross income		ling	6. Deductions directly connected with income in column 5
(4)		- -	_				<u> </u>			-
(1)							 		-+	
(2)		- - -							\dashv	
(3)								<u>_</u>	\dashv	
(4) Nonexempt Controlled Organia	zatione									
7 Taxable Income	8 Net unrelated		1	Total of specific			t of column			Deductions directly nected with income in
	(loss) (see instruc	cions)	ļ <u> </u>	ayments made		organiz	ation's gros	sincome		column 10
(1)			 							
(2)			 							
(3)			ļ				<u> </u>	-		
(4)			L				olumns 5 a			d columns 6 and 11
Totals						Part I,	ere and on line 8, colu	mn (A)		r here and on page 1, I, line 8, column (B)
1 Description of income	2 Amount o	income		3 Deduction directly cor (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					<u> </u>					
(2)				_						
(3)										
(4)										
Totals ,	Enter here and Part I, line 9, c		2 12 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					The second second		inter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come. C	Other Th			come (s	ee instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exp dire connect produ unre	penses ectly sted with ction of elated s income	4 Net incomfrom unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross from act	s income livity that nrelated s income	6 Expens attributab column	le to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(4)				 						
(1)		-		 				<u> </u>		
(2) ,				 				 		
(3)				 						
(4) Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, col (B)	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						on page 1,
Schedule J-Advertising In	come (see instr	uctions)		7.			7	<u></u>		<u> </u>
Part I Income From Peri			Consol	idated Bas	is					
1 Name of periodical	2 Gross advertising income		Pirect ing costs	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		ulation ome	6 Readen	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				The state of the	175.					5 L 3 1 4 1 7 1 5 1
(2)						-				
(3)	 		-		7-4					
(4)	-							_		
Totals (carry to Part II, line (5))										<u> </u>
(,,,,,	<u>. </u>									<u> </u>

Form **990-T** (2018)

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.) Part II

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)						Ì
(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)		%	<u> </u>
(4)		%	
Total, Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► 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

Name of organization

WORCESTER POLYTECHNIC INSTITUTE

Unrelated business activity code (see instructions) ▶ 721214

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12.......

Employer identification number

04-2121659

Describe the unrelated trade or business ► SUMMER CAMPS Part I Unrelated Trade or Business Income (C) Net (B) Expenses (A) Income 333,444 1a Gross receipts or sales 333,444 c Balance b Less returns and allowances Cost of goods sold (Schedule A, line 7)...... 2 2 333,444 333,444 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach 5 6 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J)........ 11

333,444

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)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	148,547
16	Repairs and maintenance	l	95
17	Bad debts	l	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	l .	
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion		
24	Contributions to deferred compensation plans	1	
25		1	
26	Employee benefit programs		
	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)	l .	104,439
28	Other deductions (attach schedule)	28_	
29	Total deductions. Add lines 14 through 28	_29	253,081
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	80,363
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30		80,363
_			

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

333,444

12

13

49,100.

ATTACHMENT 1

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

ORDINARY LOSS FROM PARTNERSHIPS	-68,220.
NET RENTAL REAL ESTATE LOSS	-5,082.
INTEREST INCOME	2,287.
SECTION 1256 INCOME	26,712.
OTHER INCOME	93,403.

INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT 1

ATTACHMENT 2

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

SECTION 59(E)(2) EXPENDITURES	991,381.
EXCESS BUSINESS INTEREST EXPENSE	62,961.
TAX PREPARATION FEES	32,850.
INVESTMENT INTEREST EXPENSE	14,900.
OTHER DEDUCTIONS	1,077.

PART II - LINE 28 - OTHER DEDUCTIONS

1,103,169.

ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

	45.000
FOOD	45,868
INDIRECT COSTS	35,207
UNIFORMS	6,567
ATHLETIC EQUIPMENT	5,131
PROFESSIONAL SERVICES	4,237
TAX PREPARATION FEES	3,850
SUPPLIES	1,067
TRAVEL	1,005
OTHER DEDUCTIONS	1,507
PART II - LINE 28 - OTHER	DEDUCTIONS 104,439

NET OPERATING LOSS CARRYFORWARD BEFORE JANUARY 1, 2018

		PRIOR YEAR	AMOUNT	
YEAR ENDING	LOSS GENERATED	CARRYOVER	UTILIZED	CARRYFORWARD
6/20/2005	10 240	10 249	10 249	
6/30/2005	19,248	19,248	19,248	-
6/30/2006	14,148	14,148	14,148	-
6/30/2007	31,293	31,293	31,293	-
6/30/2008	29,646	29,646	15,674	13,972
6/30/2009	32,888	32,888	-	32,888
6/30/2010	39,829	39,829	-	39,829
6/30/2011	233,592	233,592	~	233,592
6/30/2012	133,845	133,845	-	133,845
6/30/2013	84,495	84,495	-	84,495
6/30/2014	58,837	58,837	-	58,837
6/30/2015	820,284	820,284	-	820,284
6/30/2016	991,122	991,122	-	991,122
6/30/2017	774,918	774,918	-	774,918
6/30/2018	1,058,564	-	-	1,058,564
TOTAL	\$ 4,322,709	\$ 3,264,145	\$ 80,363	\$ 4,242,346

NET OPERATING LOSS CARRYFORWARD POST JANURY 1, 2018

BUCKET #1 - QPI LP'S

		PRIOR YEAR	AMOUNT	
YEAR ENDING	LOSS GENERATED	CARRYOVER	UTILIZED	CARRYFORWARD
6/30/2019	(708,836)			(708,836)
	(708,836)			(708,836)

CHARITABLE CONTRIBUTION CARRYFORWARD

YEAR ENDING	CHARITABLE CONTRIBUTION	PRIOR YEAR CARRYOVER	AMOUNT UTILIZED	CARRYFORWARD
6/30/2014	78	78	-	78
6/30/2015	91,085	91,085	-	91,085
6/30/2016	244	244	-	244
6/30/2017	28	-	-	28
6/30/2018	-	-	-	-
TOTAL	\$ 91,435	\$ 91,407	\$ -	\$ 91,435

CHARITABLE CONTRIBUTION CARRYFORWARD POST JANURY 1, 2019

BUCKET #1 - QPI LP'S

YEAR ENDING	LOSS GENERATED	PRIOR YEAR CARRYOVER	AMOUNT UTILIZED	CARRYFORWARD
6/30/2019	15			15
	15			15

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 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.

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

OMB No 1545-0123

WORCESTER POLYTECHNIC INSTITUTE

Employer identification number

04-2121659

Part	Short-Term Capital Gains and Losses	s (See instructions	.)					
	See instructions for how to figure the amounts to enter on the lines below	nstructions for how to figure the amounts to enter on (d) (e) (g) Adjustments or loss from For		(g) Adjustments to or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from		
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part I, line : column (g)	2,	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	25,566				25,566		
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4			
5	Short-term capital gain or (loss) from like-kind excha	inges from Form 8824			5			
6	Unused capital loss carryover (attach computation)				6	()		
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h	<u> </u>	7	25,566		
Part	■ Long-Term Capital Gains and Losses	(See instructions)		_			
	See instructions for how to figure the amounts to enter on the lines below	gain (s)	(h) Gain or (loss) Subtract column (e) from					
	This form may be easier to complete if you round off cents to whole dollars	s form may be easier to complete if you round off cents to (sales price) (or other basis)						
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	80,414				80,414		
11	Enter gain from Form 4797, line 7 or 9		11	408,753				
12	Long-term capital gain from installment sales from f	12						
13	Long-term capital gain or (loss) from like-kind exchain	13	_					
14	Capital gain distributions (see instructions)	14						
15	Net long-term capital gain or (loss) Combine lines 8	15	489,167					
Part	Summary of Parts I and II							
16	Enter excess of net short-term capital gain (line 7) of		16	25,566.				
17	Net capital gain Enter excess of net long-term capi		17	489,167				
18	Add lines 16 and 17 Enter here and on Form 1120	urns	18	514,733				
	Note: If losses exceed gains, see Capital losses in th	IE ITISTRUCTIONS						

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

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return WORCESTER POLYTECHNIC INSTITUTE Social security number or taxpayer identification number

04-2121659

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page

for on	e or more of the boxes, com	plete as mar	ny forms with	the same box	checked as you r	need	
	A) Short-term transactions re B) Short-term transactions re C) Short-term transactions necessity.	eported on F	orm(s) 1099	-B showing bas	•	,	
1	(2)	(6)	(c)	(d)	(e) Cost or other basis	Adjustment, if any, to gain or loss if you enter an amount in column (g), enter a code in column (f)	(h) Gain or (lo

(a) Description of property	(b) (c) Date acquired Date sold	(c) Date sold or	(sales price)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	Jace acquired , , , ,			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ST CAPITAL GAIN FROM LPS	VAR	VAR	25,566				25,566
	-						
		_				_	
		_					
		_					
2 Totals Add the amounts in columns	(d), (e), (g), and	d (h) (subtract					
negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	ıs checked), lin	e 2 (if Box B	25,566				25,566

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

WORCESTER POLYTECHNIC INSTITUTE

04-2121659

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, if a lif you enter a co	(h) Gain or (loss) Subtract column (e) from column (d) and	
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT CAPITAL GAIN FROM LPS	VAR	VAR	80,414				80,414
	_						
					,		
					_		
				_			
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked) or line 10 (if Box	here and inclusion checked), line	ude on your e 9 (if Box E	80,414				80,414

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)