

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation WEBSTER FIVE FOUNDATION INC		A Employer identification number 04-3303760	
Number and street (or P O box number if mail is not delivered to street address) 10 A STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code AUBURN, MA 015012102		B Telephone number (see instructions) (508) 438-3555	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,549		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	185,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	233	233		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	1,088	0		
	12 Total. Add lines 1 through 11	186,321	233		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	70	0		70
	24 Total operating and administrative expenses. Add lines 13 through 23	70	0		70
	25 Contributions, gifts, grants paid	193,770			193,770
	26 Total expenses and disbursements. Add lines 24 and 25	193,840	0		193,840
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-7,519			
	b Net investment income (if negative, enter -0-)		233		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	14,068	6,549	6,549
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	14,068	6,549	6,549	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	14,068	6,549	
	30	Total net assets or fund balances (see instructions)	14,068	6,549	
31	Total liabilities and net assets/fund balances (see instructions) .	14,068	6,549		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	14,068
2	Enter amount from Part I, line 27a	2	-7,519
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	6,549
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	6,549

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	192,631	21,361	9 017883
2016	165,525	18,624	8 887726
2015	17,666	30,670	0 576003
2014	155,857	33,324	4 677020
2013	157,827	35,772	4 412026

2 Total of line 1, column (d)	2	27 570658
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	5 514132
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	15,098
5 Multiply line 4 by line 3	5	83,252
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2
7 Add lines 5 and 6	7	83,254
8 Enter qualifying distributions from Part XII, line 4 ,	8	193,840

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	2
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	500
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	500
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	498
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/>	11	498

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	Yes	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.WEB5.COM/FOUNDATION	13	Yes	
14	The books are in care of SAM BITAR Telephone no (508) 438-3555			

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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 **Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	15,328
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	15,328
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	15,328
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	230
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	15,098
6	Minimum investment return. Enter 5% of line 5.	6	755

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	755
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	2
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	753
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	753
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	753

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	193,840
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	193,840
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	2
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	193,838

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				753
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	156,038			
b From 2014.	154,191			
c From 2015.	17,410			
d From 2016.	164,594			
e From 2017.	191,563			
f Total of lines 3a through e.	683,796			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 193,840				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				753
e Remaining amount distributed out of corpus	193,087			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	876,883			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	156,038			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	720,845			
10 Analysis of line 9				
a Excess from 2014.	154,191			
b Excess from 2015.	17,410			
c Excess from 2016.	164,594			
d Excess from 2017.	191,563			
e Excess from 2018.	193,087			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

Part XV	
1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here ▶ <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAM BITAR EXECUTIVE DIRECTOR 10 A STREET AUBURN, MA 015012102 (508) 438-3555	
b The form in which applications should be submitted and information and materials they should include APPLICATIONS AVAILABLE AT ABOVE ADDRESS	
c Any submission deadlines SEE APPLICATIONS FOR VARIOUS DEADLINES	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors THE WEBSTER FIVE FOUNDATION RESTRICTS ITS AWARDS TO ORGANIZATIONS THAT MEET ELIGIBILITY GUIDELINES AS SET FORTH IN THE APPLICATION PACKAGE. A SUMMARY OF THOSE GUIDELINES IS ATTACHED.	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ► 3a				
b <i>Approved for future payment</i> BEST BUDDIES MASSACHUSETTS 401 MAIN ST 15 AMHERST, MA 01002	NOT RELATED	PC	EXEMPT PURPOSE	2,500
FRIENDS OF THE CHESTER C CORBIN LIBRARY 350 MAIN STREET WEBSTER, MA 01570	NOT RELATED	PC	EXEMPT PURPOSE	120,000
SCIENCE FROM SCIENTISTS 1 DEANGELO DR BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total ► 3b				

Enter gross amounts unless otherwise indicated

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions)
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	233	
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a TAX REFUND _____					1,088
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		233	1,088
13 Total. Add line 12, columns (b), (d), and (e).			13		1,321

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | | | |
|--|--|--------------|------------|-----------|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | | |
| (1) Cash. | | 1a(1) | | No |
| (2) Other assets. | | 1a(2) | | No |
| b Other transactions | | | | |
| (1) Sales of assets to a noncharitable exempt organization. | | 1b(1) | | No |
| (2) Purchases of assets from a noncharitable exempt organization. | | 1b(2) | | No |
| (3) Rental of facilities, equipment, or other assets. | | 1b(3) | | No |
| (4) Reimbursement arrangements. | | 1b(4) | | No |
| (5) Loans or loan guarantees. | | 1b(5) | | No |
| (6) Performance of services or membership or fundraising solicitations. | | 1b(6) | | No |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | | 1c | | No |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2019-05-02	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.)? ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00464296
	HARRY A KALAJIAN JR CPA				
	Firm's name ▶ WOLF & COMPANY PC				Firm's EIN ▶ 04-2689883
	Firm's address ▶ 99 HIGH STREET 21ST FLOOR BOSTON, MA 02110				Phone no (617) 439-9700

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MAURA E ANIELLO	DIRECTOR 1 00	0	0	0
10 A STREET AUBURN, MA 015012102				
BENJAMIN A CRAVER	CLERK/DIRECTOR 1 00	0	0	0
10 A STREET AUBURN, MA 015012102				
SAM BITAR	TREASURER/ EXEC DIRECTOR 4 00	0	0	0
10 A STREET AUBURN, MA 015012102				
DON DOYLE	PRESIDENT/DIRECTOR 1 00	0	0	0
10 A STREET AUBURN, MA 015012102				
DAVID S BAYER II	DIRECTOR 1 00	0	0	0
10 A STREET AUBURN, MA 015012102				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
15-40 CONNECTION INC53 OTIS ST WESTBOROUGH, MA 01581	NOT RELATED	PC	EXEMPT PURPOSE	3,000
ABBY KELLEY FOSTER HOUSE (ABBY'S HOUSE) 52 HIGH ST WORCESTER, MA 01609	NOT RELATED	PC	EXEMPT PURPOSE	5,000
ADVOCATES1881 WORCESTER RD FRAMINGHAM, MA 01701	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS OF CENTRAL MA 2000 CENTURY DRIVE WORCESTER, MA 01606	NOT RELATED	PC	EXEMPT PURPOSE	2,500
APPLE TREE ARTS1 GRAFTON COMMON GRAFTON, MA 01519	NOT RELATED	PC	EXEMPT PURPOSE	1,000
ASSABET VALLEY MASTERSINGERS PO BOX 911 NORTHBOROUGH, MA 01532	NOT RELATED	PC	EXEMPT PURPOSE	500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AUBURN YOUTH & FAMILY SERVICES 21 PHEASANT CT AUBURN, MA 01501	NOT RELATED	PC	EXEMPT PURPOSE	5,000
AUDIO JOURNAL799 W BOYLSTON ST 5 WORCESTER, MA 01606	NOT RELATED	PC	EXEMPT PURPOSE	1,000
BARTON CENTER FOR DIABETES EDUCATION 30 ENNIS RD NORTH OXFORD, MA 01537	NOT RELATED	PC	EXEMPT PURPOSE	2,535
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOTTOM LINE MA 40 SOUTHBRIDGE ST STE 500 WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	1,000
BOYS & GIRLS CLUB OF WORCESTER 65 TRAINER ST WORCESTER, MA 01610	NOT RELATED	PC	EXEMPT PURPOSE	2,500
BUILDING FUTURES INC40 BELMONT ST WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAPEN HILL NATURE ASSOCIATION 56 CAPEN RD CHARLTON, MA 01507	NOT RELATED	PC	EXEMPT PURPOSE	1,000
CASA PROJECT100 GROVE ST 403 WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	6,000
CENTER FOR WOMEN & ENTERPRISE 5113 24 SCHOOL ST 700 BOSTON, MA 02108	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total ► 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CENTRAL MASSACHUSETTS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	NOT RELATED	PC	EXEMPT PURPOSE	5,000
CHILDREN'S FRIEND81 HOPE AVE WORCESTER, MA 01603	NOT RELATED	PC	EXEMPT PURPOSE	5,000
COMMUNITY HARVEST PROJECT 37 WHEELER RD NORTH GRAFTON, MA 01536	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY LEGAL AID405 MAIN ST WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	5,000
CROCODILE RIVER MUSIC (FRACTURED ATLAS) 44 PORTLAND ST 7TH FLOOR WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	2,000
DISMAS HOUSE30 RICHARDS ST WORCESTER, MA 01603	NOT RELATED	PC	EXEMPT PURPOSE	4,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DUDLEY-CHARLTON EDUCATION FOUNDATION PO BOX 92 DUDLEY, MA 01571	NOT RELATED	PC	EXEMPT PURPOSE	2,500
EASTER SEALS MASSACHUSETTS 89 SOUTH ST BOSTON, MA 02111	NOT RELATED	PC	EXEMPT PURPOSE	1,500
FAMILY HEALTH CENTER OF WORCESTER INC 26 QUEEN ST WORCESTER, MA 01610	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE CHESTER C CORBIN LIBRARY 2 LAKE STREET WEBSTER, MA 01570	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE OXFORD DOG PARK 581 MAIN ST OXFORD, MA 01540	NOT RELATED	PC	EXEMPT PURPOSE	1,000
GENESIS CLUB HOUSE INC 274 LINCOLN ST WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	4,000
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GIRL SCOUTS OF CENTRAL & WESTERN MA 1 WEST BOLYSTON ST SUITE LL04 WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	2,000
GIRLS INCORPORATED 125 PROVIDENCE ST WORCESTER, MA 01604	NOT RELATED	PC	EXEMPT PURPOSE	1,000
HABITAT FOR HUMANITY-METROWESTGREATER WORCESTER 640 LINCOLN ST WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARRINGTON HEALTHCARE 340 THOMPSON RD WEBSTER, MA 01570	NOT RELATED	PC	EXEMPT PURPOSE	5,000
HORACE MANN EDUCATIONAL ASSOCIATES 8 FORGE PARK EAST FRANKLIN, MA 02038	NOT RELATED	PC	EXEMPT PURPOSE	1,000
JEREMIAH'S INN1059 MAIN ST WORCESTER, MA 01603	NOT RELATED	PC	EXEMPT PURPOSE	4,000
Total ► 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH FAMILY & CHILDREN'S SERVICES 1430 MAIN ST WALTHAM, MA 02451	NOT RELATED	PC	EXEMPT PURPOSE	500
JOY OF MUSIC PROGRAM1 GORHAM ST WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	1,500
LITERACY VOLUNTEERS OF GREATER WORCESTER 3 SALEM ST WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT RD LINCOLN, MA 01773	NOT RELATED	PC	EXEMPT PURPOSE	4,735
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN ST WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	2,000
NICHOLS COLLEGE129 CENTER RD DUDLEY, MA 01571	NOT RELATED	PC	EXEMPT PURPOSE	7,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NOTRE DAME HEALTH CARE 555-559 PLANTATION ST WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	2,500
OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE RD STURBRIDGE, MA 01566	NOT RELATED	PC	EXEMPT PURPOSE	2,500
ONE WORCESTER84 MOUNTAIN ST W WORCESTER, MA 01606	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PAKACHOAG MUSIC SCHOOL 203 PAKACHOAG ST AUBURN, MA 01501	NOT RELATED	PC	EXEMPT PURPOSE	2,000
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON ST WORCESTER, MA 01606	NOT RELATED	PC	EXEMPT PURPOSE	3,000
RACHEL'S TABLE633 SAILSBURY ST WORCESTER, MA 01609	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARD ST WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	5,000
REGIONAL ENVIRONMENTAL COUNCIL 9 CASTLE ST 1 WORCESTER, MA 01610	NOT RELATED	PC	EXEMPT PURPOSE	1,000
SCIENCE FROM SCIENTISTS 1 DEANGELO DR BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHREWSBURY YOUTH & FAMILY SERVICES HIGGINS BUILDING 222 MAPLE AVE SHREWSBURY, MA 01545	NOT RELATED	PC	EXEMPT PURPOSE	5,000
SIMON SAYS GIVE867 GRAFTON ST 10 WORCESTER, MA 01604	NOT RELATED	PC	EXEMPT PURPOSE	2,000
STRAIGHT AHEAD MINISTRIES 1 MUNROE ST LYNN, MA 01901	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TENACITY WORCESTER 38 EVERETT ST SUITE 50 BOSTON, MA 02134	NOT RELATED	PC	EXEMPT PURPOSE	2,000
THOMPSON ECUMENICAL EMPOWERMENT GROUP (TEEG) 15 THATCHER RD NORTH GROSVENORDALE, CT 06255	NOT RELATED	PC	EXEMPT PURPOSE	2,000
TRI-VALLEY INC10 MILL ST DUDLEY, MA 01571	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VNA CARE NETWORK120 THOMAS ST WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	1,000
WORCESTER COMMON GROUND 5 PIEDMONT ST WORCESTER, MA 01610	NOT RELATED	PC	EXEMPT PURPOSE	2,000
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN ST 200 WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	12,500
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORCESTER EAST SIDE CDC 310 HIGHLAND ST WORCESTER, MA 01602	NOT RELATED	PC	EXEMPT PURPOSE	3,000
WORCESTER EDUCATION COLLABORATIVE 484 MAIN ST 300 WORCESTER, MA 01609	NOT RELATED	PC	EXEMPT PURPOSE	1,000
WORCESTER INTERFAITH111 PARK AVE WORCESTER, MA 01609	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total ► 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORCESTER NATURAL HISTORY SOCIETY (ECOTARIUM) 222 HARRINGTON WAY WORCESTER, MA 01604	NOT RELATED	PC	EXEMPT PURPOSE	2,500
WORCESTER PUBLIC LIBRARY FOUNDATION 3 SALEM SQ WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	1,500
WORCESTER STATE FOUNDATION (LATINO EDUCATION INSTITUTE) 537 CHANDLER ST WORCESTER, MA 01602	NOT RELATED	PC	EXEMPT PURPOSE	3,000
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORCESTER YOUTH CENTER 326 CHANDLER ST WORCESTER, MA 01602	NOT RELATED	PC	EXEMPT PURPOSE	3,000
YOUTH OPPORTUNITIES UPHELD (YOU INC) 321 BURNCOAT ST WORCESTER, MA 01606	NOT RELATED	PC	EXEMPT PURPOSE	2,500
YOUTHCONNECT (FORMERLY YOUTHNET) 200 HIGH ST 3RD FLOOR BOSTON, MA 02110	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total ▶ 3a				193,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YWCA OF CENTRAL MASS1 SALEM ST WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	3,000
Total ▶ 3a				193,770

TY 2018 General Explanation Attachment**Name:** WEBSTER FIVE FOUNDATION INC**EIN:** 04-3303760**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1	RESTRICTIONS OR LIMITATIONS ON AWARDS	990-PF PART XV	<p>THE FOUNDATION RESTRICTS ITS AWARDS TO ORGANIZATIONS THAT MEET ELIGIBILITY GUIDELINES AS SET FORTH IN THE APPLICATION PACKAGE A SUMMARY OF THOSE GUIDELINES ARE AS FOLLOWS ELIGIBILITY THE WEBSTER FIVE FOUNDATION, INC PROVIDES CHARITABLE CONTRIBUTIONS ONLY TO NOT-FOR-PROFIT, TAX-EXEMPT IRC SECTION 501(C) (3) ORGANIZATIONS RESTRICTIONS - THE FOUNDATION WILL CONSIDER A REQUEST FROM ORGANIZATIONS THAT ARE BASED IN OR WILL DIRECTLY BENEFIT THE WEBSTER FIVE'S DELINEATED COMMUNITY, IN AMOUNTS RANGING FROM \$1,000 TO \$15,000 - THE FOUNDATION WILL SUPPORT ORGANIZATIONS INVOLVED IN YOUTH SERVICES, SENIOR SERVICES, HEALTH AND SOCIAL SERVICES - THE FOUNDATION WILL CONSIDER THE FOLLOWING TYPES OF SUPPORT ANNUAL CAMPAIGNS, PROGRAM DEVELOPMENT, AND EMERGENCY FUNDS THE FOUNDATION WILL NOT SUPPORT INDIVIDUALS, POLITICAL ORGANIZATIONS/CANDIDATES, CHURCHES, SYNAGOGUES OR MOSQUES, FRATERNAL ORGANIZATIONS, EMPLOYMENT UNIONS OR TAX SUPPORTED ENTITIES EXCEPTIONS TO THE TAX-SUPPORTED ENTITY EXCLUSION WILL BE CONSIDERED FOR LIBRARY CAPITAL CAMPAIGNS THAT ARE SUPPORTED BY A PRIVATE FUNDING PROGRAM THE FOUNDATION DISCOURAGES REPEAT REQUESTS FOR FUNDING FOR THE SAME PROGRAM/PROJECT A REPEAT REQUEST FOR FUNDING SHOULD BE WELL DOCUMENTED UNUSUAL OR EMERGENCY CIRCUMSTANCES WILL BE CONSIDERED ON A CASE-BY-CASE BASIS</p>

General Explanation Attachment

Identifier	Return Reference	Explanation	
2	BYLAWS CHANGES	990-PF, PART VII-A - LINE 3	THE FOLLOWING ARTICLES OF THE FOUNDATION BYLAWS REVISED IN 2018 REVISION IN ARTICLE II, SECTION 2 2 THE STATEMENT THE AFFAIRS OF THE CORPORATE MEMBER SHALL BE DIRECTED BY A BOARD OF DIRECTORS, WHOSE QUALIFICATIONS SHALL BE ESTABLISHED IN THE BYLAWS OF THE CORPORATE MEMBER WAS AMENDED TO THE AFFAIRS OF THE CORPORATE MEMBER AS IT RELATES TO THE CORPORATION SHALL BE DIRECTED BY THE CORPORATION'S BOARD OF DIRECTORS REVISION IN ARTICLE VII THE STATEMENT PROVISIONS GOVERNING CONFLICT OF INTEREST SHALL BE SET FORTH IN THE ARTICLES OF ORGANIZATION WAS AMENDED TO PROVISIONS GOVERNING INDEMNIFICATION OF DIRECTORS AND OFFICERS SHALL BE SET FORTH IN THE ARTICLES OF ORGANIZATION A CONFORMED COPY IS AVAILBLE UPON REQUEST

TY 2018 Other Expenses Schedule**Name:** WEBSTER FIVE FOUNDATION INC**EIN:** 04-3303760**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MA STATE FILING FEES	70	0		70

TY 2018 Other Income Schedule

Name: WEBSTER FIVE FOUNDATION INC

EIN: 04-3303760

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
TAX REFUND	1,088		1,088

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047 2018
	Name of the organization WEBSTER FIVE FOUNDATION INC	Employer identification number 04-3303760

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WEBSTER FIVE FOUNDATION INC	Employer identification number 04-3303760
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEBSTER FIVE CENTS SAVINGS BANK 136 THOMPSON RD WEBSTER, MA 01570	\$ 185,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

04-3303760

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization WEBSTER FIVE FOUNDATION INC	Employer identification number 04-3303760
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
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	<div></div>	<div></div>	