	•		2	9393065	002	35 ,	1 my	Lea				
) } F	orm C	Exempt Organization Busine (and proxy tax under s			Return		OMB No 1545-8	687 L				
		For calendar year 2018 or other tax year beginning	. 2	2018, and ending	, 20	1,	(2018					
		ent of the Treasury Go to www.irs.gov/Form990T for instru	uctions	and the latest inform	mation.		pen to Public Insper 501(c)(3) Organizatio	ction for				
1			► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (☐ Check box if name changed and see instructions) D Emp									
4			yer identification n									
E	3 Exemp	(Emplo)	yees' trust, see instru	ictions)								
		Print or Number, street, and room or suite no If a P O box.	, see ins	structions	ļ.,	- III-	04-6134696					
	40			related business activity code se instructions)								
	40			·								
7	529 Book	9(a) Amherst MA 01002 yalue of all assets F Group exemption number (See instructions of year	1 1				517000					
	at enc	G Check organization type ► ✓ 501(c) corp		n	ıst 🗆	401(a) t	trust 🗍 Othe	r trust				
ī	1 Ent		y (or first) unrela									
ľ		er the number of the organization's unrelated trades or business de or business here ► Fiber Optic Network		1 nly one, complete P	-							
		t in the blank space at the end of the previous sentence, com	_	•			•					
		de or business, then complete Parts III-V.	.,,,,,,,,,,	, ,,								
ĺ	Dur	ring the tax year, was the corporation a subsidiary in an affiliated grou	up or a	parent-subsidiary co	ontrolled gro	oup?	▶ ☐ Yes [☑ No				
		Yes," enter the name and identifying number of the parent corp	•	•	Ū							
` `	J The	e books are in care of ▶		Telephor	ne number	>						
14	Part	Unrelated Trade or Business Income		(A) Income	(В) Ехр	enses	(C) Net					
	1a	Gross receipts or sales										
•	b	Less returns and allowances c Balance ▶	1c									
	2	Cost of goods sold (Schedule A, line 7)	2		ļ .			<u> </u>				
	3	Gross profit Subtract line 2 from line 1c	'									
3	4a	Capital gain net income (attach Schedule D)	4a			_/		 				
3	þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		ļ			 				
9	C	Capital loss deduction for trusts	4c					 				
>	5	Income (loss) from a partnership or an S corporation (attach statement)	5		/							
	6 7	Rent income (Schedule C)	7		 	-	_	 				
AUG	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<u> </u>					+				
_	9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		 	 			+				
Ī	10	Exploited exempt activity income (Schedule I)	10	98835	103	2496	(366	1)				
	11	Advertising income (Schedule J) .	11	30033	10.		(300	+				
₹	12	Other income (See instructions, attach schedule)	12/		·			1				
ွှ	13	Total. Combine lines 3 through 12	13	98835	102	2496	(366	1)				
	Part	Deductions Not Taken Elsewhere (See instructions for			ns.) (Exce	pt for c	contributions,					
_		deductions must be directly connected with the unrelate		siness income)								
	14	Compensation of officers, directors, and trustees (Schedule K)) .	•		1.						
	15	Salaries and wages		•		1:						
	16	Repairs and maintenance				1		 				
	17	Bad debts				1						
	18	Interest (attach schedule) (see instructions).	•		•	1		+				
	19 20	Taxes and licenses	2		 							
	21	Depreciation (attach Form 4562)		. 21	1	-	.0	+				
	22	Less depreciation claimed on Schedule A and elsewhere on re	eturn	22a		22	2h					
	23	Depletion			L		3	+-				
	24	Contributions to deferred compensation plans REC	: IV	EDI		⊢ −	4	 				
	25	Employee honefut programs	**********				25	1				
	26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) SEP. 0	8.20	ि । 			26					
	27			S		. 2	27					
	28	Other deductions (attach schedule) OGDE	IN1	▗ ▗▗▃▘╚┤▗ ▗			28					
	29	Total deductions. Add lines 14 through 28					9					
)	30	Unrelated business taxable income before net operating loss de	educti	on Subtract line 29	from line 1	3 3	366 (366	1)				

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income. Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions.

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31 32

Part	ill T	otal Unrelated Business Taxable Income					
33/	Total o	of unrelated business taxable income computed from all unrelated trades or businesses	s (se	е	1		
<u>in</u> structions)					33	9883	5
34	Amour	its paid for disallowed fringes		ſ	34		
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018	(se	e [1
	ınstruc	tions)		1	35		
36	Total o	f unrelated business taxable income before specific deduction. Subtract line 35 from the	e sun	n			
	of lines	33 and 34			36	9883	5
37	Specifi	c deduction (Generally \$1,000, but see line 37 instructions for exceptions) .		ľ	37		
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than lir	ne 36	3, [
		ne smaller of zero or line 36		- {	38	9883	5
Part	V T	ax Computation			1		
39/	Organ	izations Taxable as Corporations. Multiply line 38 by 21% (0 21)		\cdot	39		
46	Trusts	Taxable at Trust Rates. See instructions for tax computation Income ta	x or	n [
	the amount on line 38 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶						
41	. [41					
42	Alterna	tive minimum tax (trusts only)		Ī	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		
Part	V T	ax and Payments					
45á	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			1		1
b	Other of	credits (see instructions)			- []		
С	Genera	Il business credit. Attach Form 3800 (see instructions)			- 11		
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	Ш_	_	- //		
е	Total c	redits. Add lines 45a through 45d		Ŀ	45¢		
46		ct line 45e from line 44		L	46 47		
47	47 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)						
48		ax. Add lines 46 and 47 (see instructions)			48		
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), Jine 2.	,	L	49		
50a	-	nts A 2017 overpayment credited to 2018 . 50a	—	_	11		
þ		stimated tax payments 50b	┷	_	11		
С		posited with Form 8868 50c	┷	_			
d	_	organizations Tax paid or withheld at source (see instructions) 50d		4			
e		withholding (see instructions)		4			
f		for small employer health insurance premiums (attach Form 8941)	—	_			
-		redits, adjustments, and payments Form 2439					
	Form		Щ.				
		ayments. Add lines 50a through 50g		╮├	51 52		+
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	-	
		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.			54		\vdash
	•	amount of line 54 you want Credited to 2019 estimated tax Refund	ed ▶		55		\vdash
Part \		atements Regarding Certain Activities and Other Information (see instruction					<u>. </u>
		time during the 2018 calendar year, did the organization have an interest in or a signatur		oth	er autho	rity Yes	No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organizati					T
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the f	fore	ign cour	ntry	
	here 🕨						✓
57	During ti	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a fo	oreig	gn trust?		1
		see instructions for other forms the organization may have to file.					
58		e amount of tax-exempt interest received or accrued during the tax year 🕨 \$					
0:	Under	penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and t prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kni	o the t	best	of my know	rledge and be	lief, it is
Sign	1 2/2		, micuy	- 11		discuss this	
Here Shill Moenica 9/6/20 Treasurer						eparer shown lons)? Yes	
	bignatu	re of officer Date Title		L			
Paid	V	Print/Type preparer's name Preparer's signature Date			k 🗌 if	PTIN	
Prepa	rer				employed		
Use C	nly	Firm's name ►	-		s EIN ►		
		Firm's address ►		hon	e no		

Form 99	90-T (2018)							F	age 3
Sche	dule A-Cost of Goods	Sold. En	ter method of in	ventory v	aluation >		-		
1	Inventory at beginning of y	ear	1	6	Inventory a	at end of year	6		
2	Purchases		2	7	7 Cost of goods sold. Subtract				
3	Cost of labor .		3		line 6 from	line 5. Enter here and			1
4a	Additical section 263A	costs			ın Part I, lır	ne 2	7		l
	(attach schedule)	4	4a	8	Do the rul	Do the rules of section 263A (with respect to Yes			
b	Other costs (attach schedu	ule)	4b		property produced or acquired for resale) apply				
5	Total. Add lines 1 through		5		to the orga				l
Sche	dule C-Rent Income (F	rom Re	al Property and	Persona	l Property I	Leased With Real Pro	perty)		
(see	instructions)								
1. Desc	ription of property								
(1)									
(2)									
(3)									
(4)				- .					
	2	Rent receiv	ed or accrued						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly in columns 2(a) and		ie		
(1)	··								
(2)									
(3)									
(4)									
Total			Total	······································		(b) Total deductions.			
(c) Tot	al income. Add totals of colum	nns 2(a) an	d 2(b) Enter	Enter here and on pa					
	nd on page 1, Part I, line 6, colu		<u> </u>			Part I, line 6, column (B)	>		
Sche	dule E-Unrelated Deb	t-Financ	ed Income (see	instruction	s)				
	1 Description of debt-fi	nanced proc	nertv	2 Gross income from or allocable to debt-financed		l	ced property		
r Description of debt-infanced property		,,	property		(a) Straight line depreciation (attach schedule)	(b) Other de (attach sc			
(1)									
(2)									
(3)									
(4)									
	4. Amount of average acquisition debt on or illocable to debt-financed property (attach schedule)	of or debt-fin	ge adjusted basis allocable to anced property ch schedule)	4 (Column divided column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable of (column 6 × tot 3(a) and	al of col	

%

%

% %

Enter here and on page 1, Part I, line 7, column (A)

ightharpoonup

(1)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

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Enter here and on page 1, Part I, line 7, column (B)

٧;

Schedule F - Interest, Ann	uities, Hoyaities,			Ontrolled Org	ganizations (se	ee instruc	ctions)	-
Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specifie payments made	5. Part of column included in the organization's gr	controlling	conr	eductions directly nected with income in column 5
(1)								
(2)								
(3)				ļ <u></u>				
(4)		<u>l</u>						
Nonexempt Controlled Organia	zations							· · · · ·
7. Taxable Income	8. Net unrelated in (loss) (see instruc	ctions) 9 Total of specified		included in the	10 Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)							1	
(2)							İ	•
(3)							İ	
(4)								
Totals .					Add columns 5 Enter here and 6 Part 1, line 8, co	on page 1,	Enter	columns 6 and 11 here and on page 1, , line 8, column (B)
Schedule G-Investment I	ncome of a Sect	tion 501(c)(7), (9),	or (17) Organi	zation (see ins	tructions	<u> </u>	
1 Description of income	2 Amount o		3. direc	Deductions ctly connected ach schedule)	4 Set-aside (attach sched	:s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			 					·
(2)	~		T	•			···-	
(3)								
(4)								
Totals	Enter here and Part I, line 9, c	column (A)		· · · · · · · · · · · · · · · · · · ·	•	ľ	Part I, I	re and on page 1, ne 9, column (B)
Schedule I — Exploited Exe	mpt Activity Inc	ome, Otr	er Ihan	Advertising In	icome (see inst	ructions)	<u> </u>	т
1 Description of exploited activity	2. Gross unrelated business inco from trade of business	me conni proc	xpenses irectly ected with luction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)						_		
(3)				-				
(4)								
Totals	Enter here and page 1, Part line 10, col (/	I, page	ere and on 1, Part I, 0, col (B)	,			,	Enter here and on page 1, Part II, line 26
Schedule J-Advertising Ir	ncome (see instruc	ctions)						·
Part I Income From Pe	eriodicals Repor	ted on a	Consolic	dated Basis				
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				- 4				
(2)								, i i
(3)								
(4)				Sele Se		<u> </u>		
Totals (carry to Part II, line (5))	•							990-T /2018)

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

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