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Do not enter \$58 numbers on this form as it may be made public if your organization is a 501(c)(3)	*								
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High Enter the number of the organization's unrelated trade or businesses. Describe the only (or frest) unrelated trade or businesses. If only one, complete Parts I II-V, if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I II-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I II-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I II-V. If more than one, described the first in the blank space at the end of the previous sentence, complete Parts I II-V. If more than one, described the first in the blank space at the end of the previous sentence, complete Parts I II-V. If more than one, described the first in the part of the parent corporation. Part I Unrelated Trade or Business Income 1a Gross recepts or sales 1b Less returns and allowances 2 Cost of goods sold (Schedule A, Ine 7) 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 3 Gross prots. Subtract line 2 from line 1c 4 Capital loss deduction for trusts 5 Income (State Subtractions and enters from a controlled organization (Schedule G) 5 Interest and incomes (Schedule E) 6 Rent income (Schedule 1) 7 Gross prots. Subtract line 2 from line 1s 7 Gross prots. Subtract line 2 from line 1s 7 Gross prots. Subtract line 2 from lin	at end of year			>	[[[[[[[[[[[[[[[[[[[104(2)		Otherstonet	
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	/						<u>0 </u>	Form 990-T (2019)	

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		WORCESTER CENTER FOR PERFORMING ARTS, INC. Total Unrelated Business Taxable Income	05-0	<u>521735</u>	Page 2
			<u>.t </u>	100 0	- -
32	Total of	f unrelated business taxable income computed from all unrelated trades of businesses (see instructions)		<u>-100,8</u>	<u>32.</u>
. 33	Amoun	ts paid for disallowed fringes	33		
34	Charital	ble contributions (see instructions for limitation rules)	34		0.
35	Total ur	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 35	35	-100,8	<u>32.</u>
36	Deducti	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		0.
		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		-100,8	
		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,0	
	•	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	<u> </u>	= 7 0	
		ne smaller of zero or line 37	39	-100,8	3 2
Part		Tax Computation	391	-100,6	<u>J4.</u>
		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
	_		70		••
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
		ax rate schedule or Schedule D (Form 1041)	41		
	-	ax. See instructions ▶	42		
43	Alternat	tive minimum tax (trusts only)	43		
44	Tax on	Noncompliant Facility Income. See instructions	44		
45	Total. A	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Part	V ⁻	Tax and Payments			
46a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
	_	redits (see instructions) 46b			
		I business credit. Attach Form 3800			
_					
		or prior year minimum tax (attach Form 8801 or 8827)			
		redits. Add lines 46a through 46d	46e		
		the 46e from line 45	47		0.
48	Other ta	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total ta	x Add lines 47 and 48 (see instructions)	49		0.
50	2019 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019 51a			
		stimated tax payments 51b			
		posited with Form 8868 51c			
	•	organizations: Tax paid or withheld at source (see instructions) 51d			
	-				
		withholding (see instructions) 51e			
		or small employer health insurance premiums (attach Form 8941)			
9		redits, adjustments, and payments: Form 2439			
	Fo	orm 4136 Other Total ▶ 51g			
52	Total pa	ayments. Add lines 51a through 51g	52		
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53		
54	Tax due	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	-	_
		yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
		ne amount of line 55 you want: Credited to 2020 estimated tax	56		
Part		Statements Regarding Certain Activities and Other Information (see instructions)	30		
				l v	- N-
	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
		inancial 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	>			<u> </u>
58	During 1	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		L	X
	If "Yes,"	see instructions for other forms the organization may have to file.			
59	Enter th	ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲			
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ledge and bel	ief, it is true,	
Sign	co	prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		_	
Here				uss this return v	with
			preparer snov ructions)?	wn below (see	7 No
				Tes	No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN		
Paid		self- employed	1		
Prep		BARBARA E. KING BARBARA E. KING \(\text{O2}/11/21 \)		<u>005629</u>	
	Only	Firm's name ► BOLLUS LYNCH, LLP Firm's EIN ►	04-	303787	0
J-36	y	89 SHREWSBURY STREET			
			508)	755-71	07
923711	01-27-20			rm 990-T (

Form 990-T (2019) ARTS, INC.

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year			6		
2 Purchases	2		_ 7	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,		_	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b			property produced or a	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1. Description of property				<u>-</u> -					
(1)							•		
(2)						<u> </u>			
(3)									
		<u>. </u>			_	_			
		ed or accrued		<u> </u>		2(2) 2-4			_
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directi columns 2(a) a		ected with the income ii (attach schedule)	n
(1)	 -								
(2)				-					
(3)					_			<u> </u>	
(4)					_				
Total	0.	Total		_	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<u> </u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated De	bt-Financed	I Income (see	ınstru	ctions)			_		
			2	. Gross income from or allocable to debt-	4.5	3. Deductions directly co to debt-finan		operty	
1. Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)									
(2)			1						
(3)									
_(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%			\top		_
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals						0	_		0.
Total dividends-received deductions in	ncluded in column	18					-		0.

Form 990-T (2019) ARTS,	INC.						(05-05	<u> 2173</u>	5 Page 4
Schedule F - Interest,	Annuities,	Royalties					zation	IS (see ins	struction	ns)
•	İ		Exempt	Controlled O	rganizati	ons				
1. Name of controlled organiza	atron	2. Employer identification number		related income e instructions)		al of specified nents made	Include	of column 4 ed in the conta tion's gross	rolling	6 Deductions directly connected with income in column 5
(1)							-		-+	
(1)					-				$\overline{}$	
(2)			 -							
(4)			<u> </u>				<u> </u>			
Nonexempt Controlled Organi	ızatıons									
7. Taxable Income		ited income (loss	s) 9 Total	of specified payr	nents	10 Part of colum	mn 9 that	is included	11 De	ductions directly connected
	(see in	structions)		made		in the controlli				n income in column 10
(1)	 									
(2)										
(3)					-					
(4)			-							
	<u> </u>	 :								
						Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		of a Sec	tion 501(c)(7), (9), or	(17) Or	ganization	1	<u> </u>		
(see inst	ructions)					3. Deduction				5. Total deductions
	cription of income			2. Amount of	income	directly conne (attach sched	cted	4. Set-a (attach s		and set-asides (col 3 plus col 4)
(1)										_
(2)										
(3)										+
										
				Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited (see instru	•	ctivity Inc	ome, Othe	r Than Ad	vertisi	ng Income	• 			
			3 Expenses	4 Net incom						7 Excess exempt
1. Description of exploited activity	2. Gross unrelated busi income froi trade or busin	ness w	ectly connected with production of unrelated siness income	from unrelated business (co minus colum gain, compute through	lumn 2 n 3) If a n cols 5	 Gross inco from activity to is not unrelate business inco 	hat ed	6. Exp attributa colun	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)		-		-	-					·
(2)	 									
(3)									 -	
(4)	†									
	Enter here and page 1, Part line 10, col (t I, p	ter here and on page 1, Part I, ne 10, col (B)				<u></u>			Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.	0.		_					0.
Schedule J - Advertisi										·
Part I Income From	Periodicals	Reporte	d on a Con	solidated	Basis					
1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	il 2 minus iin, compute	5 Circulati	ion	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) ADVERTISING				p. = 5						
(2) INCOME	132	,650.	233,482							
(3)										
(4)										
Totals (carry to Part II, line (5))	▶ 132	,650.	233,482	-100	<u>,832</u>	•				0 . Form 990-T (2019)

WORCESTER CENTER FOR PERFORMING

1. Name

Total. Enter here and on page 1, Part II, line 14

(1)

(2)

(3)

(4)

Form 990-T (2019) ARTS, INC. <u>05-0521735</u> Page 5 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) 4. Advertising gain or (loss) (col. 2 minus 7. Excess readership costs (column 6 minus 2. Gross 3. Direct 5. Circulation 6. Readership advertising income 1 Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more than column 4) advertising costs ıncome costs (1) (2) (3) (4) 132,650. 233,482. 0. Totals from Part I \triangleright 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 26 132,650. 233,482 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable

2. Title

0. Form 990-T (2019)

to unrelated business

time devoted to business

%

%

%

%

▶

923732 01-27-20

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19 168,346.		0.	168,346.	168,346.	
NOL CARRYOV	VER AVAILABLE THIS	YEAR	168,346.	168,346.	
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/09 06/30/10 06/30/11	16,023. 7,230. 2,594.	3,377. 7,230. 0.	12,646. 0. 2,594.	12,646. 0. 2,594.	
06/30/12 06/30/13 06/30/14	19,946. 27,657. 52,992.	0. 0. 0.	19,946.	19,946. 27,657. 52,992.	
06/30/15 06/30/16 06/30/17	27,436. 35,883. 5,568.	0. 0. 0.	27,436. 35,883. 5,568.	27,436. 35,883. 5,568.	
06/30/18	24,157. VER AVAILABLE THIS	0.	24,157.	24,157.	