Form **990** 

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	rnal Revenu	e Service	Go to www.irs	gov/Form990 for	instructions	s and tr	ie latest i	ntorm	ation.	000	Inspect	ion		
<u>A</u>	For the 2	2017 caler	ndar year, or tax year beginnir	ng 09/01	1	2017, a	nd endin	g	08/3	1	, 20 18			
В	Check if a	pplicable	C Name of organization WORCES	STER CULTURAL	COALITION	INC		_		Employer	identification nu	ımber		
	Address c	hange	Doing business as							81-5010462				
	Name cha	inge	Number and street (or P O. box if	mail is not delivered	to street addre	ess)	Room/su	te	E	E Telephone number				
	Initial retur	m [	20 FRANKLIN STREET								608-799-1400			
	Final return	/terminated	City or town, state or province, co											
	Amended	retum	WORCESTER, MA, 01608	G	Gross rec	eipts \$	94,233							
	Application	n pending	F Name and address of principal off	icer HONEE HE	SS			H(a)	Is this a grou	p return for sul	bordinates? 🔲 Yes	✓ No		
			20 FRANKLIN STREET, WOR	CESTER, MA 016	08				•		ncluded? 🔲 Yes	□ No		
1	Tax-exem	pt status		) ( ) <b>∢</b> (insert	no ) 🗌 4947(a	a)(1) or	□ 52 <b>%</b> )	<b>7</b> ""	Vo," attact	n a list. (see	instructions)			
<u>J</u>	Website:	► wwv	v.worcestermass.org/worcest	er-cultural-coaliti	on ı		<u> </u>	H(c	) Group e	cemption ni	umber ►			
K	Form of or	ganization	Corporation Trust Associ	ciation ☐ Other ►	]	L Yea	r of formati	on	2016	M State of	f legal domicile	MA		
Ρ	art I	Summa	ary											
	1 E	Briefly des	scribe the organization's mis	ssion or most sig	ınıfıcant act	ivities:	THE M	ISSIO	N OF WO	RCESTE	R CULTURAL			
õ	_9	COALITION IS TO DRAW ON WORCESTER'S RICH AND DIVERSE CULTURAL ASSETS TO FOSTER ECONOMIC												
nan	<u> </u>	(Continue	d on Schedule O, Statement 1	!)										
Activities & Governance	,		s box 🕨 🗌 if the organization		-		sposed o	f mor	e than 2	5% of its	s net assets.			
Ĝ	3 1	Number o	of voting members of the government	verning body (Pa	rt VI, line 1a	a)				3		12		
<b>∞</b> ŏ	4 1	Number o	of independent voting memb	ers of the gover	ning body (F	Part VI,	line 1b)			4		11		
ţį	5 T	Total num	ber of individuals employed	ın calendar yeaı	2017 (Part	V, line	2a) .			5		0		
⋛			ber of volunteers (estimate							6		0		
¥	7a T	Total unre	elated business revenue fron ated business taxable incom	n Part VIII, colu <b>ր</b>	m (C), <u>lime</u> i	2-1	ÆD:	∵].		7a		0		
	b N	Net unrela	ated business taxable incom	e from Form 990	)-T, line 34 9	CEI	<u>/⊏IJ.</u>	<u></u>	<u> </u>	7b		0		
				1,	<u> </u>			S	Pnor Year		Current Ye	ar		
Revenue			ons and grants (Part VIII, lin	e 1h)		05	2019 L	0	9	55,609		55,822		
		-	service revenue (Part VIII, lin	e 2g) [ˈ	نــز ، ان	_ · - · -		RS		29,991		32,213		
ě			nt income (Part VIII, column			D'E N		1=		1,092		6,198		
	11 (	Other reve	enue (Part VIII, column (A), li	nes 5, 6d, 8c, 9	, 10c, and i	<b>Tet I</b>	I, U I			0		0		
			nue-add lines 8 through 11				ie 12)		9	86,692	· · · · · · · · · · · · · · · · · · ·	94,233		
	13 6	Brants an	d sımılar amounts paıd (Parl	t IX, column (A), l	lines 1-3) .					0		0		
	14 E	Benefits p	aid to or for members (Part	IX, column (A), li	ne 4)					0		0		
S	15 S	Salaries, o	ther compensation, employee	e benefits (Part IX	, column (A)	, lines 5	5–10)			0		0		
Expenses	1		nal fundraising fees (Part IX,	• •	•		· · L			0		0		
×	1		Iraising expenses (Part IX, c			<b></b> -	0		•					
ш	ı		enses (Part IX, column (A), I							83,497	<del></del>	161,438		
	1	otal expe	enses. Add lines 13-17 (mus	st equal Part IX, o	column (A),	line 25)	) . ∟			83,497		<u>161,438</u>		
	19 F	Revenue I	ess expenses. Subtract line	18 from line 12	<u></u>	<u> </u>	· · ·			03,195		-67,205		
ssets or latances	J						B	eginnir	ng of Curre		End of Yea	ar		
Set	20 T		ets (Part X, line 16)				· ·			95,423	1,	127,699		
Net Ass Fund Ba	21 T		lities (Part X, line 26)				· ·  _			15,833		15,314		
			s or fund balances. Subtract	line 21 from line	20	<u> </u>	<u> </u>		1,1	79,590	1,	112,385		
Pa	art II	Signatu	ure Block											
			y, I declare that I have examined this								knowledge and	belief, it is		
	e, correct, a	and comple	te Declaration of preparer (other the	an onicer) is based of	1 an information	TO WITE	n preparer	nas an	y kilowied	ge	/			
0:		-7	Mrw 100	may.						0/	27/19			
Sig		Signat	ture of officer	J					Date					
He	re		EN DUNLAP, TREASURER											
		<del></del>	or print name and title	10			1=				In-			
Pa	id	Print/Type	e preparer's name	Preparer's signatu	re		Dat	e		Check 🗌				
	eparer					_			_,1	self-emplo	yed			
	e Only	Firm's na	me ►						Firm's	EIN >				
		Firm's ad		· · · · · · · · · · · · · · · · · · ·					Phone	no.	· <u>-</u>			
May	y the IRS	discuss	this return with the preparei	r shown above?	(see instruc	tions)	<u> </u>	<u></u>	• •	<del></del>	· · Tes	□ No		
F	<b>n</b> -		4* A . A B1 . A*					4400	~ /	•	- n	DA (0017)		

SCANNED AUG 9 0 201

No 11282Y 50 Form

	90 (2017)		<u> </u>		Page 2						
Part		ement of Program Serv		Cort III							
<del>-</del> 1		scribe the organization's m	s a response or note to any line in this F	-an III	<u> </u>						
•	•	_	URAL COALITION IS TO DRAW ON WORCE	STER'S RICH AND DIVERSE CUI	TURAL						
			/ITALIZATION, SUPPORT ACTIVE, CREATIVE								
			ENTITY FOR GREATER WORCESTER.								
2			significant program services during the y								
	•			• • • • • • • • • •	☐ Yes 🗹 No						
3		escribe these new service		how it conducts any program	2						
3		Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
		escribe these changes on			Lifes Millo						
4		_	n service accomplishments for each of it	s three largest program service	s. as measured by						
	expenses.	Section 501(c)(3) and 50	(c)(4) organizations are required to repo ny, for each program service reported.								
4a	(Code:	) (Expenses \$	110,396 including grants of \$	0 ) (Revenue \$	316 )						
-	PROGRAM	AND EVENTS - PROVIDES	VARIOUS PROGRAMMING AND EVENTS F	OR THE GREATER WORCESTER	AREA						
		<del></del>									
	•••••										
			•								
_											
4b	(Code:	) (Expenses \$	34,702 including grants of \$	0 ) (Revenue \$	29,674 )						
	MEMBER	SERVICES - PROVIDE SERV	ICES INCLUDING ADVERTISING FOR MEM	BERS							
					·						
		••••••									
			•••••••••••••••••••••••••••••••••••••••								
	/O	\ /\(\(\tau_{\text{transfer}}\)		\ /D==							
4C	(Code.	) (Expenses \$	including grants of \$	) (Revenue \$	<del></del> )						

 4d
 Other program services (Describe in Schedule O.)

 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

 4e
 Total program service expenses ▶ 145,098



ABDO

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	├──
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>✓</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	1	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>√</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<b>✓</b>
		F	agn	(0047)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		_	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<b>\</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- 1	
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>✓</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	] ]		
	complete Schedule N, Part II	32		<u>✓</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		,
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			,
250		34	-	<u>√</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	26	ł	1
	· · · · · · · · · · · · · · · · · · ·	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31	-	<u> </u>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	,	
		-00	<u> </u>	

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response or note to any line in this Part V			
4			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b   0    Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<del>                                     </del>		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶	a		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
<b>b</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	_	<b>√</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u>√</u>
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		<u>√</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>*</del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del>`</del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_	<b></b>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ļ	
11	Section 501(c)(12) organizations. Enter:	ŀ	-	
а	Gross income from members or shareholders		l	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	.52		<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\Box$	✓
L.	16 (Non " has it filed a Form 700 to report these payments? If "No " provide an evaluation in Schedule O	446	- 1	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	ions.					
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. <u>V</u>					
Sect	ion A. Governing Body and Management		I	T					
	en u como de la como d		Yes	No					
18	Enter the number of voting members of the governing body at the end of the tax year 1a 12	4	1						
	If there are material differences in voting rights among members of the governing body, or			!					
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	}							
	·		1						
b	Enter the number of voting members included in line 1a, above, who are independent .   1b 11	┨		:					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		7					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1					
6	Did the organization have members or stockholders?	6		1					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		<u> </u>					
	one or more members of the governing body?	7a		1					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<del></del>		<del>  `                                   </del>					
_	stockholders, or persons other than the governing body?	7b		/					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			-					
	the year by the following:	1							
а	The governing body?	8a	<b>√</b>						
b	Each committee with authority to act on behalf of the governing body?	8b	7						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		•						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/					
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	L- <u>`</u>					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>\</b>						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c	✓						
13	Did the organization have a written whistleblower policy?	13		1					
14	Did the organization have a written document retention and destruction policy?	14	1	Ť					
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		7					
	Other officers or key employees of the organization	15b		1					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		<b>-</b>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			-					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	[		_ [					
	organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► MA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.	,							
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	oolicy	, and					
	financial statements available to the public during the tax year.		•						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>						
	FLLEN DUNLAP. (508)755-5221								

	١.	
Form	ggn	(2017)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
					C)					}
(A)	(B)		Position (do not check more that box, unless person is be			. 41		(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per					or/trust			compensation from	
	week (list any hours for	or a	îns	3	Ke	em H	Fo	from the	related organizations	other compensation
	related	Individual trustee or director	렱	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	5 등	on a		링	8 5	`	(W-2/1099-MISC)		organization and related
	line)	rus	7		yee	mg				organizations
		ê	Institutional trustee			Highest compensated employee				
	<del> </del>					8	_	<u> </u>		
HONEE HESS	2.00				!					
PRESIDENT	0.00	<u> </u>		✓				0	0	0
ELLEN DUNLAP	2.00									
TREASURER	0.00			✓			L	0	0	0
TROY SIEBELS	2.00					İ				
SECRETARY	0.00			✓				. 0	0	0
ZACHARIAH COMBS	2.00			ł			l	1		
OFFICER	0.00			✓				0	0	0
ANH VU SAWYER	2.00			ĺ						
OFFICER	0.00	L		1				0	0	0
WILLIAM WALLACE	2.00									
OFFICER	0.00			✓				0	0	0
MATTHIAS WASCHEK	2.00				[ .					
OFFICER	0.00			✓				0	0	0
GLORIA HALL	2.00						]	J		
OFFICER	0.00			<b>\</b>				0	0	0
GRACE ELTON	2.00									
OFFICER	0.00			✓				0	0	0
SAMANTHA FIAKOFI	2.00					i				
OFFICER	0.00			<b>√</b>				0	0	0
ERIN WILLIAMS	40.00							}		
OFFICER	0.00		l	✓				23,334	0	0
MICHAEL TRAYNOR	2.00									
OFFICER	0.00			✓				0	0	0
	<u> </u>							<u> </u>		

(A) Name and tritle    Average   Average   Go not check more than one officer and a director/trustee)   Reportable officer and a director and a director/trustee)   Reportable officer and a director/tr	r air	VII Section A. Officers, Directors, Trus	lees, Key E	mpio	yee		C)	ngne	SUC	ompensated E	mpioyees (c	onunc	<i>leaj</i>		
Name and title    Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and title   Name and business address   Name   Name and business address		40	(5)	l		•	-			(0)	<u></u>	- 1	(5)		
Properties   Pro			1			ieck	more	e than :		1 1	l				
week plat in   value   valu		Name and title	_									·			
1b   Sub-total					1		_		<del></del> -	,	related	ĺ	othe	er	
1b   Sub-total			1	호호	ıstıt	₹	éy	필를	1 3						
Sub-total				g à	Ĕ	ğ	1	loye	<u>e</u>			150)			
1b Sub-total 2 3,334 0 2 3,334 0 3				Q E	nal		ŏ	<sup>6</sup> 8		[	[				
1b Sub-total 2 3,334 0 2 3,334 0 3			line)	l	Ę		ee	per					organiza	ations	
1b Sub-total 2 3,334 0 2 3,334 0 3				16	stee			sat		ļ	ļ	j			
1b Sub-total								<u> 8</u>	ـــ			$-\!$			
1b Sub-total				]											
1b Sub-total							L		<u></u>						
1b Sub-total			ļ												
1b Sub-total				]		ŀ			L						
1b Sub-total															
1b Sub-total			<b></b>	İ					1						
1b Sub-total									T			$\neg \bot$			_
1b Sub-total		•••••		ĺ		ĺ		ĺ	ĺ	1		Í			
1b Sub-total				_				<u> </u>	$\vdash$			-+			_
1b Sub-total			}						ļ	}	}				
1b Sub-total		<del></del>	<u> </u>				_	-	╁	<del></del> -		-+			
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None												ŀ			
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None			<del></del>			_	-	<u> </u>	-	<del> </del> -		-+	-		
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None			<b></b>												
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None			ļ		Н		<u> </u>		├	<del> </del> -					
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None			ļ							1		- 1			
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None				_					<u> </u>						
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None		·····													
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None							L_		<u> </u>			$-\!$			
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None															
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None							<u> </u>								
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None							ŀ								
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None															
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  None	1b	Sub-total								23,334		0			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d_	Total (add lines 1b and 1c)							<b>&gt;</b>	23,334		_0			0
Total number of independent contractors (including but not limited to those listed above) who	2								e) w	ho received me	ore than \$10	0,000	of		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									•			• -			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													Y	es t	No
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  CC)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	ficer, direct	tor, o	r tr	uste	ee,	key e	emp	loyee, or high	est comper	ısated			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual															/
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4								n a	nd other comp	ensation fro	m the	- <del></del>	<del>-   '</del>	
Individual	-														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			J. 04.01 1.11						-, 					_ _	/
for services rendered to the organization? If "Yes," complete Schedule J for such person	5		r accrue co	mner	neat	ำกก	fror	n anv	un	related organiz	ation or indi	vidual		<del>-   *</del>	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who	·												<u> </u>		<u></u>
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  1 Total number of independent contractors (including but not limited to those listed above) who	Soction		, .								<u> </u>		15		<u>'</u> —
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who			omnoncot	ad inc	lone	nd	ont .	contr	anto	are that receive	d more than	\$100	1 000 of		
year.  (A) Name and business address  Description of services  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who	•													'e tav	
(A) Name and business address  None  Total number of independent contractors (including but not limited to those listed above) who			ort comper	isanc	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .,		aiciia	ui y	car criding with	11 O: WILLIAM C	ic org	janization	JIAN	
None  None  Total number of independent contractors (including but not limited to those listed above) who		<del></del>							_		<del></del>				
None  2 Total number of independent contractors (including but not limited to those listed above) who			ress								ervices	ŕ		on	
Total number of independent contractors (including but not limited to those listed above) who															
, , , , , , , , , , , , , , , , , , ,	None														
, , , , , , , , , , , , , , , , , , ,															
, , , , , , , , , , , , , , , , , , ,															
, , , , , , , , , , , , , , , , , , ,															
, , , , , , , , , , , , , , , , , , ,	2	Total number of independent contractor	rs (includin	g bu	t no	ot I	mit	ed to	th.	ose listed abo	ve) who				
	_	•	•	-							,				ł

Form **990** (2017)

Par	t VIII						- D. 1.1411		
		Check if Schedule C	J contains	a resp	onse or note t	o any fine in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s	1a	0				
ğ a	Ь	Membership dues .		1b	0	1	· ·		1
s, C Am	С	Fundraising events .		1c	0				
ia gi	d	Related organizations		1d	0				
Si III	e	Government grants (cor		1e	10,000				
er S	f	All other contributions, g							}
년 <b>동</b>		and similar amounts not inc	1	1f	45,822		ļ		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu		-	0	ļ			
O E	<u>h</u>	Total. Add lines 1a-1	<u>f</u>	· ·		55,822			
Ĕ		25151. 2554		}-	Business Code				<u>-</u>
eve	2a	RENTAL FEES			713990	2,449	2,449	0	0
9	b	MEMBERSHIP DUES			900099	29,764	29,764	0	0
Š	d								
Š	<u> </u>			- 1					<del></del>
Program Service Revenue	f	All other program ser				0	0	0	0
Po	g	Total. Add lines 2a-2			•	32,213			·
	3	Investment income	(including	dıvıde	nds, interest,	33,2,0			
		and other similar amo	ounts) .		🕨	6,198	o	0	6,198
	4	Income from investmen	it of tax-exen	npt bo	nd proceeds	0	0	0	0
	5	Royalties	(i) Real		<b>. ►</b>	0	0	0	0
			(i) Real		(II) Personal			,	
	6a	Gross rents							
	b	Less: rental expenses							
	C	Rental income or (loss)	<u></u>	0	0				
	d	Net rental income or Gross amount from sales of	(IOSS) (I) Securition	<u> </u>	(ii) Other				
	7a	assets other than inventory	(i) Securiti	-	(ii) Other				
	b	Less: cost or other basis	<del></del>						
	•	and sales expenses .	}	ł		•			
	c	Gain or (loss)	<del></del>	0	0		i Linker	1	
	ď	Net gain or (loss) .							<del>-   -   -   -   -   -   -   -   -   -</del>
<u>e</u>	0-	-							
enne	8a	Gross income from fu events (not including \$	-	_					
<b>&gt;</b>		of contributions reporte		<u>7</u>			ľ		:
<u> </u>									
Other Re	b	Less: direct expenses			·		,		
0		Net income or (loss) f			vents . >			<del></del>	
		Gross income from ga							
		See Part IV, line 19 .		· a		ļ			
		Less: direct expenses							
ļ		Net income or (loss) f			ities 🕨				
	10a	Gross sales of in		I		0.141	,,		
		returns and allowance		a		•	1	,	
ĺ		Less: cost of goods s							
ŀ	<u>c</u> _	Net income or (loss) for Miscellaneous R		Inver	ntory Dusiness Code				<del></del>
ł	146		<del></del>		Dusiness Coue				
	11a b			<del></del>	-	-			
	C								
	d	All other revenue .		<del> </del>			<del>-</del>		
j	e	Total. Add lines 11a-			▶	- 0			
	12	Total revenue See in				04 222	22 213		6 109

#### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	<u> </u>	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22			-	
3	Grants and other assistance to foreign				<del></del>
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees			······································	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	,			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			···	
	section 401(k) and 403(b) employer contributions)			ĺ	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	79,885	74,027	5,858	<del></del>
b	Legal	13,650	7,650	6,000	
d	Lobbying	13,630	7,030	- 0,000	•
e	Professional fundraising services. See Part IV, line 17			<del></del>	<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				<del></del>
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	16,325	16,325		
13 14	Office expenses	1,990	1,715	275	_ <del></del>
15	Information technology	2,343	1,442	901	<u> </u>
16	Occupancy	1,009	700	309	<u>_</u>
17	Travel				· <u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				······································
19	Conferences, conventions, and meetings .	3,139	1,724	1,415	<u> </u>
20	Interest				
21 22	Payments to affiliates	6,417	5,227	1,190	
23	Insurance	1,413	1,413	1,190	<del></del>
24	Other expenses, Itemize expenses not covered	7,			
	above (List miscellaneous expenses in line 24e. If		İ		
	line 24e amount exceeds 10% of line 25, column				- 1
	(A) amount, list line 24e expenses on Schodulc O.)	,			
а	FACILITY AND EQUIPMENT RENTAL	6,233	6,233	0	0
b	SUPPLIES AND EQUIPMENT	26,588	26,588	0	0
c d					
e	All other expenses	2,446	2,054	392	
25	Total functional expenses. Add lines 1 through 24e	161,438	145,098	16,340	0
26	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here > 1 if			1	
	following SOP 98-2 (ASC 958-720)	J			

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	259,279	2	239,334
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u> </u>	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		l	,
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
sts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,041	9	22,861
	10a	Land, buildings, and equipment: cost or			i
		other basis. Complete Part VI of Schedule D 10a 329,339			
	1	Less: accumulated depreciation		10c	322,922
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	<del></del>
	13	Investments—program-related. See Part IV, line 11	······································	13	·
	14 15	Intangible assets	207.400	14	
	16	F	927,103		542,582
	17	Total assets. Add lines 1 through 15 (must equal line 34)	1,195,423 15,833		1,127,699 15,314
	18	Grants payable	13,033	18	13,314
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	·
Ś	22	Loans and other payables to current and former officers, directors,			<u>-</u>
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties [		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	15,833	26	15,314
ç		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ည			949.494		
ᇐ	27	Unrestricted net assets	210,131	27	544,523
<u>~</u>	28	Temporarily restricted net assets	969,459	29	567,862
Ę	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	0	29	0
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Set		Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
As		Retained earnings, endowment, accumulated income, or other funds.		32	
let	33	Total net assets or fund balances	1,179,590	33	1,112,385
_		Total liabilities and net assets/fund balances	1,195,423	34	1,127,699
_					

Page	1	2
r aye		

orm 9	90 (2017)			Pa	ige 1∡
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_ 9	4,233
2	Total expenses (must equal Part IX, column (A), line 25)	2		16	1,438
3	Revenue less expenses. Subtract line 2 from line 1	3		-6	7,205
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,17	9,590
5	Net unrealized gains (losses) on investments	5			_ 0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		1,11	2,385
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · </u>	<u> </u>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	<del></del>	<u> </u>		
	If the organization changed its method of accounting from a prior year or checked "Other," expl Schedule O.	ain in			
_	2-11-2-0-2-2-1		<u></u> -	<del></del>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compil reviewed on a separate basis, consolidated basis, or both:	iea or	1		'
			,		
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>		
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited		2b		✓
	separate basis, consolidated basis, or both:	on a	,	*/ */	ا ۲
	·		٠,		-*
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	roight			
С	of the audit, review, or compilation of its financial statements and selection of an independent account		0-		,
	If the organization changed either its oversight process or selection process during the tax year, expl		2c		<u> </u>
	Schedule O.	alli III			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set for	wth in			
vа	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		34		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
	The state of the s			n <b>990</b>	(204=:

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2017

Department of the Treasury

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number **WORCESTER CULTURAL COALITION INC** 81-5010462 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
Cook	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0010	(h) 0014	(a) 0015	(4) 0016	(10) 2017	(f) Total
Caler 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(i) iotai
'	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		\				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	Ĺ		Ĺ	Ĺ		<u> </u>
	on B. Total Support	1.0040	(0) 004	(-) 0045	40.0040	() 0047	(0 T
	dar year (or fiscal year beginning in)	(a) 2013	/(b) 2014	( <b>c</b> ) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7 8	Amounts from line 4					5	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through/10			1			
12	Gross receipts from related activities, etc	. (see instruction	ons)		\· · · ·	12	
13	First five years. If the Form 990 is for the						
C = -1:	organization, check this box and stop he	re	<u>.</u>	· · · · · ·	<del>. /</del>	<del></del>	· · P 📙
	on C. Computation of Public Suppor	<del></del>		1 001:00= (6)		14	0/
14	Public support percentage for 2017 (line 6) Public support percentage from 2016 Sci			i, column (i))	/	15	<u>%</u>
15 16a	331/3% support test—2017. If the organi			con line 13 ar	nd line 14 is 33		check this
IVa	box and stop here. The organization qua				14 1110 1713 00	, , , , , , , ,	•
b	331/2% support test 2016. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		ıs 33 <sup>1</sup> /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta	ances" test, ch	neck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 \text{ is } 10\% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the	e "facts-and-d	rcumstances'	' test, check t	his box and s	stop here.
18	Private foundation. If the organization di instructions	d not check a l	box on line 13,	16a, 16b, 17a	, or 17b, checl	this box and	see · · ▶ □
		·- <u>-</u> -			Sch	edule A (Form 990	or 990-EZ) 2017

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	,			955,609	55,822	1,011,431
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				29,991	32,213	62,204
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0	985,600	88,035	1,073,635
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						·
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	,	· , '	, r		, 6 ,	
	line 6.)		1	<u> </u>			1,073,635
	on B. Total Support	<del></del>					
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	985,600	88,035	1,073,635
10a							
	payments received on securities loans, rents, royalties, and income from similar sources.					]	
_	· ·	<del>-</del>			1,092	6,198	7,290
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_		0	0	0	1 000	6.100	7 200
11	Add lines 10a and 10b			0	1,092	6,198	7,290
• •	activities not included in line 10b, whether	}				1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or	<del></del>					
12	loss from the sale of capital assets	l				1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		-		<del></del>		
	and 12.)	0	o	o	986,692	94,233	1,080,925
14	First five years. If the Form 990 is for th						n 501(c)(3)
	organization, check this box and stop her	-			=		
Section	on C. Computation of Public Suppor	t Percentage	e				<del></del>
15	Public support percentage for 2017 (line 8	3, column (f) div	vided by line 1:	3, column (f))		15	%
16	Public support percentage from 2016 Sch	<u>iedule A, Part I</u>	II, line 15 .	<u> </u>	<u> </u>	16_	%
Section	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (	ine 10c, colum	ın (f) dıvıded by	y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests-2017. If the organi						
	17 is not more than 331/3%, check this box						_
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization de	d not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sect	on A. All Supporting Organizations				_
			Yes	No	7
1	Are all of the organization's supported organizations listed by name in the organization's governing	ĺ			ĺ
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			<b></b> -	j
_		1		<del></del> -	7
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported				ı
	organization was described in section 509(a)(1) or (2).				Í
3a		-2		├	ī
Sa	(b) and (c) below.	3a			i
ь		Sa		<del> </del>	ì
U	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			į ·	į
	organization made the determination.	3b			ı
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<del>- 05</del>			i
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	_		•
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If				i
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign				ĺ
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			Į.	١
	despite being controlled or supervised by or in connection with its supported organizations.	4b			,
С	Did the organization support any foreign supported organization that does not have an IRS determination				İ
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used				ı
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				ı
	purposes.	4c		<u></u>	_
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			'	ļ
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN				İ
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			'	İ
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).				į
		5a			i
D	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	- <u>-</u> -			j
_	· · · · · · · · · · · · · · · · · · ·	5b 5c		<del> </del>	•
С 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30	-	<del> </del>	i
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited				ı
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			'	ĺ
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6			,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<u> </u>			İ
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with				ı
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?				ĺ
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more				ĺ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described				l
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<b></b>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			لــــا	l
_	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		<del> </del>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit				l
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<del> </del>	i
τυa	Was the organization subject to the excess business holdings rules of section 4943 because of section				ĺ
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	100	—	لــــا	j
<b>L</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		<del> </del> -	ĺ
D	determine whether the organization had excess husiness holdings in the tax year (use schedule C, rollin 4720, to	10h		اـــا	

Part	IV Supporting Organizations (continued)			-3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		ļi
	below, the governing body of a supported organization?	11a		├─-
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		$\vdash$
	on B. Type I Supporting Organizations	110	l	
	on by type i eapperting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			١,
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<del>  _</del>	<b> </b> -	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			4
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			لــــا
2		1		
~	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			[
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			<u> </u>
Casti		3		<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	caa in	etriot	ionel
		III		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			. {
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			.
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			. 1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<del></del>	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ain ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			-
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		*	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	* 4 %	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	<u> </u>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	~	
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)		<u>-</u>	
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i_</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$	65 IF 1	i jeu	
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			[
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017	,		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
	······································
	······································
•	
••••••	

#### SCHEDULE D (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

**Supplemental Financial Statements** 

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **WORCESTER CULTURAL COALITION INC** 81-5010462 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2h Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

		A 11 11 1	<del></del>						- raye z
	t III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	ck any of the	ne follo	wing that are a	a significant u	se of its
а	☐ Public exhibition				or exchan				
b	☐ Scholarly research		е	☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's collections	and expi	ain how t	hey further	the or	ganization's ex	empt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Par	IV Escrow and Custodial Arra				<u> </u>			· _ les	<u> </u>
i qi	Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, lin	e 9, or	reported an	amount on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing to	able:			_	_
								Amount	
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	,		
f	Ending balance					11	F		
2a	Did the organization include an amour					ustodia	l account liabil	ity? 🗌 Yes	☐ No
ь	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.								
	Complete if the organization	answered "Yes	" on For	m 990, F	art IV, lin	e 10.			
		(a) Current year	(b) Pri	or year	(c) Two year	ırş back	(d) Three years b	ack (e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses		-						
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance			-					
2	Provide the estimated percentage of the	he current vear er	d balanc	e (line 1a	, column (a	a)) held	as:		
а	Board designated or quasi-endowmer			, ,	,				
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the	
	organization by:		_					Ye	s No
	(i) unrelated organizations							. 3a(i)	1
	(ii) related organizations							. 3a(ii)	<u> </u>
b	If "Yes" on line 3a(II), are the related or				chedule R?			. 3b	
4	Describe in Part XIII the intended uses							<u> </u>	
Part									
	Complete if the organization		on For	m 990, F	Part IV, lin	e 11a.	See Form 99	0, Part X, line	e 10.
-	Description of property	(a) Cost or ot (investm	her basis	(b) Cost o	or other basis ther)	(c)	Accumulated epreciation	(d) Book va	
1a	Land		0		0	-			0
b	Buildings		0		0		0	_	0
c	Leasehold improvements		290,120		0		3,022		287,098
d	Equipment	<u> </u>	33,099		0		2,205	<del></del>	30,894
e	Other		6,120		0		1,190	<del></del>	4,930
	Add lines 1a through 1e. (Column (d) m	nust equal Form 9		K, column		Oc.) .	▶		322,922

Part VII	Investments—Other Securities.	W line 11h Coo F	'aura 000 Dart V line 40
	Complete if the organization answered "Yes" on Form 990, Part	T	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia		ļ <u> </u>	<u> </u>
	held equity interests	<u></u>	<del></del>
(3) Other		Ĺ <u> </u>	
(A)			
(B)			
(C)		<u> </u>	
(D)			
(E)		<del></del>	
(F)			<u> </u>
(G)		<del> </del>	ļ
(H)	10 - 1 - 15 - 200 B-4V - 1 (B) 1 - 40 b	ļ	ļ
	b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	<u> </u>
Part VIII	Investments—Program Related.	IV line 11a Cos E	orm 000 Part V line 12
	Complete if the organization answered "Yes" on Form 990, Part		
	(a) Description of investment	(b) Book value	(c) Method of valuation? Cost or end-of-year market value
	<u> </u>	<del> </del>	
(1)		·	
(2)	<u> </u>	<del></del>	
(3)			
(4)		<del> </del>	
(5)		<del></del>	<del></del>
<u>(6)</u> <u>(7)</u>		<del></del>	
(8)	<del></del>	<del> </del>	
(9)	<del></del>		
	b) must equal Form 990, Part X, col. (B) line 13.) ▶	<del> </del>	
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11d. See F	orm 990. Part X. line 15.
	(a) Description		(b) Book value
(1) FUNDS	HELD BY THE AMERICAN ANTIQUARIAN SOCIETY ON BEHALF OF WCC		542,58
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	<b>►</b> 542,58
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes	<del> </del>	0
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)	<u> </u>		
(7)			
(8)			
(9)			
	o) must equal Form 990, Part X, col. (B) line 25 ) ▶		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial stat	tements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Р	an	e	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme			Return.		
	Complete if the organization answered "Yes" on Form 990, I			<del></del>		
	1 Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _ 1				
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b		4		
C	Recoveries of prior year grants			{  -		
d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1	<sub>.</sub>		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١. ١				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<b>∤</b>		
b	Other (Describe in Part XIII.)	4b				
с 5	Add lines <b>4a</b> and <b>4b</b>			4c		
Part				r Peturn		
ı aıı	Complete if the organization answered "Yes" on Form 990, I			or metarn.		
1	Total expenses and losses per audited financial statements		7, 1110 124.	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a		]		
b	Prior year adjustments	2b				
c	Other losses	2c		,		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	<u> </u>	5		
	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line						
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
Schedule D, Part IX - THE AMERICAN ANTIQUARIAN SOCIETY HAD BEEN THE FISCAL SPONSOR FOR THE WORCESTER						
CULTURAL COALITION FOR SEVERAL YEARS. IN DECEMBER 2017 THE COALITION BECAME INCORPORATED AND IS NOW A TAX						
EXEMPT ORGANIZATION. AS A RESULT, THE FISCAL SPONSORSHIP WAS TERMINATED. PRIOR TO THIS, AAS RECEIVED A						
\$1,100,000 GRANT FROM THE BARR FOUNDATION ON BEHALF OF WCC. THE PURPOSE OF THE GRANT IS TO SUPPORT WCC						
WITH THE FIT OUT AND OPERATING EXPENSES FOR A BLACK BOX THEATRE AND MULTIPURPOSE ART SPACE. AAS RECEIVED						
AN INITIAL DISBURSEMENT OF \$932,000 AND WCC RECORDED TEMPORARILY RESTRICTED REVENUE. THE UNEXPENDED						
	S CONTINUE TO BE MANAGED BY AAS IN A SEPARATE BANK ACCOUNT SET			BE DISBURSED BY		
AAS I	O WCC UPON RECEIVING WRITTEN REQUEST FOR REIMBURSEMENT OF EX	PENSE	. 5.			
Schod	ule D, Part X, Line 2 - WCC QUALIFIES AS A TAX-EXEMPT, NOT-FOR-PROFIT	DCAR	NIZATION LINDED SEC	TION 501(C)(3) OF	••	
	ITERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAX					
	WS FOR UNCERTAIN TAX POSITIONS ALONG WITH ANY RELATED INTERES		<b></b>			
	O UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL ADVERSE I					
	EGATE, UPON WCC'S STATEMENT OF FINANCIAL POSITION, OR THE RELAT		· · · · · · · · · · · · · · · · · · ·			
	S. WCC FILES INCOME TAX RETURNS IN THE US FEDERAL JURISDICTION AN			••••••		
	TE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015.					
		<b></b>				
		<b></b> .				
·						

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**17** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

**WORCESTER CULTURAL COALITION INC** 81-5010462 Form 990, Part VI, Section B, Line 11b - A DRAFT OF THE FORM 990 IS E-MAILED TO EACH OFFICER FOR REVIEW BEFORE IT IS FILED. Form 990, Part VI, Section B, Line 12c - THE ORGANIZATION ANNUALLY REVIEWS INFORMATION PROVIDED BY OFFICERS TO INSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. Form 990, Part VI, Section C, Line 19 - ANY REQUESTS FOR THE ORGANIZATION'S DOCUMENTS, POLICIES, FINANCIAL STATEMENTS OR RETURNS ARE FORWARDED TO THE TREASURER OF WCC WHO MAKES ARRANGEMENTS FOR THE RELEASE OF INFORMATION. THE ORGANIZATION'S TAX RETURNS ARE ALSO LISTED ON OTHERS' WEBSITES.