

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

**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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 10-01-2019, and ending 09-30-2020

Name of foundation METROWEST HEALTH FOUNDATION INC		A Employer identification number 04-2121342	
Number and street (or P.O. box number if mail is not delivered to street address) 161 WORCESTER ROAD SUITE 202	Room/suite	B Telephone number (see instructions) (508) 879-7625	
City or town, state or province, country, and ZIP or foreign postal code FRAMINGHAM, MA 01701		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
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 <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>105,425,336</u>		J Accounting method: <input type="checkbox"/> Cash <input checked="" 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 <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(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)	303,816			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,624,023	1,624,023		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-1,998,697			
	b Gross sales price for all assets on line 6a	21,452,587			
	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				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	-70,858	1,624,023	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	271,332	51,835	0	219,497
	14 Other employee salaries and wages	379,442	0	0	379,442
	15 Pension plans, employee benefits	213,535	16,540	0	196,995
	16a Legal fees (attach schedule)	500	0	0	500
	b Accounting fees (attach schedule)	36,400	0	0	36,400
	c Other professional fees (attach schedule)	135,223	78,901	0	56,322
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	9,939	0	0	0
	19 Depreciation (attach schedule) and depletion	9,670	0	0	
	20 Occupancy	135,469	11,099	0	124,370
	21 Travel, conferences, and meetings	55,506	188	0	55,318
	22 Printing and publications	21,003	0	0	21,003
	23 Other expenses (attach schedule)	661,726	551,244	0	110,482
	24 Total operating and administrative expenses. Add lines 13 through 23	1,929,745	709,807	0	1,200,329
	25 Contributions, gifts, grants paid	1,690,796			3,742,986
26 Total expenses and disbursements. Add lines 24 and 25	3,620,541	709,807	0	4,943,315	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-3,691,399				
b Net investment income (if negative, enter -0-)		914,216			
c Adjusted net income (if negative, enter -0-)			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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	116,992	120,570	120,570
	2 Savings and temporary cash investments	1,948,218	2,431,591	2,431,591
	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	147,164	108,396	108,396
	10a Investments—U.S. and state government obligations (attach schedule)	7,391,293	3,624,208	3,624,208
	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)	86,808,207	91,740,940	91,740,940
	14 Land, buildings, and equipment: basis ▶ _____ 145,521 Less: accumulated depreciation (attach schedule) ▶ 135,903	13,592	9,618	9,618
15 Other assets (describe ▶ _____)	7,344,377	7,390,013	7,390,013	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	103,769,843	105,425,336	105,425,336	
Liabilities	17 Accounts payable and accrued expenses	202,975	207,940	
	18 Grants payable	2,802,127	747,939	
	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 ▶ _____)	2,029,208	2,362,747	
	23 Total liabilities (add lines 17 through 22)	5,034,310	3,318,626	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	81,556,016	84,445,782	
	25 Net assets with donor restrictions	17,179,517	17,660,928	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	98,735,533	102,106,710		
30 Total liabilities and net assets/fund balances (see instructions) .	103,769,843	105,425,336		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	98,735,533
2 Enter amount from Part I, line 27a	2	-3,691,399
3 Other increases not included in line 2 (itemize) ▶ _____	3	7,062,576
4 Add lines 1, 2, and 3	4	102,106,710
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 29 .	6	102,106,710

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.)
1 a PUBLICLY TRADED SECURITIES	P		
b ALTERNATE FUNDS	P	2019-05-01	2020-06-01
c			
d			
e			

(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 19,209,238		22,244,059	-3,034,821
b 2,243,349		1,207,225	1,036,124
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			-3,034,821
b			1,036,124
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	-1,998,697
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?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Yes No

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))
2018	4,612,802	96,747,664	0.047679
2017	4,635,455	99,872,308	0.046414
2016	4,342,875	92,192,608	0.047107
2015	4,945,243	88,968,114	0.055584
2014	3,374,870	94,080,684	0.035872

2 Total of line 1, column (d)	2	0.232656
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	0.046531
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	94,065,114
5 Multiply line 4 by line 3	5	4,376,944
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	9,142
7 Add lines 5 and 6	7	4,386,086
8 Enter qualifying distributions from Part XII, line 4	8	4,949,010

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	9,142
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	9,142
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	9,142
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	87,825
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	87,825
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	78,683
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 78,683 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ 0 (2) On foundation managers. ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		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?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
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 General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 161 WORCESTER ROAD FRAMINGHAM MA ZIP+4 01701

Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt charitable trusts and foreign accounts.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

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))?
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
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.
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?
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
6b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
7b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?
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?

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

Table with 5 columns: (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

2 Compensation of five highest-paid employees (other than those included on line 1--see instructions). If none, enter "NONE."

Table with 5 columns: (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

Total number of other employees paid over \$50,000.

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
PRIME BUCHHOLZ & ASSOCIATES 273 CORPORATE DRIVE PORTSMOUTH, NH 03801	INVESTMENT CONSULTING	78,901
STATE STREET CORPORATION 1200 CROWN COLONY DRIVE QUINCY, MA 02169	INVESTMENT BANKING	54,479
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 1. THE FOUNDATION PROVIDED EXTENSIVE LEADERSHIP, RESEARCH, DATA COLLECTION AND PROGRAM SUPPORT TO IMPROVE HEALTH AND HEALTH CARE SERVICES TO THE TWENTY-FIVE COMMUNITIES IN THE METROWEST AREA OF MASSACHUSETTS. 2. THE FOUNDATION SPONSORED THE METROWEST HEALTH LEADERSHIP PROGRAM, OFFERING LEADERSHIP TRAINING TO 10 INDIVIDUALS FROM HEALTH AND HUMAN SERVICES AGENCIES WITHIN OUR SERVICE AREA. 3. THE FOUNDATION SUPPORTED A VARIETY OF TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES TO IMPROVE HEALTH AND WELLNESS IN THE REGION.	483,974
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 ▶	0

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	39,611,814
b	Average of monthly cash balances.	1b	687,546
c	Fair market value of all other assets (see instructions).	1c	55,198,218
d	Total (add lines 1a, b, and c).	1d	95,497,578
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 	1e	7,390,013
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	95,497,578
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,432,464
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	94,065,114
6	Minimum investment return. Enter 5% of line 5.	6	4,703,256

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	4,703,256
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	9,142
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	9,142
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	4,694,114
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	4,694,114
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	4,694,114

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	4,943,315
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	5,695
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	4,949,010
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	9,142
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	4,939,868

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				4,694,114
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			2,842,876	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ <u>4,949,010</u>				
a Applied to 2018, but not more than line 2a			2,842,876	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	271,042			
d Applied to 2019 distributable amount.				1,835,092
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (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	271,042			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				2,859,022
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).	271,042			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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					

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

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 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 email address of the person to whom applications should be addressed:

See Additional Data Table

b The form in which applications should be submitted and information and materials they should include:

See Additional Data Table

c Any submission deadlines:

See Additional Data Table

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See Additional Data Table

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	3,742,986
b <i>Approved for future payment</i> See Additional Data Table				
Total			▶ 3b	747,945

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

Part XVII

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
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

- a** Transfers from the reporting foundation to a noncharitable exempt organization of:
 - (1)** Cash.
 - (2)** Other assets.
- b** Other transactions:
 - (1)** Sales of assets to a noncharitable exempt organization.
 - (2)** Purchases of assets from a noncharitable exempt organization.
 - (3)** Rental of facilities, equipment, or other assets.
 - (4)** Reimbursement arrangements.
 - (5)** Loans or loan guarantees.
 - (6)** Performance of services or membership or fundraising solicitations.
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

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.

Sign Here ▶	*****	2021-02-01	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	THOMAS WASHBURN CPA		2021-02-01		P00537319
	Firm's name ▶ AAFCPAS INC				Firm's EIN ▶ 04-2571780
Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581					Phone no. (508) 366-9100

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
MARTIN COHEN 161 WORCESTER RD FRAMINGHAM, MA 01701	PRESIDENT 40.00	271,332	57,030	0
ANNE MARIE BOURSIQUOT KING 161 WORCESTER RD FRAMINGHAM, MA 01701	CHAIR 5.00	0	0	0
WILLIAM GRAHAM 161 WORCESTER RD FRAMINGHAM, MA 01701	VICE CHAIR 5.00	0	0	0
ANNA CAROLLO CROSS 161 WORCESTER RD FRAMINGHAM, MA 01701	CLERK 5.00	0	0	0
JOHN CORRON 161 WORCESTER RD FRAMINGHAM, MA 01701	TREASURER 5.00	0	0	0
LINO COVARRUBIAS 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0
ALAN GELLER 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0
SIMONE GILL 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0
CAROL GLOFF 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0
KATHLEEN HERRMAN 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0
WILLIAM IBERG 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0
JOHN KRIKORIAN 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0
COLEEN TORONTO 161 WORCESTER RD FRAMINGHAM, MA 01701	TRUSTEE 5.00	0	0	0

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed:

MARTIN COHEN PRESIDENT METROWEST HE
161 WORCESTER ROAD SUITE 202
FRAMINGHAM, MA 01701
(508) 879-7625

b The form in which applications should be submitted and information and materials they should include:

APPLICATIONS MUST FOLLOW A STANDARD REQUEST FOR PROPOSALS THAT INCLUDES A DESCRIPTION OF THE UNMET HEALTH NEED TO BE ADDRESSED, PROGRAM GOALS AND OBJECTIVES, BUDGET, AND BUDGET NARRATIVE.

c Any submission deadlines:

THE FOUNDATION HAS TWO SUBMISSION DEADLINES PER YEAR (SPRING/FALL).

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

AWARDS ARE LIMITED TO PROPOSALS THAT ADDRESS AN UNMET HEALTH NEED IN THE 25-TOWN AREA SERVED BY THE FOUNDATION. ELIGIBLE APPLICANTS ARE EITHER TAX- EXEMPT ORGANIZATIONS 501(C)(3) OR GOVERNMENTAL ENTITIES. SEE THE FOUNDATION'S WEB SITE AT WWW.MWHEALTH.ORG FOR FURTHER INFORMATION.

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

- a** The name, address, and telephone number of the person to whom applications should be addressed:

MARTIN COHEN PRESIDENT METROWEST HE
161 WORCESTER ROAD SUITE 202
FRAMINGHAM, MA 01701
(508) 879-7625

- b** The form in which applications should be submitted and information and materials they should include:

COMPLETED CONFIDENTIAL SCHOLARSHIP APPLICATION FORM AND FEDERAL FINANCIAL AID FORM.

- c** Any submission deadlines:

APPLICATIONS SHOULD BE SUBMITTED TO THE FOUNDATION OFFICE.

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SCHOLARSHIPS ARE AVAILABLE FOR CERTAIN NURSING, MEDICAL AND CLINICAL PROGRAMS, AND ARE BASED ON FINANCIAL NEED, ACADEMIC PERFORMANCE, AND DEMONSTRATED MOTIVATION AND CHARACTER TO OBTAIN A FORMAL EDUCATION IN A NURSING, MEDICAL OR CLINICAL PROFESSION. SCHOLARSHIPS ARE LIMITED TO RESIDENTS OR EMPLOYEES OF TOWNS IN THE FOUNDATION'S SERVICE AREA. APPLICANTS MUST COMPLETE A CONFIDENTIAL SCHOLARSHIP APPLICATION FORM AND SUBMIT ALL REQUIRED ATTACHMENTS TO THE FOUNDATION OFFICE. STUDENTS MUST ALSO COMPLETE A FEDERAL FINANCIAL AID FORM. APPLICATIONS ARE REVIEWED BY THE FOUNDATION'S SCHOLARSHIP COMMITTEE AS THEY ARE RECEIVED AND MAY BE SUBMITTED BETWEEN APRIL 15TH AND MAY 31ST AND OCTOBER 15TH AND NOVEMBER 30TH. SCHOLARSHIPS ARE AWARDED FOR TUITION FEES ONLY UP TO A MAXIMUM OF \$2,000.

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>				
ADVOCATES INC 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	112,500
ADVOCATES INC 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	USING A MEDICAL SCRIBE TO INCREASE ACCESS	15,000
ADVOCATES INC 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	10,000
Total				3,742,986



3a

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>				
ADVOCATES INC 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	BEHAVIORAL HEALTH PARTNERS OF METROWEST - METROWEST HEALTH & SOCIAL SERVICE HUB	96,559
ASHLAND PUBLIC SCHOOLS 87 WEST UNION STREET ASHLAND, MA 01721		GOV	MTSS VAPING PLAN DEVELOPMENT	3,500
BAYPATH ELDER SERVICES INC 33 BOSTON POST ROAD WEST STE 510 MARLBOROUGH, MA 017521853		PC	LGBTQ+ INITIATIVE	17,368
Total ▶ 3a				3,742,986

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>				
BELLINGHAM PUBLIC SCHOOLS 4 MECHANIC STREET BELLINGHAM, MA 02019		GOV	SEL: ENHANCING STUDENTS' CAPACITY FOR SUCCESSFUL ENGAGEMENT	15,000
BETHANY HEALTH CARE CENTER 97 BETHANY ROAD FRAMINGHAM, MA 01702		PC	BETHANY HEALTH CARE SENIOR MONTESSORI PROGRAM	15,085
BETHANY HEALTH CARE CENTER 97 BETHANY ROAD FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	5,000
Total ▶ 3a				3,742,986

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>				
BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM, MA 01702				
BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM, MA 01702		PC	MENTAL HEALTH CLINICIAN AT BETHANY HILL PLACE	10,000
BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	3,500
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115		PC	YOUTH VAPING CESSATION INITIATIVE	37,359
Total ▶ 3a				3,742,986

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>				
BRAZILIAN AMERICAN CENTER BRACE 560 WAVERLY STREET FRAMINGHAM, MA 01702		PC	ENHANCING THE MENTAL HEALTH OF LATIN AMERICAN ADOLESCENTS AND THEIR FAMILIES IN FRAMINGHAM, CONTINUATION PROJECT 2019	15,458
BRAZILIAN AMERICAN CENTER BRACE 560 WAVERLY STREET FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	5,000
CHARLES RIVER CENTER 59 EAST MILITIA HEIGHTS DRIVE NEEDHAM, MA 02492		PC	COVID 19 EMERGENCY GRANT	5,000
Total ▶ 3a				3,742,986

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>				
CIRCLE OF HOPE 1329 HIGHLAND AVENUE NEEDHAM, MA 02492		PC	COVID 19 EMERGENCY GRANT	5,000
COMMON STREET SPIRITUAL CENTER 13 COMMON STREET NATICK, MA 01760		PC	GUN BUY-BACK PROGRAM	10,000
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE SUITE 700 ARLINGTON, VA 22202		PC	EFFECTIVE PHILANTHROPY	10,000
Total ▶ 3a				3,742,986

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>				
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS	50,000
DE NOVO CENTER FOR JUSTICE AND HEALING 47 THORNDIKE STREET SB-LL-1 CAMBRIDGE, MA 02141		PC	FORENSIC PSYCHOLOGICAL EVALUATIONS FOR ASYLUM SEEKERS	22,994
DIGNITY MATTERS INC PO BOX 72 WAYLAND, MA 01778		PC	CAPACITY BUILDING THROUGH THE CREATION OF A PROGRAMMING OUTREACH MANAGER POSITION.	12,500
Total				3,742,986

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>				
DOC WAYNE YOUTH SERVICES INC 418 COMMONWEALTH AVENUE BOSTON, MA 02215		PC	COVID 19 EMERGENCY GRANT	5,000
DOVER-SHERBORN REGIONAL SCHOOLS 157 FARM STREET DOVER, MA 02030		GOV	DOVER-SHERBORN HIGH SCHOOL TRANSITION PROGRAM	12,750
EDUCATION DEVELOPMENT CENTER INC 43 FOUNDRY AVENUE WALTHAM, MA 024538313		PC	2020 METROWEST ADOLESCENT HEALTH SURVEY	450,950
Total ▶ 3a				3,742,986

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>				
EDUCATION DEVELOPMENT CENTER INC 43 FOUNDRY AVENUE WALTHAM, MA 024538313		PC	METROWEST ADOLESCENT HEALTH SURVEY - ADVANCED MATH AND SCIENCE ACADEMY	15,674
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER, MA 01605		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	300,000
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER, MA 01605		PC	BASIC HEALTH NEEDS - ORAL HEALTH CARE	75,000
Total ▶ 3a				3,742,986

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>				
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER, MA 01605		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	262,500
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER, MA 01605		PC	SCHOOL-BASED BEHAVIORAL HEALTH	10,000
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER, MA 01605		PC	CAREER PROGRESSION PLAN	13,428
Total ▶ 3a				3,742,986

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>				
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER, MA 01605				
EDWARDS CHURCH UNITED CHURCH OF CHRIST 39 EDWARDS STREET FRAMINGHAM, MA 01701				
EMPLOYMENT OPTIONS 82 BRIGHAM STREET MARLBOROUGH, MA 01752				
Total	▶ 3a			3,742,986

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>				
FAMILY CONTINUITY (FCP INC) 76 CHURCH STREET WHITINSVILLE, MA 01588		PC	COVID 19 EMERGENCY GRANT	10,000
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	COVID 19 EMERGENCY GRANT	10,000
FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK, MA 01760		PC	FRAMINGHAM FOOD FUND	10,000
Total ▶ 3a				3,742,986

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>				
TOWN OF FRAMINGHAM - BOARD OF HEALTH 150 CONCORD STREET SUITE 221 FRAMINGHAM, MA 01702		GOV	AGE AND DEMENTIA FRIENDLY FRAMINGHAM	9,620
FRAMINGHAM HEALTH DEPARTMENT 150 CONCORD STREET FRAMINGHAM, MA 01702		GOV	METROWEST RECOVERY FRIENDLY WORKPLACE INITIATIVE	20,000
FRAMINGHAM HOUSING AUTHORITY 1 JOHN J BRADY DR FRAMINGHAM, MA 01702		GOV	COVID 19 EMERGENCY GRANT	2,500
Total ▶ 3a				3,742,986

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>				
FRAMINGHAM PUBLIC SCHOOLS 73 MT WAYTE AVE SUITE 5 FRAMINGHAM, MA 01702		GOV	INCREASING ACCESS TO COUNSELING FOR ADULT ESL STUDENTS	9,984
FRAMINGHAM PUBLIC SCHOOLS 73 MT WAYTE AVE SUITE 5 FRAMINGHAM, MA 01702		GOV	IMPROVING ACCESS TO HEALTH CARE	15,000
FRAMINGHAM PUBLIC SCHOOLS 73 MT WAYTE AVE SUITE 5 FRAMINGHAM, MA 01702		GOV	EARLY CHILDHOOD SOCIAL-EMOTIONAL LEARNING IMPLEMENTATION GRANT	15,000
Total ▶ 3a				3,742,986

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>				
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET DWIGHT HALL FRAMINGHAM, MA 01701		GOV	VAPING CESSATION PROGRAM AT FRAMINGHAM STATE UNIVERSITY	8,967
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET DWIGHT HALL FRAMINGHAM, MA 01701		GOV	COVID 19 EMERGENCY GRANT	4,408
FRANKLIN COUNCIL ON AGING 10 DANIEL MCCAHERN STREET FRANKLIN, MA 02038		GOV	COVID 19 EMERGENCY GRANT	5,000
Total ▶ 3a				3,742,986

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>				
FRANKLIN FOOD PANTRY 43 WEST CENTRAL STREET PO BOX 116 FRANKLIN, MA 02038		PC	COVID 19 EMERGENCY GRANT	6,000
FRIENDS OF CALLAHAN SENIOR CENTER 535 UNION AVE FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000
GRANT MAKERS IN HEALTH 1100 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20036		PC	EFFECTIVE PHILANTHROPY	8,500
Total	▶ 3a			3,742,986

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>				
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1310 L STREET NW SUITE 650 WASHINGTON, DC 20005		PC	EFFECTIVE PHILANTHROPY	2,090
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	37,500
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	IMMIGRANT HEALTH ACCESS PROJECT	7,785
Total ▶ 3a				3,742,986

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>				
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	COVID 19 EMERGENCY GRANT	10,000
HEALTH LAW ADVOCATES INC ONE FEDERAL STREET BOSTON, MA 02110		PC	CONTINUATION OF LEGAL AID EMERGENCY RESPONSE TO NEW PUBLIC CHARGE RULE AMID THE COVID-19 CRISIS.	9,950
HESSCO ELDER SERVICES ONE MERCHANT STREET SHARON, MA 02067		PC	LGBT ELDER SOCIAL MEAL PROGRAM	9,915
Total				3,742,986

▶ 3a

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>				
HOCKOMOCK AREA YMCA - BERNON FAMILY BRANCH 45 FORGE HILL ROAD FRANKLIN, MA 02038		PC	COVID 19 EMERGENCY GRANT	6,000
HOOPS AND HOMEWORK INC 56 AGNES DRIVE FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	4,860
HOPEDALE PUBLIC SCHOOLS 25 ADIN STREET HOPEDALE, MA 01747		GOV	TRANSITION SUPPORT PROGRAM	35,000
Total ▶ 3a				3,742,986

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>					
HOPEDALE PUBLIC SCHOOLS 25 ADIN STREET HOPEDALE, MA 01747					32,500
HOPKINTON HEALTH DEPARTMENT 18 MAIN STREET HOPKINTON, MA 01748					9,341
HOPKINTON HEALTH DEPARTMENT 18 MAIN STREET HOPKINTON, MA 01748					12,500
Total				3,742,986	

▶ 3a

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>				
HORACE MANN EDUCATIONAL ASSOCIATES INC 8 FORGE PARK EAST FRANKLIN, MA 02038		PC	COVID 19 EMERGENCY GRANT	5,000
HUDSON COUNCIL ON AGING 29 CHURCH STREET HUDSON, MA 01749		GOV	DAYBREAK	11,830
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	BUILDING COMMUNITY CAPACITY IN DEVELOPMENTAL ASSETS THROUGH TRAINING	10,000
Total ▶ 3a				3,742,986

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>				
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	SOCIAL WORK INITIATIVE	10,000
HUMAN RELATIONS SERVICE INC 11 CHAPEL PLACE WELLESLEY, MA 02481		PC	COVID 19 EMERGENCY GRANT	7,500
JEFF'S PLACE CHILDREN'S BEREAVEMENT CENTER INC 281 PLEASANT STREET FRAMINGHAM, MA 01701		PC	SAFETY REPAIRS FOR JEFF'S PLACE YOUTH	10,000
Total ▶ 3a				3,742,986

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>				
JEFF'S PLACE CHILDREN'S BEREAVEMENT CENTER INC 281 PLEASANT STREET FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	613
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET SUITE 101 FRAMINGHAM, MA 01702		PC	FRAMINGHAM IMMIGRANT HEALTH EQUITY MODEL: PLANNING PROCESS.	26,554
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET SUITE 101 FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000
Total ▶ 3a				3,742,986

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 SERVICE OF METROWEST 475 FRANKLIN STREET SUITE 101 FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000
JUSTICE RESOURCE INSTITUTE 160 GOULD STREET SUITE 300 NEEDHAM, MA 024942300		PC	COVID 19 EMERGENCY GRANT	10,000
LATINO HEALTH INSURANCE PROGRAM INC 88 WAVERLY STREET SUITE 150 1ST FLOOR FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES INSURANCE ENROLLMENT	75,000
Total ▶ 3a				3,742,986

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>				
LATINO HEALTH INSURANCE PROGRAM INC 88 WAVERLY STREET SUITE 150 1ST FLOOR FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000
LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701		PC	THE LEARNING CENTER FOR THE DEAF / WALDEN COMMUNITY SERVICES - OUTPATIENT MENTAL HEALTH CLINIC FOR DEAF CHILDREN AND FAMILIES	10,000
LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701		PC	AMERICAN SIGN LANGUAGE EDUCATION	20,000
Total				3,742,986

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>				
LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701		PC	UPDATED EQUIPMENT FOR TLC AUDIOLOGY CLINIC	20,000
LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	5,000
COMMUNITY LEGAL AID 405 MAIN STREET WORCESTER, MA 01608		PC	KNOW YOUR RIGHTS: PUBLIC CHARGE, GOVERNMENT BENEFITS, & MILFORD'S IMMIGRANTS	10,000
Total				3,742,986

▶ **3a**

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>				
LOVIN' SPOONFULS INC 1304 COMMONWEALTH AVE SUITE E BOSTON, MA 02134		PC	BASIC HEALTH NEEDS - FOOD INSECURITY	100,000
LOVIN' SPOONFULS INC 1304 COMMONWEALTH AVE SUITE E BOSTON, MA 02134		PC	COVID 19 EMERGENCY GRANT	10,000
MARLBOROUGH PUBLIC SCHOOLS DISTRICT EDUCATION CENTER 17 WASHINGTON STREET MARLBOROUGH, MA 017522225		GOV	MHS TRANSITIONS PROGRAM-BRIDGE	36,333
Total ▶ 3a				3,742,986

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 ALLIANCE OF PORTUGUESE SPEAKERS 1046 CAMBRIDGE ST CAMBRIDGE, MA 02139		PC	COVID 19 EMERGENCY GRANT	2,500
MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH INC 50 FEDERAL STREET 6TH FLOOR BOSTON, MA 02114		PC	NETWORK OF CARE STAFFING REQUEST	41,633
MASSACHUSETTS ASSOCIATION FOR THE BLIND 200 IVY STREET BROOKLINE, MA 02446		PC	COVID 19 EMERGENCY GRANT	2,500
Total ▶ 3a				3,742,986

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 BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		GOV	NURSING CURRICULUM REDESIGN AND HEALTH CAREERS ACADEMY PROJECT	14,882
METRO COMMUNITY DEVELOPMENT CORPORATION 40 MECHANIC ST SUITE 300 MARLBOROUGH, MA 01752		PC	COVID 19 EMERGENCY GRANT	3,000
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL 105 HUDSON RD SUDBURY, MA 01776		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	75,000
Total			▶ 3a	3,742,986

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>				
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL 105 HUDSON RD SADBURY, MA 01776		PC	HEALTH EQUITY THROUGH MEDICAL INTERPRETER & VOLUNTEER SERVICES	12,500
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL 105 HUDSON RD SADBURY, MA 01776		PC	COVID 19 EMERGENCY GRANT	5,000
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET SUITE 304 FRAMINGHAM, MA 01702		PC	JUVENILE IMMIGRANT RELIEF PROJECT	33,955
Total				3,742,986

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>				
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET SUITE 304 FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - MEDICAL-LEGAL PARTNERSHIP	112,500
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET SUITE 304 FRAMINGHAM, MA 01702		PC	JUVENILE IMMIGRANT RELIEF PROJECT	50,376
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET SUITE 304 FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000
Total ▶ 3a				3,742,986

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>				
METROWEST NONPROFIT NETWORK INC PO BOX 1661 FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	5,000
METROWEST WORKER CENTER 116 CONCORD STREET SUITE 11 FRAMINGHAM, MA 01702		PC	INJURED WORKER PROJECT	10,000
METROWEST WORKER CENTER 116 CONCORD STREET SUITE 11 FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000
Total ▶ 3a				3,742,986

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>				
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	MW SAPA PRIORITIZING PREVENTION IN METROWEST	12,500
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	10,000
MILFORD PUBLIC SCHOOLS 31 W FOUNTAIN STREET MILFORD, MA 01757		GOV	YOUTH MENTAL HEALTH FIRST AID PROFESSIONAL DEVELOPMENT TRAINING INITIATIVE	2,400
Total ▶ 3a				3,742,986

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>				
MILFORD PUBLIC SCHOOLS 31 W FOUNTAIN STREET MILFORD, MA 01757		GOV	COVID 19 EMERGENCY GRANT	5,000
MILFORD PUBLIC SCHOOLS 31 W FOUNTAIN STREET MILFORD, MA 01757		GOV	EARLY CHILDHOOD SOCIAL-EMOTIONAL LEARNING IMPLEMENTATION GRANT	15,000
NATICK COMMUNITY ORGANIC FARM 117 ELIOT STREET NATICK, MA 01760		PC	COVID 19 EMERGENCY GRANT	2,500
Total ▶ 3a				3,742,986

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>				
NATICK PUBLIC SCHOOLS 13 E CENTRAL STREET NATICK, MA 01760		GOV	GAME CHANGERS	7,000
NATICK SERVICE COUNCIL INC 2 WEBSTER STREET NATICK, MA 01760		PC	ASSISTANCE WITH HEALTH SERVICES	10,000
NATICK SERVICE COUNCIL INC 2 WEBSTER STREET NATICK, MA 01760		PC	HEALTHY, INFORMATIVE AGING	20,000
Total ▶ 3a				3,742,986

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>				
NATICK SERVICE COUNCIL INC 2 WEBSTER STREET NATICK, MA 01760		PC	FOOD PANTRY	15,000
NATICK SERVICE COUNCIL INC 2 WEBSTER STREET NATICK, MA 01760		PC	COVID 19 EMERGENCY GRANT	10,000
NEEDHAM COMMUNITY COUNCIL FOOD PANTRY 575 HILLSIDE AVE NEEDHAM, MA 02494		PC	COVID 19 EMERGENCY GRANT	5,000
Total ▶ 3a				3,742,986

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>				
NEEDHAM PUBLIC HEALTH DIVISION 178 ROSEMARY STREET NEEDHAM, MA 02494		GOV	VAPING PREVENTION PROGRAM	12,643
NEEDHAM PUBLIC SCHOOLS 1330 HIGHLAND AVENUE NEEDHAM, MA 02492		GOV	IMPROVING STUDENT HEALTH BY ADDRESSING RACIAL DISCRIMINATION	9,000
NEIGHBOR BRIGADEPO BOX 735 MAYNARD, MA 01754		PC	COVID 19 EMERGENCY GRANT	3,000
Total ▶ 3a				3,742,986

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>				
OUT METROWESTPO BOX 2122 FRAMINGHAM, MA 01703		PC	MEETING THE NEEDS OF LGBTQ+ YOUTH OF COLOR	10,358
A PLACE TO TURN 99 HARTFORD STREET NATICK, MA 01760		PC	40TH ANNIVERSARY	40,000
A PLACE TO TURN 99 HARTFORD STREET NATICK, MA 01760		PC	COVID 19 EMERGENCY GRANT	10,000
Total ▶ 3a				3,742,986

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>				
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE BOSTON, MA 02215		PC	COVID 19 EMERGENCY GRANT	8,000
PROJECT JUST BECAUSE 109 SOUTH STREET HOPKINTON, MA 01748		PC	COVID 19 EMERGENCY GRANT	5,000
RIA HOUSE INC 330 COCHITUATE ROAD 1784 FRAMINGHAM, MA 01701		PC	IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF SEXUAL EXPLOITATION, TRAFFICKING, & PROSTITUTION	14,996
Total ▶ 3a				3,742,986

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>				
RIA HOUSE INC 330 COCHITUATE ROAD 1784 FRAMINGHAM, MA 01701		PC	IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF CSE	10,000
RIA HOUSE INC 330 COCHITUATE ROAD 1784 FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	5,000
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - OPERATING	125,000
Total ▶ 3a				3,742,986

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>				
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET SUITE 301 DEDHAM, MA 02026		PC	COVID 19 EMERGENCY GRANT	10,000
SALVATION ARMYPO BOX 311 FRAMINGHAM, MA 01704		PC	COVID 19 EMERGENCY GRANT	8,000
SALVATION ARMY - MILFORD 29 CONGRESS STREET MILFORD, MA 01757		PC	COVID 19 EMERGENCY GRANT	4,000
Total ▶ 3a				3,742,986

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>				
SAMARITANS INC 41 WEST STREET 4TH FLOOR BOSTON, MA 02111		PC	COVID 19 EMERGENCY GRANT	3,600
SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	112,500
SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - HOMELESSNESS	112,500
Total ▶ 3a				3,742,986

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>					
SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC 7 BISHOP STREET FRAMINGHAM, MA 01702					14,527
SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC 7 BISHOP STREET FRAMINGHAM, MA 01702					10,000
SPARK KINDNESS INCPO BOX 823 NATICK, MA 01760					20,000
Total ▶ 3a				3,742,986	

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>				
SPARK KINDNESS INCPO BOX 823 NATICK, MA 01760		PC	COVID 19 EMERGENCY GRANT	4,484
TOWN OF ASHLAND101 MAIN STREET ASHAND, MA 01721		GOV	COVID 19 EMERGENCY GRANT	10,000
TOWN OF HOPKINTON18 MAIN STREET HOPKINTON, MA 01748		GOV	COVID 19 EMERGENCY GRANT	10,000
Total ▶ 3a				3,742,986

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>				
TOWN OF NEEDHAM 1471 HIGHLAND AVE NEEDHAM, MA 02492		GOV	COVID 19 EMERGENCY GRANT	10,000
TRI-VALLEY ELDER SERVICES 10 MILL STREET DUDLEY, MA 01571		PC	COVID 19 EMERGENCY GRANT	1,000
WALKBOSTON45 SCHOOL STREET BOSTON, MA 02108		PC	YOUTH WORKING TOWARDS WALKABLE STREETS	8,750
Total ▶ 3a				3,742,986

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>					
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK INC 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701					112,500
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK INC 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701					10,000
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK INC 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701					10,000
Total				3,742,986	



3a

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>				
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK INC 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	10,000
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK INC 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	COVID 19 EMERGENCY GRANT	7,551
WOMEN THRIVING INC 37 OSBORNE ROAD BROOKLINE, MA 02446		PC	RESILIENCY SKILLS FOR LOW-INCOME WOMEN, INCLUDING SPEAKERS OF ENGLISH, SPANISH, AND PORTUGUESE, AND THOSE WITH MENTAL HEALTH CHALLENGES	19,956
Total ▶ 3a				3,742,986

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>				
UNIVERSITY OF SOUTHERN MAINE 96 FALMOUTH STREET PORTLAND, ME 04103		GOV	NURSING SCHOLARSHIPS	2,000
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
REGIS COLLEGE 235 WELLESLEY STREET WESTON, MA 02493		PC	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	1,000
UNIVERSITY OF MASSACHUSETTS 55 N LAKE AVENUE WORCESTER, MA 01655		GOV	NURSING SCHOLARSHIPS	2,000
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	1,000
Total ▶ 3a				3,742,986

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>				
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	2,000
UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BOULEVARD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIPS	2,000
REGIS COLLEGE 235 WELLESLEY STREET WESTON, MA 02493		PC	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	2,000
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	2,000
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	2,000
WILLIAM JAMES COLLEGE 1 WELLS AVENUE NEWTON, MA 02459		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
ALBANY MEDICAL COLLEGE 43 NEW SCOTLAND AVE ALBANY, NY 12208		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
Total				3,742,986

▶ **3a**

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>				
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02115		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	1,000
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	2,000
UNIVERISTY OF NEW ENGLAND 716 STEVENS AVENUE PORTLAND, ME 04103		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02115		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
QUINSIGAMOND COLLEGE 670 W BOYLSTON STREET WORCESTER, MA 01606		PC	NURSING SCHOLARSHIPS	2,000
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	1,000
Total ▶ 3a				3,742,986

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>				
MASS COLLEGE OF PHARMACY & HEALTH SCIENCES 19 FOSTER STREET WORCESTER, MA 01608		PC	NURSING SCHOLARSHIPS	1,000
UNIVERSITY OF RHODE ISLAND 6 RHODY RAM WAY KINGSTON, RI 02881		GOV	NURSING SCHOLARSHIPS	2,000
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY, MA 02481		GOV	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
REGIS COLLEGE 235 WELLESLEY STREET WESTON, MA 02493		PC	NURSING SCHOLARSHIPS	2,000
UNIVERSITY OF MASSACHUSETTS 1500 MAIN STREET SPRINGFIELD, MA 01103		GOV	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BOULEVARD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIPS	2,000
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIPS	2,000
QUINSIGAMOND COLLEGE 670 WEST BOYLSTON STREET WORCESTER, MA 01606		PC	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	NURSING SCHOLARSHIPS	2,000
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 06825		PC	MEDICAL/CLINICAL SCHOLARSHIPS	1,000
WORCESTER STATE COLLEGE 486 CHANDLER STREET WORCESTER, MA 01602		GOV	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIPS	2,000
UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BOULEVARD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIPS	2,000
REGIS UNIVERSITY 235 WELLESLEY STREET WESTON, MA 02493		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825		PC	NURSING SCHOLARSHIPS	2,000
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
WESTFIELD STATE COLLEGE 577 WESTERN AVENUE WESTFIELD, MA 01085		GOV	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
REGIS COLLEGE 235 WELLESLEY STREET WESTON, MA 02493		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	NURSING SCHOLARSHIPS	1,000
Total ▶ 3a				3,742,986

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>				
UNIVERSITY OF MASSACHUSETTS 100 WILLIAM T MORRISSEY BLVD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIPS	2,000
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY, MA 02481		GOV	NURSING SCHOLARSHIPS	2,000
MASS COLLEGE OF PHARMACY & HEALTH SCIENCES 179 LONGWOOD AVENUE BOSTON, MA 02115		PC	NURSING SCHOLARSHIPS	2,000
Total ▶ 3a				3,742,986

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>				
UNIVERSITY OF MASSACHUSETTS 220 PAWTUCKET STREET LOWELL, MA 01854		GOV	NURSING SCHOLARSHIPS	2,000
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE PITTSBURGH, MA 15260		GOV	NURSING SCHOLARSHIPS	1,000
REGIS COLLEGE 170 GOVERNORS AVE MEDFORD, MA 02155		PC	NURSING SCHOLARSHIPS	2,000
Total			▶ 3a	3,742,986

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>				
GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE 3900 RESERVOIR ROAD NW WASHINGTON, DC 20007		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
MASS COLLEGE OF PHARMACY & HEALTH SCIENCES 25 FOSTER STREET WORCESTER, MA 01608		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIPS	1,000
Total				3,742,986

▶ **3a**

TY 2019 Accounting Fees Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	36,400	0	0	36,400

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: METROWEST HEALTH FOUNDATION INC

EIN: 04-2121342

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FIXED ASSETS		145,521	135,903	SL	0 %	0	0	0	

TY 2019 Distribution from Corpus Election

Name: METROWEST HEALTH FOUNDATION INC

EIN: 04-2121342

Election: METROWEST RECEIVED CONTRIBUTIONS FROM OTHER PRIVATE FOUNDATIONS AND DISTRIBUTED AN AMOUNT EQUAL IN VALUE TO THE CONTRIBUTIONS RECEIVED. AS SUCH METROWEST IS ELECTING TO DISTRIBUTE THE QUALIFYING DISTRIBUTIONS OUT OF CORPUS PURSUANT TO REGULATION 53.4942(A)-3(D) (2).THE TRUST DISTRIBUTIONS INCLUDE THE FOLLOWING:1. CHICKERING TRUST C/O MELLON BANK- \$245,0762. CLARK TRUST C/O BANK OF AMERICA- \$16,2783. SARAH WHITE TRUST C/O BANK OF AMERICA- \$9,688

TY 2019 Investments Government Obligations Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342**US Government Securities - End
of Year Book Value:**

3,624,208

**US Government Securities - End
of Year Fair Market Value:**

3,624,208

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2019 Investments - Other Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CREDIT OBLIGATION - FIXED INCOME	FMV	9,370,628	9,370,628
BOND FUNDS - FIXED INCOME	FMV	3,750,381	3,750,381
GLOBAL EQUITIES - EQUITIES	FMV	20,254,267	20,254,267
US EQUITIES - EQUITIES	FMV	26,642,113	26,642,113
HEDGE FUNDS - ALTERNATIVE INVESTMENTS	FMV	23,364,479	23,364,479
REAL ESTATE FUNDS - ALTERNATIVE INVESTMENTS	FMV	8,359,072	8,359,072

**TY 2019 Land, Etc.
Schedule****Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FIXED ASSETS	145,521	135,903	9,618	

TY 2019 Legal Fees Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	500	0	0	500

TY 2019 Other Assets Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	7,344,377	7,390,013	7,390,013

TY 2019 Other Expenses Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WEB & COMPUTER SUPPORT	71,347	0	0	71,347
INSURANCE	7,206	0	0	7,206
EQUIPMENT RENTAL	7,247	0	0	7,247
OFFICE SUPPLIES AND SUPPORT	24,682	0	0	24,682
INVESTMENT FEES	551,244	551,244	0	0

TY 2019 Other Increases Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	6,992,925
GAIN ON BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	45,636
CHANGE IN DEFERRED EXCISE TAXES	24,015

TY 2019 Other Liabilities Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED EXCISE TAXES	397,432	373,417
FUNDS HELD FOR OTHERS	1,631,776	1,989,330

TY 2019 Other Professional Fees Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	135,223	78,901	0	56,322

TY 2019 Reduction Explanation Statement

Name: METROWEST HEALTH FOUNDATION INC

EIN: 04-2121342

Explanation: THE VALUE OF THE ASSET BEFORE THE REDUCTION CLAIMED ABOVE AS OF SEPTEMBER 30, 2020 WAS \$ 7,390,013. THE DISCOUNT CLAIMED IS 100% OF THE ASSET VALUE DUE TO CERTAIN RESTRICTIONS ON THE ASSET AS NOTED. THE FOUNDATION RECORDS ITS DESIGNATED INTEREST IN OUTSIDE PERPETUAL TRUSTS WHERE THE TRUSTEES DO NOT HAVE VARIANCE POWER. THE FOUNDATION COMPUTES ITS INTEREST BY MULTIPLYING ITS DESIGNATED INTEREST PERCENTAGE BY THE VALUE OF THE INVESTMENTS OF THE TRUST. THE TRUSTEES OF THE VARIOUS PERPETUAL TRUSTS RETAIN ALL DISCRETION OVER THE INVESTMENT AND DISTRIBUTION OF TRUST ASSETS. THE FOUNDATION CLAIMS A BLOCKAGE ASSOCIATED WITH THE FULL VALUE OF ITS INTEREST IN PERPETUAL TRUSTS. ASSETS DISTRIBUTED FROM THE TRUSTS ARE USED TO SATISFY PRIVATE FOUNDATION DISTRIBUTION REQUIREMENTS FOR EACH TRUST. AS SUCH, THE DISTRIBUTIONS MADE BY THE FOUNDATION FROM TRUST INCOME ARE ADJUSTED FROM THE FOUNDATION'S QUALIFYING DISTRIBUTIONS AS A DISTRIBUTION FROM CORPUS PURSUANT TO 53.4942(A)-3(D)(2).

TY 2019 Taxes Schedule**Name:** METROWEST HEALTH FOUNDATION INC**EIN:** 04-2121342

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX EXPENSE	9,939	0	0	0

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

OMB No. 1545-0047
2019

Name of the organization
METROWEST HEALTH FOUNDATION INC

Employer identification number
04-2121342

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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
METROWEST HEALTH FOUNDATION INC

Employer identification number
04-2121342

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	BOSTON FOUNDATIONPFAFF FUND 75 ARLINGTON STREET BOSTON, MA 02116	\$ 32,572	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	BNY MELLON BANKCHICKERING FUND 201 WASHINGTON STREET BOSTON, MA 02108	\$ 245,076	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	US TRUSTCLARK FOUNDATION 100 WESTMINSTER STREET PROVIDENCE, RI 02903	\$ 16,278	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	US TRUSTSARAH E WHITE TRUST 100 WESTMINSTER STREET PROVIDENCE, RI 02903	\$ 9,688	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 METROWEST HEALTH FOUNDATION INC

Employer identification number
 04-2121342

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
 METROWEST HEALTH FOUNDATION INC

Employer identification number
 04-2121342

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.

(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		Relationship 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, and ZIP 4		Relationship 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, and ZIP 4		Relationship 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, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	