Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

	_	dar year 2018 or tax year beginning DEC	27, 2018	, and er		DEC 31, 2018	Open to Public Inspection
		foundation	27, 2010	, and cr	iding	A Employer identification	number
14411		Touridation					
U	<u>JI</u>	BANK CHARITABLE FOUNDAT	ION, INC.			83-2917209	
Num	oer a	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
4) (CHURCH STREET				(508) 234-	8112
		own, state or province, country, and ZIP or foreign [ostal code			C If exemption application is pe	ending, check here
_WI	II'	rinsville, ma 01588					
G C	neck	all that apply: X Initial return	Initial return of a f	ormer public c	harity	D 1. Foreign organizations	, check here
		Final return	Amended return			2 Foreign organizations med	eting the 85% test
		Address change	Name change		- 1	2. Foreign organizations med check here and attach cor	mputation
H C		type of organization: X Section 501(c)(3) e			04	E If private foundation stat	
		ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation X Accri	<u> </u>	under section 507(b)(1)	• • •
		·	ing method: Cash other (specify)	ACCTI	Jai	F If the foundation is in a (. —
(110		Part II, col. (c), line 16) (Part I, colu		ıs.)		under section 507(b)(1)	(b), check here
Pa	_		(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements
3-3-	<u> (13</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	Inco		income	for charitable purposes (cash basis only)
\Box	1	Contributions, gifts, grants, etc., received	100,000.	SERVER S	PARTE PARTY	N/A	
-	2	Check In the foundation is not required to attach Sch. B	ALTERNATURE AND				经对于中华的
j	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
2022	5a	Gross rents	N. Odganinostopou ik in odganina N. o. 1991. pr. olid. o. ik il sultati 2000.	Lyo. Lyn. v. Ardon whitevery o	arthree Von prograffe Mr. J. Je	THE PROPERTY OF THE PROPERTY O	
20	þ	Net rental income or (loss)					
တ	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	mes,			PERCAPULATION	
e Pur	b	assets on line 8a			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		
	7	Capital gain net income (from Part IV, line 2)			0.	ARITHMEN CONTRACTOR	
کے	Ö O	Net short-term capital gain Income modifications					
?	9 1∩2	Gross sales less returns and allowances			W-1111000		
CANNED		Less Cost of goods sold					
=		Gross profit or (loss)					APECAPARTIZE
3	11	Other income					
	12	Total. Add lines 1 through 11	100,000.		0.		
İ	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages				-	
	15	Pension plans, employee benefits					
Ses		Legal fees		f	-		
Expenses		Accounting fees Other professional fees		 	RE	CEIVED	
		Other professional fees Interest		12	31		
.≥i		Taxes			31 NOV	2 0 2020	
stra	19	Depreciation and depletion		1			
izi	20	Occupancy		1	OGD	ENTIE	- was a do no make steel, residentially to write
		Travel, conferences, and meetings				-14, UT	
	22	Printing and publications					
	23	Other expenses					
Tatii	24	Total operating and administrative			_		_
Operating		expenses. Add lines 13 through 23	0.	-42 56 45 45 45 45 45 45 45 45 45	0.	PM+ 60 10007 FT F40-130-5000 was since	0.
		Contributions, gifts, grants paid	0.			维拉维烈炸药	0.
[26	Total expenses and disbursements	0.		0		0
-	77	Add lines 24 and 25	-0.	数額的数据認用が	.0	HALLOW AND COMPOSITION	0.
[Subtract line 26 from line 12:	100,000.	er verket dikkere Vindelige in korre	-4 14 14 14 14 14 14 14 14 14 14 14 14 14	rhusekurususus ja karatigas. Pagas on populari japus	AND APPENDENCE VALUE
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	MARK TRANSPORT	n"	0.		
		Adjusted net income (if negative, enter -0-)			1910442	N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

100,000

Form 990-PF (2018)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part I	V Capital Gains a	ind Loss	es for Tax on In	vestment	Income					
•			f property sold (for exar common stock, 200 shs		ate,	(b) D	How acquired - Purchase - Donation	(c)	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>										
<u>b</u>	NON	1E								
					<u></u>	├		 		
<u>d</u>	 					-		+		
<u>e</u>		(6) Dos	registron allowed	(a) Co	ect or other basis	_		-L	(h) Carp or (loss)	
(e) Gross sales price		preciation allowed or allowable)		expense of sale				(h) Gain or (loss) e) plus (f) minus (
a		_			-					
b		_								
_c										
<u>d</u>						\dashv				
Comr	Diete only for assets showing	ann in col	umn (h) and owned by t	he foundation	n nn 12/31/60			(I) Co.	ras (Cal. (b) gain	minue
- 00111	nete only for assets showing		Adjusted basis		xcess of col. (1)	\dashv		col. (k).	ıns (Col. (h) gaın , but not less thar	1 -0-) or
(1)	FMV as of 12/31/69		of 12/31/69		r col. (j), if any			Lo	sses (from col. (I	h))
a										
b										
<u> </u>										
<u>d</u>										
<u>e</u>	<u></u>					╮┤				
2 Capital	I gain net income or (net cap	utal loss)	If gain, also enter If (loss), enter -0-			 	2			
	ort-term capital gain or (loss	•			. <i>1</i>	7				
	, also enter in Part I, line 8, c		1111 500110115 1222(3) 411	u (o).]				
If (loss	s), enter -0- in Part I, line 8		10707	_			3			
	Qualification Ur			-				come		37/3
(For option	nal use by domestic private	foundations	subject to the section 4	940(a) tax or	i net investment inc	come.	.)			N/A
If section	4940(d)(2) applies, leave thi	s part blank								
Was the fo	oundation liable for the secti	on 4942 tax	on the distributable am	ount of any v	ear in the base peri	od?				Yes No
	e foundation doesn't qualify									
1 Enter	the appropriate amount in ea	ach column	for each year; see the in	structions be	fore making any en	itries.				
	(a) Base period years		(b)	ributions	Not value of po	(c)		nto	Distrib	(d) ution ratio
<u>Calenda</u>	ar year (or tax year beginnin	g in)	Adjusted qualifying dist	ributions	Net value of no	lichai	ILADIE-USE ASSE	318	(col. (b) dıvı	ided by col. (c))
	2017 2016							- 		
	2015									
	2014			-					· · · · · · · · · · · · · · · · · · ·	 _
	2013									
	<u></u>		· · · · · · · · · · · · · · · · · · ·							-
	of line 1, column (d)							L	2	
_	e distribution ratio for the 5			n line 2 by 5.	0, or by the numbe	er of y	rears .	- 1	_ }	
the fou	indation has been in existen	ce if less tha	n 5 years					⊢	3	_
A Enter t	he net value of noncharitable	a uca accata	for 2019 from Part V II	una F					<u> </u>	
4 Ciller li	HE HEL VALUE OF HOHICHAINAUN	e-use asseis	IUI ZU IO II OIII PAIL A, II	ille 5					4	
E Multipl	u line 4 hu line 0								5	
a munina	viine 4 dviine 3									
э імціцрі	y line 4 by line 3									
	% of net investment income	: (1% of Par	t I, line 27b)						6	
		: (1% of Par	t I, line 27b)					-	6	
6 Enter 1		: (1% of Par	t I, line 27b)						7	
6 Enter 1	% of net investment income							-	7	
6 Enter 1 7 Add lin 8 Enter q	% of net investment income	Part XII, line	e 4	1h and come	olete that nart using	ຖລ 10	% tax rate			

Form Pa	1990-PF (2018) UNIBANK CHARITABLE FOUNDATION, INC	940(b), 4940(e), or 4		2917 see in			⊃age 4 3)	
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" Date of ruling or determination letter:	on line 1.						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		- E. A. Y	C-3bar	0.	
	of Part I, line 27b							l
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part 1	i, line 12, col. (b). 丿						l
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter	er -0-)	2				<u>0.</u>	,
3	Add lines 1 and 2		3	-			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, ent	er -0-)	4	ļ			<u>0.</u>	,
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	T KNY 1,21 (Knis 2	**************************************	.TP.ext	<u>0.</u>	1
6	Credits/Payments:	0						l
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a	0	- Sandania					l
	Exempt foreign organizations - tax withheld at source 6b	0	- 14/35/12/24					l
	Tax paid with application for extension of time to file (Form 8868) 6c	0	- Part 1			712.1		
	Backup withholding erroneously withheld 6d	0	34.11.7	(Trible Homb	Age of the state of	J. P. K.		l
7	Total credits and payments. Add lines 6a through 6d	•	7	 			0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8	 			$\frac{0}{0}$	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9_	+			<u> </u>	
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	المرابع الما	10	+				
11 }Da	Enter the amount of line 10 to be: Credited to 2019 estimated tax TEVIERS Statements Regarding Activities	Refunded	11	<u> </u>				,
20.7.2.2.	VICE TO THE SAME SAME S	did it participate or interver	10 ID		250E)	Yes	No	
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	ulu it participate of litterver	ie iii				X	
_	any political campaign? Did it accord more than \$100 during the year (other directly or indirectly) for political purposes? See	the instructions for the def	inition		1a 1b		X	
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See		IIIIIIUII		10 TO SEC.	142.75	ietiki	Í
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma	iteriais published di				22 E		
_	distributed by the foundation in connection with the activities.				1c		<u>₹₩</u>	I
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				F# 375		2074	1
u	(1) On the foundation. > \$ 0 • (2) On foundation managers. > \$	0			¥ E			l
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in		<u>-</u>		10 m	14.4	1115	
E	managers. > \$ 0.	imposed on roundation						l
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2	F \ (7)\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	
-	If "Yes," attach a detailed description of the activities.				<i>3</i> 775.	jal'/ji	F-72	İ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrumen	it, articles of incorporation.	or					
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	·· ,			3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х	
	If "Yes," attach the statement required by General Instruction T						踩缸	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or				7		用語	
	• By state legislation that effectively amends the governing instrument so that no mandatory directio	ns that conflict with the sta	te law					
	remain in the governing instrument?				6		_X_	
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	Х		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.							
	MA							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney ${\sf G}$	eneral (or designate)			建特			
	of each state as required by General Instruction G? If "No," attach explanation				8b	Χ	9.997.1NA	1 -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494		endar		漢數			2
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV.				9		<u> </u>	0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	eir names and addresses			10		X	,
				For	m 990	-PF	(2018)	

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Pa	rt VII-A Statements Regarding Activities (continued)			
		¥Z24	Yes	No
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	1	X
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	l	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	———		
14	The books are in care of ► NOBO SIRCAR Telephone no. ► (508)	234	-81	12
	Located at ▶49 CHURCH STREET, WHITINSVILLE, MA ZIP+4 ▶03	588		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		無性	
	foreign country			
Ŗε	nt-VII5B 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.	-WE	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	XXX		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	*		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		4, 2, 3	
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	泛楚		
	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.)			27
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	GA.		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here	FARE	-762 (75) Series	
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			汉 建
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	想		
	defined in section 4942(j)(3) or 4942(j)(5)):		難込	
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?			
	If "Yes," list the years \triangleright			
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.) N/A	2b	3-2 a 3 C . N	55.43 vA.
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	TE		
	during the year?			
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,	(教堂)	MIE	
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Graner.	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	W. S. J.	re in	P S
		1 AD 1	,	

ONITAMIN CHARLIADID FOUNDA			03-231/2	109 Page 6
Part VII B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)	
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No 🛭	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ctly,	Ž	
any voter registration drive?		Y	es 🗓 No 🖔	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization			3	
4945(d)(4)(A)? See instructions		Y	es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo	· · · · · · · · · · · · · · · · · · ·		
the prevention of cruelty to children or animals?	or caddational purposes, or r		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the executions described i			
	·	ii negulations	N/A	ATTE OF AREA CONTRACT
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b complete control
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —		
expenditure responsibility for the grant?	N	Γ/A	es 📖 No 🛚 🛚	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			a a	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Y	es 🗶 No 📓	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?		L	6b X
If "Yes" to 6b, file Form 8870.			(R)	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			- 1, 7	LANGE REPORT OF THE
excess parachute payment(s) during the year?	1,000,000 in romanoration of		es X No	
Part VIII	es Foundation Mar		3 12 10 1	w b ed Headel Clarefiller of
Paid Employees, and Contractors	.co, i oundation mai	iagers, riiginiy		
List all officers, directors, trustees, and foundation managers and th	eir compensation			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
· · · · · · · · · · · · · · · · · · ·	to position	enter-0-)	compensation	allowances
SEE STATEMENT 2		0.	0.	0.
			l	
		,		
		ľ		
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, 6	nter "NONE."	L	
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other
MOMB	devoted to position		compensation	allowances
NONE				
				
		1		
				1

0.

Total. Add lines 1 through 3

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	100,000.
	Fair market value of all other assets	1c	0.
_	Total (add lines 1a, b, and c)	1d	100,000.
	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · · · · · · · · · · · · · ·
-	1c (attach detailed explanation) 1e 0.	200	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	100,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	98,500.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	67.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	67.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	67.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	67.
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	67.
P	art-XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
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:		
а	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	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies for	the section

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

	(a)	(h)	(0)	(d)
	(a) Corpus	(b) Years prior to 2017	(c) 2017	2018
1 Distributable amount for 2018 from Part XI,	·			67.
line 7 2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015		:		
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 0.			_	
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		V •		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				0.
d Applied to 2018 distributable amount e Remaining amount distributed out of corpus	0.	.,		
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			·	
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.		<u> </u>
e Undistributed income for 2017. Subtract line			_	
4a from line 2a. Taxable amount - see instr.	<u>.</u>		0,	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				67.
be distributed in 2019 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	0.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	0.	N.W. J. AAAA.P. 1000 A0000.W	4 / //////////////////////////////////	' ''
10 Analysis of line 9:	/X/IIIXXIIXXY/9940-00440-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	solsts copt allumination of in soil soil in	oran an rowanted where ye	· , v 133% ** 17%, //v
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018	Finishedade residentification	मार्गन्त्रतात्रवात्रम् व्यक्ति । व्यक्तिवात्रम् ।	aldo ultronamententjena secondare — o — o terranimos	minitetronomentina en elimitetro

823581 12-11-18

Form 990-PF (2018) UNIBANK	CHARITABLE	FOUNDATION	, INC.	83-29	17209 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a (f the foundation has received a ruling of			1		
foundation, and the ruling is effective fo			▶ ∟		
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		/
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
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		1			·
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		
(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			1		
shown in Part X, line 6 for each year listed]]	j	
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					
Part XV Supplementary Info	rmation (Complet	te this part only it	the foundation h	ad \$5,000 or mor	e in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	-	than 2% of the total contr	ibutions received by the fe	oundation before the close	e of any tax
year (but only if they have contributed in					
NONE					
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation (or an equally large portion	of the ownership of a pai	tnership or
other entity) of which the foundation ha			, , , , ,	•	·
NONE			_		
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here X if the foundation of	only makes contributions t	o preselected charitable of	organizations and does no	t accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other conditi	ons, complete items 2a, b	, c, and d	
a The name, address, and telephone num	ber or email address of the	e person to whom applica	ations should be addresse	d:	
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s such as hy geographica	l areas charitable fields	kinds of institutions or of	her factors:	
with the state of	o, outin as by yeugrapilled	a arous, onarradic licius,	mindo or montanono, of Ot		

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
g. coo <u>q</u> o <u>a</u> o oo oo	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program corning revenue:	Business code	Amount	sion	Amount	function income
1 Program service revenue:	COGC	<u> </u>	-	<u> </u>	
a		, , , , , , , , , , , , , , , , , , ,	-		
b					
c					
d					
e					1
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ		-		
3 Interest on savings and temporary cash			1		
investments			<u> </u>		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					Roll Mark Const
a Debt-financed property					
6 Net rental income or (loss) from personal					
property					<u></u>
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			ļ		
b			ļ <u> </u>		
C					
d e		0.	7-21	0.	0.
d e 12 Subtotal. Add columns (b), (d), and (e)		0.	(2-6)		0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)		0.	(TE)		0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)				13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to	o the Acco	emplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to Line No Explain below how each activity for which inco	o the Acco	emplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to	o the Acco	emplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to Line No Explain below how each activity for which inco	o the Acco	emplishment of Exe	empt	Purposes	0.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part:XVI_B Relationship of Activities to Explain below how each activity for which inco the foundation's exempt purposes (other than	o the Acco	emplishment of Exe	empt	Purposes	0.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part:XVI_B Relationship of Activities to Explain below how each activity for which inco the foundation's exempt purposes (other than	o the Acco	emplishment of Exe	empt	Purposes	0.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part:XVI_B Relationship of Activities to Explain below how each activity for which inco the foundation's exempt purposes (other than	o the Acco	emplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part:XVI_B Relationship of Activities to Explain below how each activity for which inco the foundation's exempt purposes (other than	o the Acco	emplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part:XVI_B Relationship of Activities to Explain below how each activity for which inco the foundation's exempt purposes (other than	o the Acco	emplishment of Exe	empt	Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part:XVI_B Relationship of Activities to Explain below how each activity for which inco the foundation's exempt purposes (other than	o the Acco	emplishment of Exe	empt	Purposes	0.

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a b	(other that Transfers (1) Cash (2) Other tra (1) Sale (2) Puro (3) Rend (4) Rein (5) Loar	nan section 501(c)(3) organists from the reporting foundath er assets ensactions: es of assets to a noncharitate chases of assets from a non ital of facilities, equipment, of mbursement arrangements ins or loan guarantees	izations) or in section tion to a noncharitab ble exempt organizati icharitable exempt or or other assets	n 527, relating le exempt org on ganization	anization of:	n described in sec	tion 501(c)	1a(1) X 1a(2) X 1b(1) X 1b(2) X 1b(3) X 1b(4) X 1b(5) X 1b(6) X
С		formance of services or mer of facilities, equipment, mai						1c X
	_				dule. Column (b) should alw	ays show the fair	market value of the good	s, other assets,
		• • •			d less than fair market value	e in any transaction	n or sharing arrangement	t, show in
2)1	column ((d) the value of the goods, of (b) Amount involved			exempt organization	(d) Description	on of transfers, transactions, a	nd sharing arrangements
aju	ine no	(b) Amount involved	(c) Name of	N/A	exempt or gamzation	(u) Description	in or unisiers, unisactions, a	nd sharing arangements
				24/ 44		 		
							 	
					· · ·			
	- 				,·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·			
					-	1		
						·		
	ın sectior	n 501(c) (other than section	501(c)(3)) or in sec		or more tax-exempt organiz	ations described		Yes X No
b	IT "Yes," C	complete the following sche (a) Name of orga			(b) Type of organization		(c) Description of relation	onship
_		N/A			1-1 -15 2. 5		<u> </u>	:
								
	Linda	er consistes of person, I declare th	nat I have examined this	eturn including	accompanying schedules and sta	tements, and to the b	est of my knowledge	
Sig He	gn and b				taxpayer) is based on all information and the state of th		has any knowledge	May the IRS discuss this return with the preparer shown below? See instruction X Yes No
_	1 - 3	Print/Type-preparer's nar	me	Preparer's si	·	Date	Check if PT	N
_		ANTHONY D		1-4	· 1/2	, ,	self- employed	
Pa		ROZEVICIUS		Crellio	y M. France	- [[10 2021		00037035
	eparer	Trimonanio - O O	ONNOR, MAI	CONEY /	& CO!//CPA'S	•	Firm's EIN ► 04 -	2595327
US	e Only	- · · · · · · · · · · · · · · · · · · ·	VED CANTER :	3 (MD D)	2M 011TMP 760		 	
		Firm's address > 1 1	MERCANTILI RCESTER, 1			1	Phone po /509)757-6391
		ı WO1	KCESIEK, I	TY OIG			Phone no. (508	Form 990-PF (2018)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2018

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

U	NIBANK CHARITABLE FOUNDATION, INC.	83-2917209
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ofter, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou Z, line 1 Complete Parts I and II	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a putions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educely to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the co	ational purposes, or for the
year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section	ore than \$1,000 If this box s, chantable, etc ,
out it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Forthe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PE)	The state of the s

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

IINTRANK	CHARTTARLE	FOINDATION	TNC

83-2917209

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	UNIBANK 49 CHURCH STREET WHITINSVILLE, MA 01588	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Onncash Onncash Payroll Noncash Onncash Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Onncash Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

UNIBANK CHARITABLE FOUNDATION, INC.

83-2917209

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - - - - - - -		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - - - - - - - -		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - - - - -		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - \$	000 E7 or 000 PE (2018)	

Employer identification number

	K CHARITABLE FOUNDATION	, INC.		83-2917209		
Part III.	Exclusively religious, charitable, etc., contribute from any one contributor. Complete columns (a)			O1(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	\$1,000 or less for t	the year (Enter this info once) > \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(a) Trans	fer of gift			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transferee's name, address, and ZIP + 4 R		erationship of panisheror to panisheroe			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Trans	fer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to tra			delationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-	(e) Transfer of gift					
	Transferee's name, address, ar		-	delationship of transferor to transferee		

FORM 990-PF

REASONABLE CAUSE FOR LATE FILING

STATEMENT 1

THE FOUNDATION WAS ORGANIZED ON DECEMBER 27, 2018, AND THERE WAS A MISUNDERSTANDING OF THE EFFECTIVE DATE OF ITS ORGANIZATION. MANAGEMENT DID NOT BELIEVE A RETURN HAD TO BE FILED FOR 2018 UNTIL IT WAS BROUGHT TO THEIR ATTENTION BY THEIR TAX PREPARER WHEN THEY SUBMITTED THEIR 2019 INFORMATION. A 2018 FORM 990-PF WAS THEN PREPARED AS QUICKLY AS POSSIBLE.

IF THE ABOVE REASONABLE CAUSE IS NOT SATISFACTORY, THE FOUNDATION REQUESTS AN ABATEMENT OF THE LATE FILING PENALTY UNDER THE FIRST TIME ABATE PROGRAM.

	ST OF OFFICERS, D		STAT	EMENT 2
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
TIMOTHY P WICKSTROM 246 HILL STREET WHITINSVILLE, MA 01588	PRESIDENT 0.00	0.	0.	0.
CHARLES E BROADHURST PO BOX 423 - 38 PARTRIDGE LANE DENNIS, MA 02638	DIRECTOR 0.00	0.	0.	0.
DENISE H BROOKHOUSE 500 HILL STREET WHITINSVILLE, MA 01588	DIRECTOR 0.00	0.	0.	0.
JAMES W KUEKAN 122 NORTH STREET NORTHBRIDGE, MA 01534	DIRECTOR 0.00	0.	0.	0.
JAY M CAHILL 63 SOUTHWOODS DRIVE UXBRIDGE, MA 01569	DIRECTOR 0.00	0.	0.	0.
JOHN A ARMSTRONG PO BOX 172 - 202 MASON ROAD WHITINSVILLE, MA 01588	DIRECTOR 0.00	0.	0.	0.
JOHN P MIERSMA 288 GOLDTHWAITE ROAD WHITINSVILLE, MA 01588	DIRECTOR 0.00	0.	0.	0.
JOHN T ANDREOLI 674 SOUTH STREET SHREWSBURY, MA 01545	DIRECTOR 0.00	0.	0.	0.
KATHLEEN SALMON-ROBINSON 80 EBEN CHAMBERLAIN ROAD WHITINSVILLE, MA 01588	DIRECTOR 0.00	0.	0.	0.
MARY E THOMPSON 205 CARPENTER ROAD WHITINSVILLE, MA 01588	DIRECTOR 0.00	0.	0.	0.

UNIBANK CHARITABLE FOUNDATION, INC	<u>•</u>		8:	3-2917209
MICHAEL J KROLL 22 OAK STREET UXBRIDGE, MA 01569	CLERK 0.00	0.	0.	0.
NOBO SIRCAR 49 CHURCH STREET WHITINSVILLE, MA 01588	TREASURER 0.00	0.	0.	0.
ROBERT A BERNSTEIN 1165 DUBLIN DRIVE RICHMOND HILL, GA 31324	DIRECTOR 0.00	0.	0.	0.
SAM S PEPPER JUNIOR 50 HUDSON STREET NORTHBRIDGE, MA 01534	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.