

**Return of Private Foundation**

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

Department of the Treasury  
Internal Revenue Service

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Open to Public Inspection

For calendar year 2019 or tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**

Name of foundation <b>METROWEST HEALTH FOUNDATION, INC.</b>		<b>A</b> Employer identification number <b>04-2121342</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>161 WORCESTER ROAD, SUITE 202</b>	Room/suite	<b>B</b> Telephone number <b>(508) 879-7625</b>
City or town, state or province, country, and ZIP or foreign postal code <b>FRAMINGHAM, MA 01701</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> 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		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>105,425,336.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	303,816.			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	1,624,023.	1,624,023.		STATEMENT 4
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	-1,998,697.			
	<b>b</b> Gross sales price for all assets on line 6a <b>21,452,587.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	-70,858.	1,624,023.	0.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	271,332.	51,835.	0.	219,497.
	<b>14</b> Other employee salaries and wages .....	379,442.	0.	0.	379,442.
	<b>15</b> Pension plans, employee benefits .....	213,535.	16,540.	0.	196,995.
	<b>16a</b> Legal fees <b>STMT 5</b> .....	500.	0.	0.	500.
	<b>b</b> Accounting fees <b>STMT 6</b> .....	36,400.	0.	0.	36,400.
	<b>c</b> Other professional fees <b>STMT 7</b> .....	135,223.	78,901.	0.	56,322.
	<b>17</b> Interest .....				
	<b>18</b> Taxes <b>STMT 8</b> .....	9,939.	0.	0.	0.
	<b>19</b> Depreciation and depletion .....	9,670.	0.	0.	
	<b>20</b> Occupancy .....	135,469.	11,099.	0.	124,370.
	<b>21</b> Travel, conferences, and meetings .....	55,506.	188.	0.	55,318.
	<b>22</b> Printing and publications .....	21,003.	0.	0.	21,003.
	<b>23</b> Other expenses <b>STMT 9</b> .....	661,726.	551,244.	0.	110,482.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	1,929,745.	709,807.	0.	1,200,329.
	<b>25</b> Contributions, gifts, grants paid .....	1,690,796.			3,742,986.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	3,620,541.	709,807.	0.	4,943,315.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	-3,691,399.				
<b>b Net investment income</b> (if negative, enter -0-)		914,216.			
<b>c Adjusted net income</b> (if negative, enter -0-)			0.		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	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 .....			
	7 Other notes and loans receivable ▶			
	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 <b>STMT 11</b>	7,391,293.	3,624,208.	3,624,208.
	b Investments - corporate stock .....			
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans .....				
13 Investments - other <b>STMT 12</b>	86,808,207.	91,740,940.	91,740,940.	
14 Land, buildings, and equipment: basis ▶ <b>145,521.</b>				
Less: accumulated depreciation <b>STMT 13</b> ▶ <b>135,903.</b>	13,592.	9,618.	9,618.	
15 Other assets (describe ▶ <b>STATEMENT 14</b> )	7,344,377.	7,390,013.	7,390,013.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	103,769,843.	105,425,336.	105,425,336.	
<b>Liabilities</b>	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 .....			
	22 Other liabilities (describe ▶ <b>STATEMENT 15</b> )	2,029,208.	2,362,747.	
	23 <b>Total liabilities</b> (add lines 17 through 22)	5,034,310.	3,318,626.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	81,556,016.	84,445,782.	
	25 Net assets with donor restrictions .....	17,179,517.	17,660,928.	
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	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 <b>Total net assets or fund balances</b>	98,735,533.	102,106,710.	
30 <b>Total liabilities and net assets/fund balances</b>	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) ▶ <b>SEE STATEMENT 10</b>	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 (for example, 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.)
<b>1a PUBLICLY TRADED SECURITIES</b>	P		
<b>b ALTERNATE FUNDS</b>	P	05/01/19	06/01/20
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.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-3,034,821.
b			1,036,124.
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	-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). If (loss), enter -0- in Part I, line 8 .....	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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.	.047679
2017	4,635,455.	99,872,308.	.046414
2016	4,342,875.	92,192,608.	.047107
2015	4,945,243.	88,968,114.	.055584
2014	3,374,870.	94,080,684.	.035872

2 Total of line 1, column (d) .....	2	.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	.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)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits. Total tax due is 9,142. Overpayment is 78,683. Refunded amount is 78,683.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity statements. Columns for Yes/No. Includes questions about political campaigns, unrelated business income, and state reporting. MA is entered for state reporting.

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.MWHEALTH.ORG	X	
14 The books are in care of ► MARTIN COHEN, PRESIDENT & CEO Telephone no. ► (508) 879-7625 Located at ► 161 WORCESTER ROAD, FRAMINGHAM, MA ZIP+4 ► 01701		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
Organizations relying on a current notice regarding disaster assistance, check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		X

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

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

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

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 16		271,332.	57,030.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
REBECCA DONHAM - 161 WORCESTER RD, FRAMINGHAM, MA 01701	SENIOR PROGRAM OFFICER 36.00	113,882.	44,187.	0.
CATHY GLOVER - 161 WORCESTER RD, FRAMINGHAM, MA 01701	GRANT'S MANAGEMENT DIRECTOR 35.00	101,999.	36,329.	0.
REBECCA GALLO - 161 WORCESTER RD, FRAMINGHAM, MA 01701	SENIOR PROGRAM OFFICER 35.00	91,390.	10,276.	0.
KATHERINE BAKER - 161 WORCESTER RD, FRAMINGHAM, MA 01701	POLICY ANALYST 40.00	69,400.	16,123.	0.

**Total** number of other employees paid over \$50,000 0

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

**3 Five highest-paid independent contractors for professional services. 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  SEE STATEMENT 17	483,974.
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

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	1c	55,198,218.
d	<b>Total</b> (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) <b>SEE STATEMENT 18</b>	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	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	94,065,114.
6	<b>Minimum investment return.</b> 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	<b>Distributable amount</b> 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	<b>Qualifying distributions.</b> 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	5	9,142.
6	<b>Adjusted qualifying distributions.</b> 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:		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: ▶ \$ 4,949,010.				
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 instr.			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	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				

\*\* SEE STATEMENT 19

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

1 a 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 foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2019, (b) 2018, (c) 2017, (d) 2016, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).)

NONE

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.

NONE

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.

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

SEE STATEMENT 20

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

c Any submission deadlines:

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

**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)				
<b>a Paid during the year</b>				
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.
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.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> 3,742,986.
<b>b Approved for future payment</b>				
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	BEHAVIORAL HEALTH PARTNERS OF METROWEST - METROWEST HEALTH & SOCIAL SERVICE HUB	96,559.
BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM, MA 01702		PC	MENTAL HEALTH CLINICIAN AT BETHANY HILL PLACE	10,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3b</b> 747,945.

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies .....					
<b>2</b> Membership dues and assessments .....					
<b>3</b> Interest on savings and temporary cash investments .....					
<b>4</b> Dividends and interest from securities .....			14	1,624,023.	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property .....					
<b>b</b> Not debt-financed property .....					
<b>6</b> Net rental income or (loss) from personal property .....					
<b>7</b> Other investment income .....					
<b>8</b> Gain or (loss) from sales of assets other than inventory .....			18	-1,998,697.	
<b>9</b> Net income or (loss) from special events .....					
<b>10</b> Gross profit or (loss) from sales of inventory .....					
<b>11</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e) .....		0.		-374,674.	0.
<b>13 Total.</b> Add line 12, columns (b), (d), and (e) .....					13 -374,674.

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

		Yes	No
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?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash .....	1a(1)	X
	(2) Other assets .....	1a(2)	X
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization .....	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization .....	1b(2)	X
	(3) Rental of facilities, equipment, or other assets .....	1b(3)	X
	(4) Reimbursement arrangements .....	1b(4)	X
	(5) Loans or loan guarantees .....	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations .....	1b(6)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	1c	X
<b>d</b>	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
		N/A	

**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
N/A		

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

Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT, CEO**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **THOMAS WASHBURN, CPA** Preparer's signature: **THOMAS WASHBURN,** Date: **02/01/21** Check  if self-employed PTIN: **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**

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
BAYPATH ELDER SERVICES, INC. 33 BOSTON POST ROAD WEST, STE. 510 MARLBOROUGH, MA 01752-1853		PC	LGBTQ+ INITIATIVE	17,368.
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.
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.
BRAZILIAN AMERICAN CENTER BRACE 560 WAVERLY STREET FRAMINGHAM, MA 01702		PC	ENHANCING THE MENTAL HEALTH OF LATIN AMERICAN ADOLESCENTS AND THEIR FAMILIES IN FRAMINGHAM,	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.
<b>Total from continuation sheets</b>				<b>3,505,427.</b>

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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. P.O. BOX 72 WAYLAND, MA 01778		PC	CAPACITY BUILDING THROUGH THE CREATION OF A PROGRAMMING OUTREACH MANAGER POSITION.	12,500.
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 02453-8313		PC	2020 METROWEST ADOLESCENT HEALTH SURVEY	450,950.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453-8313		PC	METROWEST ADOLESCENT HEALTH SURVEY - ADVANCED MATH AND SCIENCE ACADEMY	15,674.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 650 LINCOLN STREET WORCESTER, MA 01605		PC	COVID 19 EMERGENCY GRANT	10,000.
EDWARDS CHURCH, UNITED CHURCH OF CHRIST 39 EDWARDS STREET FRAMINGHAM, MA 01701		PC	HOSTING THE VA VET CENTER COMMUNITY ACCESS POINT	6,000.
EMPLOYMENT OPTIONS 82 BRIGHAM STREET MARLBOROUGH, MA 01752		PC	COVID 19 EMERGENCY GRANT	10,000.
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.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK, MA 01760		PC	FRAMINGHAM FOOD FUND	10,000.
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.
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.
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 MCCAHERILL STREET FRANKLIN, MA 02038		GOV	COVID 19 EMERGENCY GRANT	5,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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.
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.
HOCKOMOCK AREA YMCA - BERNON FAMILY BRANCH 45 FORGE HILL ROAD FRANKLIN, MA 02038		PC	COVID 19 EMERGENCY GRANT	6,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
HOPEDALE PUBLIC SCHOOLS 25 ADIN STREET HOPEDALE, MA 01747		GOV	TRANSITION SUPPORT PROGRAM	32,500.
HOPKINTON HEALTH DEPARTMENT 18 MAIN STREET HOPKINTON, MA 01748		GOV	HOPKINTON TOBACCO INITIATIVE	9,341.
HOPKINTON HEALTH DEPARTMENT 18 MAIN STREET HOPKINTON, MA 01748		GOV	SMOKE FREE 2.0 - RESPONDING TO THE YOUTH VAPING CRISIS	12,500.
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.
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.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
JEFF'S PLACE CHILDREN'S BEREAVEMENT CENTER, INC. 281 PLEASANT STREET FRAMINGHAM, MA 01701		PC	SAFETY REPAIRS FOR JEFF'S PLACE YOUTH	10,000.
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.
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 02494-2300		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.
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	10,000.
LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701		PC	AMERICAN SIGN LANGUAGE EDUCATION	20,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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 01752-2225		GOV	MHS TRANSITIONS PROGRAM- BRIDGE	36,333.
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.
MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		GOV	NURSING CURRICULUM REDESIGN AND HEALTH CAREERS ACADEMY PROJECT	14,882.
<b>Total from continuation sheets</b>				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL 105 HUDSON RD. SUDBURY, MA 01776		PC	HEALTH EQUITY THROUGH MEDICAL INTERPRETER & VOLUNTEER SERVICES	12,500.
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL 105 HUDSON RD. SUDBURY, 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.
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.
METROWEST NONPROFIT NETWORK, INC. P.O. 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.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
METROWEST WORKER CENTER 116 CONCORD STREET, SUITE 11 FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000.
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.
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.
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.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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 BRIGADE PO BOX 735 MAYNARD, MA 01754		PC	COVID 19 EMERGENCY GRANT	3,000.
OUT METROWEST PO 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.
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE. BOSTON, MA 02215		PC	COVID 19 EMERGENCY GRANT	8,000.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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, &	14,996.
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.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	COVID 19 EMERGENCY GRANT	10,000.
SALVATION ARMY P.O. 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.
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.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - HOMELESSNESS	112,500.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	SMOC PEER RECOVERY COACHING EMERGENCY RESPONSE TEAM	14,527.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY GRANT	10,000.
SPARK KINDNESS, INC. P.O. BOX 823 NATICK, MA 01760		PC	BUILDING MENTAL WELLNESS AND RESILIENCE: COMPREHENSIVE PROGRAMS AND RESOURCES FOR	20,000.
SPARK KINDNESS, INC. P.O. BOX 823 NATICK, MA 01760		PC	COVID 19 EMERGENCY GRANT	4,484.
TOWN OF ASHLAND 101 MAIN STREET ASHAND, MA 01721		GOV	COVID 19 EMERGENCY GRANT	10,000.
TOWN OF HOPKINTON 18 MAIN STREET HOPKINTON, MA 01748		GOV	COVID 19 EMERGENCY GRANT	10,000.
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.
WALKBOSTON 45 SCHOOL STREET BOSTON, MA 02108		PC	YOUTH WORKING TOWARDS WALKABLE STREETS	8,750.
<b>Total from continuation sheets</b>				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	112,500.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	WALSH MIDDLE SCHOOL MENTAL HEALTH ACCESS	10,000.
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	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	19,956.
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.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIPS	1,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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.
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.
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.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
ALBANY MEDICAL COLLEGE 43 NEW SCOTLAND AVE ALBANY, NY 12208		PC	MEDICAL/CLINICAL SCHOLARSHIPS	2,000.
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.
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.
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.
<b>Total from continuation sheets</b> .....				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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.
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.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	NURSING SCHOLARSHIPS	2,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
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.
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.
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.
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.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	NURSING SCHOLARSHIPS	1,000.
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.
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 GOVENORS AVE MEDFORD, MA 02155		PC	NURSING SCHOLARSHIPS	2,000.
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.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	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
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115		PC	YOUTH VAPING CESSATION	37,359.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - FOOD INSECURITY	75,000.
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.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453-8313		PC	METROWEST ADOLESCENT HEALTH SURVEY	198,917.
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.
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 STATE UNIVERSITY 100 STATE STREET DWIGHT HALL FRAMINGHAM, MA 01701		GOV	VAPING CESSATION PROGRAM AT FRAMINGHAM STATE UNIVERSITY	8,967.
HEALTH LAW ADVOCATES 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.
<b>Total from continuation sheets</b>				<b>626,386.</b>

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	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
HOPEDALE PUBLIC SCHOOLS 6 PROSPECT STREET HOPDEDALE, MA 01747		GOV	TRANSITION SUPPORT PROGRAM	32,500.
HOPKINTON HEALTH DEPARTMENT 18 MAIN STREET HOPKINTON, MA 01748		GOV	SMOKE FREE 2.0 - RESPONDING TO THE YOUTH VAPING CRISIS	12,500.
HUDSON COUNCIL ON AGING 29 CHURCH STREET HUDSON, MA 01749		GOV	DAYBREAK	11,830.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	SOCIAL WORK INITIATIVE	10,000.
MARLBROUGH PUBLIC SCHOOLS 25 UNION STREET MARLBOROUGH, MA 01752		GOV	TRANSITION SUPPORT PROGRAM	14,417.
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL SUDBURY, MA 01776		PC	HEALTH EQUITY THROUGH MEDICAL INTERPRETER & VOLUNTEER SERVICES	12,500.
NATICK COUNCIL ON AGING 117 EAST CENTRAL STREET NATICK, MA 01760		GOV	LET'S TALK NATICK - END OF LIFE PROJECT	59,120.
NATICK PUBLIC SCHOOLS 13 E. CENTRAL STREET NATICK, MA 01760		GOV	GAME CHANGERS	7,000.
NEEDHAM COUNCIL ON AGING 300 HILLSIDE STREET NEEDHAM, MA 02494		GOV	ELDER TRANSPORATION	10,000.
NEEDHAM PUBLIC HEALTH DIVISION 178 ROSEMARY STREET NEEDHAM, MA 02494		GOV	VAPING PREVENTION PROGRAM	12,643.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	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
NEEDHAM PUBLIC SCHOOLS 1330 HIGHLAND AVENUE NEEDHAM, MA 02492		GOV	IMPROVING STUDENT HEALTH BY ADDRESSING RACIAL DISCRIMINATION	9,000.
RIA HOUSE INC. 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF CSE	10,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	SMOC PEER RECOVERY COACHING EMERGENCY RESPONSE TEAM	14,527.
WALKBOSTON 45 SCHOOL STREET BOSTON, MA 02108		PC	YOUTH WORKING TOWARDS WALKABLE STREETS	8,750.
<b>Total from continuation sheets</b> .....				

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BRAZILIAN AMERICAN CENTER BRACE  
ENHANCING THE MENTAL HEALTH OF LATIN AMERICAN ADOLESCENTS AND THEIR  
FAMILIES IN FRAMINGHAM, CONTINUATION PROJECT 2019

NAME OF RECIPIENT - LEARNING CENTER FOR THE DEAF  
THE LEARNING CENTER FOR THE DEAF / WALDEN COMMUNITY SERVICES -  
OUTPATIENT MENTAL HEALTH CLINIC FOR DEAF CHILDREN AND FAMILIES

NAME OF RECIPIENT - RIA HOUSE INC.  
IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF SEXUAL EXPLOITATION,  
TRAFFICKING, & PROSTITUTION

NAME OF RECIPIENT - SPARK KINDNESS, INC.  
BUILDING MENTAL WELLNESS AND RESILIENCE: COMPREHENSIVE PROGRAMS AND  
RESOURCES FOR MIDDLE SCHOOL PARENTS/CAREGIVERS

NAME OF RECIPIENT - WOMEN THRIVING, INC.  
RESILIENCY SKILLS FOR LOW-INCOME WOMEN, INCLUDING SPEAKERS OF ENGLISH,  
SPANISH, AND PORTUGUESE, AND THOSE WITH MENTAL HEALTH CHALLENGES

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FIXED ASSETS	VARIOUS	SL	.000		16	145,521.				145,521.	135,903.		0.	135,903.
	* TOTAL 990-PF PG 1 DEPR						145,521.				145,521.	135,903.		0.	135,903.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	4
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
SECURITIES	1,624,023.	0.	1,624,023.	1,624,023.	1,624,023.	
TO PART I, LINE 4	1,624,023.	0.	1,624,023.	1,624,023.	1,624,023.	

FORM 990-PF	LEGAL FEES				STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL	500.	0.	0.	500.		
TO FM 990-PF, PG 1, LN 16A	500.	0.	0.	500.		

FORM 990-PF	ACCOUNTING FEES				STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING	36,400.	0.	0.	36,400.		
TO FORM 990-PF, PG 1, LN 16B	36,400.	0.	0.	36,400.		

FORM 990-PF	OTHER PROFESSIONAL FEES				STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PROFESSIONAL FEES	135,223.	78,901.	0.	56,322.		
TO FORM 990-PF, PG 1, LN 16C	135,223.	78,901.	0.	56,322.		

FORM 990-PF	TAXES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX EXPENSE	9,939.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	9,939.	0.	0.	0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) 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.	
TO FORM 990-PF, PG 1, LN 23	661,726.	551,244.	0.	110,482.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	10
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.	
TOTAL TO FORM 990-PF, PART III, LINE 3		7,062,576.	

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**FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 11**


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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US GOVERNMENT OBLIGATIONS -FIXED INCOME	X		3,624,208.	3,624,208.
TOTAL U.S. GOVERNMENT OBLIGATIONS			3,624,208.	3,624,208.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			3,624,208.	3,624,208.

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**FORM 990-PF OTHER INVESTMENTS STATEMENT 12**


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DESCRIPTION	VALUATION METHOD	BOOK VALUE	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.
TOTAL TO FORM 990-PF, PART II, LINE 13		91,740,940.	91,740,940.

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**FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FIXED ASSETS	145,521.	135,903.	9,618.
TOTAL TO FM 990-PF, PART II, LN 14	145,521.	135,903.	9,618.



FORM 990-PF	OTHER ASSETS		STATEMENT 14
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	7,344,377.	7,390,013.	7,390,013.
TO FORM 990-PF, PART II, LINE 15	7,344,377.	7,390,013.	7,390,013.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 15
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED EXCISE TAXES	397,432.	373,417.	
FUNDS HELD FOR OTHERS	1,631,776.	1,989,330.	
TOTAL TO FORM 990-PF, PART II, LINE 22	2,029,208.	2,362,747.	

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FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 16
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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	TRUSTEE			
161 WORCESTER RD.	5.00	0.	0.	0.
FRAMINGHAM, MA 01701				
COLEEN TORONTO	TRUSTEE			
161 WORCESTER RD.	5.00	0.	0.	0.
FRAMINGHAM, MA 01701				
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>271,332.</u>	<u>57,030.</u>	<u>0.</u>

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 17

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ACTIVITY ONE

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.

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES

483,974.

FORM 990-PF

REDUCTION EXPLANATION  
PART X, LINE 1E

STATEMENT 18

## EXPLANATION FOR REDUCTION CLAIMED FOR BLOCKAGE OR OTHER FACTORS

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).

COPY

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION  
53.4942(A)-3(D)(2) TO TREAT  
EXCESS QUALIFYING DISTRIBUTIONS  
AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 19

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- \$245,076
2. CLARK TRUST C/O BANK OF AMERICA- \$16,278
3. SARAH WHITE TRUST C/O BANK OF AMERICA- \$9,688

COPY

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 20

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARTIN COHEN, PRESIDENT, METROWEST HEALTH FOUNDATION  
161 WORCESTER ROAD, SUITE 202  
FRAMINGHAM, MA 01701

TELEPHONE NUMBER

508-879-7625

FORM AND CONTENT OF APPLICATIONS

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.

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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](http://WWW.MWHEALTH.ORG) FOR FURTHER INFORMATION.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARTIN COHEN, PRESIDENT, METROWEST HEALTH FOUNDATION  
161 WORCESTER ROAD, SUITE 202  
FRAMINGHAM, MA 01701

TELEPHONE NUMBER                      NAME OF GRANT PROGRAM

508-879-7625                              SCHOLARSHIPS

FORM AND CONTENT OF APPLICATIONS

COMPLETED CONFIDENTIAL SCHOLARSHIP APPLICATION FORM AND FEDERAL FINANCIAL AID FORM.

ANY SUBMISSION DEADLINES

APPLICATIONS SHOULD BE SUBMITTED TO THE FOUNDATION OFFICE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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.