

2939314001645 8
104

EXTENDED TO MAY 15, 2018

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2016 or other tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

2016

Department of the Treasury
Internal Revenue Service

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► 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

A ☐ Check box if address changed	Print or Type	Name of organization (☐ Check box if name changed and see instructions.) BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY	D Employer identification number (Employees' trust, see instructions) 04-2103576
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. 41 BERKELEY STREET	E Unrelated business activity codes (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116	
C Book value of all assets at end of year 8,294,430.	F Group exemption number (See instructions.)		
	G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust		

H Describe the organization's primary unrelated business activity. ► **NONE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **MAUREEN JOYCE** Telephone number ► **617-588-1363**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(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			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule)	12			
13 Total. Combine lines 3 through 12	13	0.		

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	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

**BENJAMIN FRANKLIN INSTITUTE OF
TECHNOLOGY**

Form 990-T (2016)

04-2103576

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ <u> </u> (2) \$ <u> </u> (3) \$ <u> </u>	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ <u> </u>	
(2) Additional 3% tax (not more than \$100,000)	\$ <u> </u>	
c Income tax on the amount on line 34		35c <u>0.</u>
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
☐ Tax rate schedule or ☐ Schedule D (Form 1041)		36 <u> </u>
37 Proxy tax. See instructions		37 <u> </u>
38 Alternative minimum tax		38 <u> </u>
39 Tax on Non-Compliant Facility Income. See instructions		39 <u> </u>
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 <u>0.</u>

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a <u> </u>	
b Other credits (see instructions)	41b <u> </u>	
c General business credit. Attach Form 3800	41c <u> </u>	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d <u> </u>	
e Total credits. Add lines 41a through 41d		41e <u> </u>
42 Subtract line 41e from line 40		42 <u>0.</u>
43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☒ Form 8866 ☐ Other (attach schedule)		43 <u> </u>
44 Total tax. Add lines 42 and 43		44 <u>0.</u>
45a Payments: A 2015 overpayment credited to 2016	45a <u> </u>	
b 2016 estimated tax payments	45b <u> </u>	
c Tax deposited with Form 8868	45c <u> </u>	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d <u> </u>	
e Backup withholding (see instructions)	45e <u> </u>	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f <u> </u>	
g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other <u> </u> Total ☐	45g <u> </u>	
46 Total payments. Add lines 45a through 45g		46 <u> </u>
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		47 <u> </u>
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48 <u>0.</u>
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49 <u>0.</u>
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <u> </u> Refunded <u> </u>		50 <u> </u>

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 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 <u> </u>	Yes	No
	☐	☒
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 <u>\$</u>		

Sign Here	Under penalties of perjury, 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.				
	<u>Maurice Joyce</u> Signature of officer	<u>05-9-18</u> Date	<u>CFO</u> Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	<u>BRENDA L. BOOTH</u>	<u>Brenda L. Booth</u>	<u>05/09/18</u>		<u>P01342395</u>
	Firm's name <u>CBIZ MHM, LLC</u>	Firm's EIN <u>26-3753134</u>			
	Firm's address <u>500 BOYLSTON STREET</u> <u>BOSTON, MA 02116</u>			Phone no. <u>617-761-0600</u>	

Form 990-T (2016)