

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2018 or tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**

Name of foundation <b>METROWEST HEALTH FOUNDATION, INC.</b>		A 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 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>		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) ▶ \$ <b>103,769,843.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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).)</small>		(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>	1 Contributions, gifts, grants, etc., received	340,765.			
	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	2,581,228.	2,581,228.		STATEMENT 4
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,788,678.			
	b Gross sales price for all assets on line 6a <b>22,268,756.</b>				
	7 Capital gain net income (from Part IV, line 2)		2,788,678.		
	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)					
11 Other income					
12 <b>Total.</b> Add lines 1 through 11	5,710,671.	5,369,906.	0.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	264,087.	43,944.	0.	220,143.
	14 Other employee salaries and wages	364,195.	0.	0.	364,195.
	15 Pension plans, employee benefits	189,076.	18,215.	0.	170,861.
	16a Legal fees <b>STMT 5</b>	567.	0.	0.	567.
	b Accounting fees <b>STMT 6</b>	35,000.	0.	0.	35,000.
	c Other professional fees <b>STMT 7</b>	196,606.	79,921.	0.	116,685.
	17 Interest				
	18 Taxes <b>STMT 8</b>	47,472.	0.	0.	0.
	19 Depreciation and depletion	11,609.	0.	0.	
	20 Occupancy	132,751.	9,242.	0.	123,509.
	21 Travel, conferences, and meetings	63,217.	1,761.	0.	61,456.
	22 Printing and publications	23,944.	0.	0.	23,944.
	23 Other expenses <b>STMT 9</b>	568,845.	469,649.	0.	99,196.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	1,897,369.	622,732.	0.	1,215,556.
	25 Contributions, gifts, grants paid	2,517,665.			3,443,643.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	4,415,034.	622,732.	0.	4,659,199.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1,295,637.				
b <b>Net investment income</b> (if negative, enter -0-)		4,747,174.			
c <b>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	66,488.	116,992.	116,992.
	2 Savings and temporary cash investments	1,963,851.	1,948,218.	1,948,218.
	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	46,809.	147,164.	147,164.
	10a Investments - U.S. and state government obligations <b>STMT 11</b>	820,929.	7,391,293.	7,391,293.
	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>	97,727,840.	86,808,207.	86,808,207.	
14 Land, buildings, and equipment: basis	142,923.			
Less: accumulated depreciation <b>STMT 13</b>	129,331.	24,126.	13,592.	
15 Other assets (describe <b>STATEMENT 14</b> )	7,559,704.	7,344,377.	7,344,377.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	108,209,747.	103,769,843.	103,769,843.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	216,113.	202,975.	
	18 Grants payable	3,728,104.	2,802,127.	
	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> )	1,632,439.	2,029,208.	
23 <b>Total liabilities</b> (add lines 17 through 22)	5,576,656.	5,034,310.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	24 Unrestricted	85,027,983.	81,556,016.	
	25 Temporarily restricted	10,045,404.	9,835,140.	
	26 Permanently restricted	7,559,704.	7,344,377.	
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 <b>Total net assets or fund balances</b>	102,633,091.	98,735,533.		
31 <b>Total liabilities and net assets/fund balances</b>	108,209,747.	103,769,843.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	102,633,091.
2 Enter amount from Part I, line 27a	2	1,295,637.
3 Other increases not included in line 2 (itemize) <b>CHANGE IN DEFERRED EXCISE TAXES</b>	3	104,302.
4 Add lines 1, 2, and 3	4	104,033,030.
5 Decreases not included in line 2 (itemize) <b>SEE STATEMENT 10</b>	5	5,297,497.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	98,735,533.

**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.)
1a	<b>PUBLICLY TRADED</b>	P		
b	<b>ALTERNATE FUNDS</b>	P	04/01/18	04/01/19
c	<b>ALTERNATE FUNDS</b>	P	01/02/18	01/02/19
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	17,420,047.		16,638,730.	781,317.
b	1,333,494.		841,348.	492,146.
c	3,515,215.		2,000,000.	1,515,215.
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			781,317.
b			492,146.
c			1,515,215.
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	2,788,678.
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))
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
2013	4,282,891.	95,817,606.	.044698

2	Total of line 1, column (d)	2	.229675
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	.045935
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	96,747,664.
5	Multiply line 4 by line 3	5	4,444,104.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	47,472.
7	Add lines 5 and 6	7	4,491,576.
8	Enter qualifying distributions from Part XII, line 4 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.	8	4,660,274.

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>			
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	47,472.
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	47,472.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	47,472.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	135,297.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
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	135,297.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	87,825.
11 Enter the amount of line 10 to be: <b>Credited to 2019 estimated tax</b> <input checked="" type="checkbox"/> 87,825.   <b>Refunded</b> <input type="checkbox"/>		11	0.

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

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
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
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.MWHEALTH.ORG
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 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

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

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

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" 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.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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.)
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?
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

**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		264,087.	56,895.	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	110,292.	41,279.	0.
CATHY GLOVER - 161 WORCESTER RD, FRAMINGHAM, MA 01701	GRANT'S MANAGEMENT DIRECTOR 40.00	106,547.	35,328.	0.
REBECCA GALLO - 161 WORCESTER RD, FRAMINGHAM, MA 01701	SENIOR PROGRAM OFFICER 36.00	88,257.	9,934.	0.
KATHERINE BAKER - 161 WORCESTER RD, FRAMINGHAM, MA 01701	POLICY ANALYST 40.00	49,400.	7,680.	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	79,921.
PRESIDENT & FELLOWS OF HARVARD COLLEGE MASSACHUSETTS HALL, CAMBRIDGE, MA 02138	TRAINING & TECHNICAL ASSISTANCE	60,000.

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	344,403.
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	45,979,041.
b	Average of monthly cash balances .....	1b	688,162.
c	Fair market value of all other assets .....	1c	51,553,776.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	98,220,979.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) <b>SEE STATEMENT 18</b>   1e   7,344,377.		
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	98,220,979.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,473,315.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	96,747,664.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	4,837,383.

**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	4,837,383.
2a	Tax on investment income for 2018 from Part VI, line 5 .....	2a	47,472.
b	Income tax for 2018. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	47,472.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	4,789,911.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	4,789,911.
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	4,789,911.

**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	4,659,199.
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	1,075.
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	4,660,274.
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	47,472.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	4,612,802.

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				4,789,911.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			2,426,691.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 4,660,274.				
a Applied to 2017, but not more than line 2a			2,426,691.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions) **	286,548.			
d Applied to 2018 distributable amount				1,947,035.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	286,548.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				2,842,876.
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)	286,548.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

\*\* 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 2018, 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) 2018, (b) 2017, (c) 2016, (d) 2015, (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 21

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	75,000.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	PSYCHIATRIC ACCESS PROJECT	55,016.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	IDENTIFYING, DEVELOPING AND ADDRESSING BARRIERS TO BEHAVIORAL HEALTHCARE FOR THE BRAZILIAN	140,000.
ASSOCIATED GRANT MAKERS 133 FEDERAL STREET, SUITE 802 BOSTON, MA 02110		PC	MASSACHUSETTS CENSUS EQUITY FUND	50,000.
BAYPATH ELDER SERVICES, INC. 33 BOSTON POST ROAD WEST, STE. 510 MARLBOROUGH, MA 01752-1853		PC	LGBT ELDER INITIATIVE	17,953.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3,443,643.</b>
<b>b Approved for future payment</b>				
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	112,500.
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		PC	SEL: ENHANCING STUDENTS' CAPACITY FOR SUCCESSFUL ENGAGEMENT	15,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>2,802,127.</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (14, 2,581,228), 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (18, 2,788,678), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal (0, 5,369,906), 13 Total (13, 5,369,906).

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

Table with 2 columns: 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

Table with columns for Yes/No and rows for questions 1a through 1c regarding transfers and transactions.

Table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, and (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?

Table with columns (a) Name of organization, (b) Type of organization, and (c) Description of relationship.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Table for Paid Preparer Use Only containing fields for name, signature, date, PTIN, firm name, address, and phone number.

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

**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		PC	SEL: ENHANCING STUDENTS' CAPACITY FOR SUCCESSFUL ENGAGEMENT	32,500.
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.
CITY OF FRAMINGHAM - BOARD OF HEALTH 150 CONCORD STREET FRAMINGHAM, MA 01702		PC	ADOPTING A HEALTH EQUITY FRAMEWORK AT THE MUNICIPAL LEVEL	10,750.
CITY OF FRAMINGHAM - BOARD OF HEALTH 150 CONCORD STREET FRAMINGHAM, MA 01702		PC	SOUTH FRAMINGHAM INITIATIVE	83,250.
CITY OF FRAMINGHAM - BOARD OF HEALTH 150 CONCORD STREET FRAMINGHAM, MA 01702		PC	REGIONAL NALOXONE DISTRIBUTION PROGRAM	11,450.
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202		PC	EFFECTIVE PHILANTHROPY	13,100.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	COOKING UP A STORM	19,992.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	BUILDING CAPACITY TO DELIVER FOOD SECURITY	19,500.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS	25,000.
<b>Total from continuation sheets</b>				<b>3,105,674.</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
DOVER-SHERBORN REGIONAL SCHOOLS 157 FARM STREET DOVER, MA 02030		PC	DOVER-SHERBORN HIGH SCHOOL TRANSITION PROGRAM	41,500.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453-8313		PC	2018 METROWEST ADOLESCENT HEALTH SURVEY	198,086.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 650 LINCOLN STREET WORCESTER, MA 01605		PC	CLINICAL CARE MANAGEMENT IN HIGH RISK PATIENTS	62,500.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 650 LINCOLN STREET WORCESTER, MA 01605		PC	BASIC HEALTH NEEDS - METROWEST MEDS PRESCRIPTION ASSISTANCE	150,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 650 LINCOLN STREET WORCESTER, MA 01605		PC	BASIC HEALTH NEEDS - ORAL HEALTH CARE	50,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 650 LINCOLN STREET WORCESTER, MA 01605		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	175,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 650 LINCOLN STREET WORCESTER, MA 01605		PC	REFERRAL MANAGEMENT PROJECT	20,000.
TOWN OF FRAMINGHAM - BOARD OF HEALTH 150 CONCORD STREET SUITE 221 FRAMINGHAM, MA 01702		PC	AGE AND DEMENTIA FRIENDLY FRAMINGHAM	9,620.
FRAMINGHAM HOUSING AUTHORITY 1 JOHN J BRADY DR FRAMINGHAM, MA 01702		PC	ELDERLY AND DISABLED PUBLIC HOUSING AIR CONDITIONING UNITS	19,944.
FRAMINGHAM POLICE DEPARTMENT 1 WILLIAM WELCH WAY FRAMINGHAM, MA 01702		PC	GUN BUY-BACK PROGRAM	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
FRAMINGHAM PUBLIC SCHOOLS 73 MT. WAYTE AVE., SUITE #5 FRAMINGHAM, MA 01702		PC	EARLY CHILDHOOD SOCIAL-EMOTIONAL LEARNING IMPLEMENTATION GRANT	32,500.
FRANKLIN COUNCIL ON AGING 10 DANIEL MCCAHERILL STREET FRANKLIN, MA 02038		PC	MAKING FRANKLIN A DEMENTIA FRIENDLY COMMUNITY	5,856.
FRANKLIN COUNCIL ON AGING 10 DANIEL MCCAHERILL STREET FRANKLIN, MA 02038		PC	DEMENTIA FRIENDLY FRANKLIN	9,798.
FRANKLIN FOOD PANTRY 43 WEST CENTRAL STREET PO BOX 116 FRANKLIN, MA 02038		PC	TRAUMA INFORMED CARE AND CRISIS TRAINING	2,150.
GRANT MAKERS IN HEALTH 1100 CONNECTICUT AVE, NW SUITE 1200 WASHINGTON, DC 20036		PC	EFFECTIVE PHILANTHROPY	8,075.
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	IMMIGRANT HEALTH ACCESS PROJECT	13,250.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	25,000.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	IMMIGRANT HEALTH ACCESS PROJECT	7,785.
HEALTH LAW ADVOCATES, INC. ONE FEDERAL STREET BOSTON, MA 02110		PC	LEGAL AID EMERGENCY RESPONSE TO NEW PUBLIC CHARGE RULE	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
HESSCO ELDER SERVICES ONE MERCHANT STREET SHARON, MA 02067		PC	BETTER NUTRITION, BETTER HEALTH	20,000.
HESSCO ELDER SERVICES ONE MERCHANT STREET SHARON, MA 02067		PC	LGBT ELDER SOCIAL MEAL PROGRAM	10,293.
HOME CARE AIDE FOUNDATION 46 FARWELL STREET NEWTON, MA 02460		PC	ENGAGEMENT THROUGH HOME CARE: ADDRESSING ISOLATION AMONG MASSACHUSETTS' MOST VULNERABLE	20,000.
HOPEDALE PUBLIC SCHOOLS 25 ADIN STREET HOPEDALE, MA 01747		PC	TRANSITION SUPPORT PROGRAM	72,500.
HOPKINTON PUBLIC SCHOOLS 89 HAYDEN ROWE STREET HOPKINTON, MA 01748		PC	HOPKINTON MIDDLE SCHOOL START	36,562.
HUDSON BOARD OF HEALTH 78 MAIN STREET HUDSON, MA 01749		PC	BUILDING COMMUNITY CAPACITY IN DEVELOPMENTAL ASSETS THROUGH TRAINING	10,000.
HUDSON COUNCIL ON AGING 29 CHURCH STREET HUDSON, MA 01749		PC	DAYBREAK	25,000.
HUDSON PUBLIC SCHOOLS 155 APSLEY STREET HUDSON, MA 01749		PC	PATHWAYS TO ACADEMIC AND THERAPEUTIC HELP (PATH)	35,737.
HUDSON PUBLIC SCHOOLS 155 APSLEY STREET HUDSON, MA 01749		PC	HUDSON HIGH SCHOOL THERAPEUTIC ACADEMIC SUPPORT PROGRAM (T.A.S.)	8,200.
JEFF'S PLACE CHILDREN'S BEREAVEMENT CENTER, INC. 34 DELOSS STREET, SECOND FLOOR FRAMINGHAM, MA 01702		PC	PARENTING WHILE GRIEVING WORKSHOPS	9,000.
<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
LATINO HEALTH INSURANCE PROGRAM, INC. 88 WAVERLY STREET, SUITE 150, 1ST FLOOR FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES INSURANCE ENROLLMENT	50,000.
LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701		PC	WALDEN COMMUNITY SERVICES ELECTRONIC MEDICAL RECORD	20,000.
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.
LOVIN' SPOONFULS, INC. 1304 COMMONWEALTH AVE., SUITE E BOSTON, MA 02134		PC	BASIC HEALTH NEEDS - FOOD INSECURITY	50,000.
MARLBOROUGH PUBLIC SCHOOLS DISTRICT EDUCATION CENTER, 17 WASHINGTON ST MARLBOROUGH, MA 01752-2225		PC	MHS TRANSITIONS PROGRAM	51,758.
MASSACHUSETTS ASSOCIATION FOR THE BLIND 200 IVY STREET BROOKLINE, MA 02446		PC	METROWEST ADJUSTMENT COUNSELING EXPANSION INITIATIVE FOR SENIORS WITH VISION LOSS	7,500.
MASSACHUSETTS ASSOCIATION FOR THE BLIND 200 IVY STREET BROOKLINE, MA 02446		PC	NATICK ASSISTIVE TECHNOLOGY TRAINING CENTER FOR SENIORS WITH VISION LOSS	10,000.
MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		PC	NURSING CURRICULUM REDESIGN AND HEALTH CAREERS ACADEMY PROJECT	14,881.
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL 105 HUDSON RD. SUDBURY, MA 01776		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	50,000.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	JUVENILE IMMIGRANT RELIEF PROJECT	68,536.
<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 LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - MEDICAL-LEGAL PARTNERSHIP	75,000.
METROWEST NONPROFIT NETWORK, INC. P.O. BOX 1661 FRAMINGHAM, MA 01701		PC	TECHNICAL CONSULTING SERVICES TO SUPPORT THE MANAGEMENT OF DANIEL'S TABLE	13,248.
METROWEST REGIONAL TRANSIT AUTHORITY (MWRTA) 15 BLANDIN AVENUE FRAMINGHAM, MA 01702		PC	DIVERSITY, EQUITY, AND INCLUSION (DEI) TRAINING	26,000.
METROWEST WORKER CENTER 116 CONCORD STREET, SUITE 11 FRAMINGHAM, MA 01702		PC	INJURED WORKER ACCOMPANIMENT PROJECT	10,000.
METROWEST WORKER CENTER 116 CONCORD STREET, SUITE 11 FRAMINGHAM, MA 01702		PC	INJURED WORKER PROJECT	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	CAPITAL CAMPAIGN	100,000.
MILFORD COUNCIL ON AGING 60 NORTH BOW STREET MILFORD, MA 01757		PC	WELLNESS PROGRAM	6,000.
MILFORD PUBLIC SCHOOLS 31 W. FOUNTAIN STREET MILFORD, MA 01757		PC	"EARLY CHILDHOOD SOCIAL-EMOTIONAL LEARNING IMPLEMENTATION GRANT"	32,500.
NATICK COUNCIL ON AGING 117 EAST CENTRAL STREET NATICK, MA 01760		PC	NATICK CONVERSATION PROJECT	99,000.
<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 HOUSING AUTHORITY 4 COTTAGE STREET NATICK, MA 01760		PC	NHA RESIDENT SERVICES COORDINATOR	33,180.
NATICK PUBLIC SCHOOLS 13 E. CENTRAL STREET NATICK, MA 01760		PC	"UNDERSTANDING DIVERSITY AND SUPPORTING OUR LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER,	10,000.
NATICK SERVICE COUNCIL, INC. 2 WEBSTER STREET NATICK, MA 01760		PC	FOOD SECURITY PROGRAM	20,000.
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	ASSISTANCE WITH HEALTH SERVICES	10,000.
NEEDHAM COUNCIL ON AGING 300 HILLSIDE AVE NEEDHAM, MA 02492		PC	EXPAND ACCESS TO BEHAVIORAL HEALTH SERVICES FOR SENIORS	40,000.
NEEDHAM HEALTH DEPARTMENT 178 ROSEMARY STREET NEEDHAM, MA 02494		PC	CONCUSSION PREVENTION, EDUCATION, AND TRAINING IN NEEDHAM	10,000.
NEEDHAM HEALTH DEPARTMENT 178 ROSEMARY STREET NEEDHAM, MA 02494		PC	HEALTHY AGING NEEDHAM	10,000.
NEEDHAM PUBLIC SCHOOLS 1330 HIGHLAND AVENUE NEEDHAM, MA 02492		PC	IMPROVING STUDENT HEALTH BY ADDRESSING RACIAL DISCRIMINATION	20,000.
NEEDHAM YOUTH & FAMILY SERVICES DIVISION 1471 HIGHLAND AVENUE NEEDHAM, MA 02492		PC	MENTAL HEALTH FIRST AID	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
NORTHBOROUGH AND SOUTHBOROUGH PUBLIC SCHOOLS 53 PARKERVILLE ROAD SOUTHBOROUGH, MA 01772		PC	STUDENT TIERED EDUCATIONAL PROGRAM FOR SUCCESS STEPS PROGRAM	74,729.
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	FOOD PANTRY	15,000.
RIA HOUSE INC., - READY.INSPIRE.ACT 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF SEXUAL EXPLOITATION, TRAFFICKING, &	14,996.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - OPERATING	25,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - HOMELESSNESS	75,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	SMOC PEER RECOVERY COACH PROGRAM	46,473.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	GREATER FRAMINGHAM HUNGER NETWORK (GFHN)	10,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	FRAMINGHAM COMMUNITY CENTER CAPITAL GRANT	250,000.
<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
SPARK KINDNESS, INC. P.O. BOX 823 NATICK, MA 01760		PC	SPARK ACADEMY: PUTTING PRINCIPLES INTO PRACTICE	15,611.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
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	PROMOTING A CULTURALLY-DIVERSE WORKFORCE	29,990.
WELLESLEY COLLEGE, WELLESLEY CENTERS FOR WOMEN 106 CENTRAL STREET WELLESLEY, MA 02481		PC	DEPRESSION/SUICIDE PREVENTION FOR ADOLESCENTS IN HOLLISTON	34,422.
WILLIAM JAMES COLLEGE ONE WELLS AVENUE NEWTON, MA 02459		PC	PROMOTING HEALTH EQUITY THROUGH A BEHAVIORAL HEALTH CAREER PIPELINE	11,178.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS 100 WILLIAM T. MORRISSEY BLVD BOSTON, MA 02125		PC	NURSING SCHOLARSHIP	2,000.
QUINNIPIAC UNIVERSITY 275 MT CAMEL AVE HAMDEN, CT 06518		PC	NURSING SCHOLARSHIP	1,000.
TUFTS UNIVERSITY 200 WESTBORO ROAD NORTH GRAFTON, MA 01536		PC	MEDICAL/CLINICAL SCHOLARSHIP	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
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	1,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	1,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	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
WESTFIELD STATE UNIVERSITY 333 WESTERN AVE WESTFIELD, MA 01086		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
NEW ENGLAND COLLEGE OF OPTOMETRY 424 BEACON STREET BOSTON, MA 02115		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	1,000.
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE MC1 ALBANY, NY 12208-3479		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	2,000.
WALDEN UNIVERSITY 100 WASHINGTON AVE SOUTH MINNEAPOLIS, MN 55401		PC	MEDICAL/CLINICAL SCHOLARSHIP	1,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		PC	NURSING SCHOLARSHIP	2,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		PC	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS 220 PAWTUCKET ST LOWELL, MA 01854		PC	NURSING SCHOLARSHIP	2,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		PC	NURSING SCHOLARSHIP	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
QUINNIPIAC UNIVERSITY 275 MT CARMEL AVE HAMDEN, CT 06518		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS 181 PRESIDENTS DRIVE AMHERST, MA 01003		PC	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		PC	NURSING SCHOLARSHIP	1,000.
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		PC	NURSING SCHOLARSHIP	1,000.
ENDICOTT COLLEGE 376 HALE STREET BEVERLY, MA 01915		PC	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS 181 PRESIDENTS DRIVE AMHERST, MA 01003		PC	NURSING SCHOLARSHIP	2,000.
WORCESTER STATE COLLEGE 486 CHANDLER ST WORCESTER, MA 01602		PC	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE PITTSBURGH, PA 05260		PC	NURSING SCHOLARSHIP	1,000.
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104		PC	NURSING SCHOLARSHIP	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
WORCESTER STATE COLLEGE 486 CHANDLER ST WORCESTER, MA 01602		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 01481		PC	MEDICAL/CLINICAL SCHOLARSHIP	1,000.
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY, MA 02481		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIP	2,000.
REGIS COLLEGE 235 WELLESLEY STREET WESTON, MA 02493		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIP	2,000.
YALE UNIVERSITY 100 CHURCH STREET SOUTH, A250 NEW HAVEN, CT 06520		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY, MA 02481		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
SAINT ANSELM COLLEGE 100 ST ANSELM DR MANCHESTER, NH 03102		PC	NURSING SCHOLARSHIP	2,000.
BECKER COLLEGE 61 SEVER STREET WORCESTER, MA 01609		PC	NURSING SCHOLARSHIP	2,000.
<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
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.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS	125,000.
DOVER-SHERBORN REGIONAL SCHOOLS 157 FARM STREET DOVER, MA 02030		PC	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	649,866.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 650 LINCOLN STREET WORCESTER, MA 01605		PC	BASIC HEALTH NEEDS - METROWEST MEDS 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.
TOWN OF FRAMINGHAM - BOARD OF HEALTH 150 CONCORD STREET SUITE 221 FRAMINGHAM, MA 01702		PC	AGE AND DEMENTIA FRIENDLY FRAMINGHAM	9,620.
FRAMINGHAM PUBLIC SCHOOLS 73 MT. WAYTE AVE., SUITE #5 FRAMINGHAM, MA 01702		PC	EARLY CHILDHOOD SOCIAL-EMOTIONAL LEARNING IMPLEMENTATION GRANT	15,000.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	37,500.
<b>Total from continuation sheets</b>				<b>2,657,259.</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
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	IMMIGRANT HEALTH ACCESS PROJECT	7,785.
HOPEDALE PUBLIC SCHOOLS 25 ADIN STREET HOPEDALE, MA 01747		PC	TRANSITION SUPPORT PROGRAM	100,000.
HOPKINTON HEALTH DEPARTMENT 18 MAIN STREET HOPKINTON, MA 01748		PC	HOPKINTON TOBACCO INITIATIVE	9,341.
HUDSON BOARD OF HEALTH 78 MAIN STREET HUDSON, MA 01749		PC	BUILDING COMMUNITY CAPACITY IN DEVELOPMENTAL ASSETS THROUGH TRAINING	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.
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.
LOVIN' SPOONFULS, INC. 1304 COMMONWEALTH AVE., SUITE E BOSTON, MA 02134		PC	BASIC HEALTH NEEDS - FOOD INSECURITY	100,000.
MARLBOROUGH PUBLIC SCHOOLS 17 WASHINGTON STREET MARLBOROUGH, MA 01752-2225		PC	MHS TRANSITIONS PROGRAM	50,750.
MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		PC	NURSING CURRICULUM REDESIGN AND HEALTH CAREERS ACADEMY PROJECT	14,882.
METROWEST FREE MEDICAL PROGRAM C/O CONGREGATION BETH EL 105 HUDSON RD. SUDBURY, MA 01776		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	75,000.
<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
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 WORKER CENTER 116 CONCORD STREET, SUITE 11 FRAMINGHAM, MA 01702		PC	INJURED WORKER PROJECT	10,000.
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01702		PC	MW SAPA PRIORITIZING PREVENTION IN METROWEST	12,500.
MILFORD PUBLIC SCHOOLS 31 W. FOUNTAIN STREET MILFORD, MA 01757		PC	"EARLY CHILDHOOD SOCIAL-EMOTIONAL LEARNING IMPLEMENTATION GRANT"	15,000.
NATICK SERVICE COUNCIL, INC. 2 WEBSTER STREET NATICK, MA 01760		PC	ASSISTANCE WITH HEALTH SERVICES	10,000.
NEEDHAM COUNCIL ON AGING 300 HILLSIDE AVE NEEDHAM, MA 02492		PC	LYFT PILOT PROGRAM	10,000.
OUT METROWEST PO BOX 2122 FRAMINGHAM, MA 01703		PC	MEETING THE NEEDS OF LGBTQ+ YOUTH OF COLOR	10,356.
RIA HOUSE INC., - READY.INSPIRE.ACT 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF SEXUAL EXPLOITATION, TRAFFICKING, &	14,996.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - OPERATING	125,000.
<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
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.
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.
<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 - ADVOCATES, INC.

IDENTIFYING, DEVELOPING AND ADDRESSING BARRIERS TO BEHAVIORAL  
HEALTHCARE FOR THE BRAZILIAN POPULATION IN FRAMINGHAM

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 - NATICK PUBLIC SCHOOLS

"UNDERSTANDING DIVERSITY AND SUPPORTING OUR LGBTQ (LESBIAN, GAY,  
BISEXUAL, TRANSGENDER, QUEER/QUESTIONING)  
YOUTH"

NAME OF RECIPIENT - RIA HOUSE INC., - READY.INSPIRE.ACT

IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF SEXUAL EXPLOITATION,  
TRAFFICKING, & PROSTITUTION

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

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BRAZILIAN AMERICAN CENTER BRACE

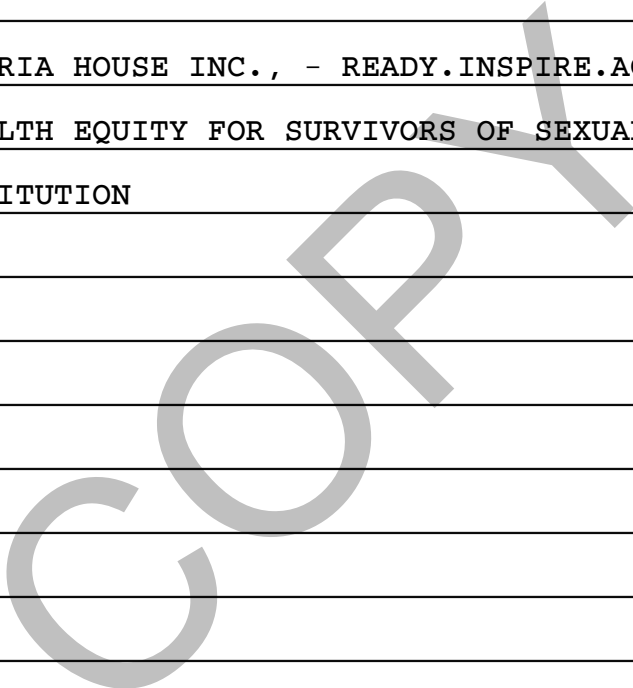
ENHANCING THE MENTAL HEALTH OF LATIN AMERICAN ADOLESCENTS AND THEIR  
FAMILIES IN FRAMINGHAM, CONTINUATION PROJECT 2019

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., - READY.INSPIRE.ACT

IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF SEXUAL EXPLOITATION,  
TRAFFICKING, & PROSTITUTION





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	2,581,228.	0.	2,581,228.	2,581,228.	2,581,228.
TO PART I, LINE 4	2,581,228.	0.	2,581,228.	2,581,228.	2,581,228.

FORM 990-PF	LEGAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL	567.	0.	0.	567.	
TO FM 990-PF, PG 1, LN 16A	567.	0.	0.	567.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	35,000.	0.	0.	35,000.	
TO FORM 990-PF, PG 1, LN 16B	35,000.	0.	0.	35,000.	

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	196,606.	79,921.	0.	116,685.	
TO FORM 990-PF, PG 1, LN 16C	196,606.	79,921.	0.	116,685.	

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	47,472.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	47,472.	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 INSURANCE	55,858.	0.	0.	55,858.	
EQUIPMENT RENTAL	7,877.	0.	0.	7,877.	
OFFICE SUPPLIES AND SUPPORT INVESTMENT FEES	7,913.	0.	0.	7,913.	
	27,548.	0.	0.	27,548.	
	469,649.	469,649.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	568,845.	469,649.	0.	99,196.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	10
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		5,082,170.	
GAIN ON BENEFICIAL INTERESTS IN PERPETUAL TRUSTS		215,327.	
TOTAL TO FORM 990-PF, PART III, LINE 5		5,297,497.	

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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		7,391,293.	7,391,293.
TOTAL U.S. GOVERNMENT OBLIGATIONS			7,391,293.	7,391,293.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			7,391,293.	7,391,293.

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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	6,859,303.	6,859,303.
BOND FUNDS - FIXED INCOME	FMV	5,701,638.	5,701,638.
GLOBAL EQUITIES - EQUITIES	FMV	19,908,578.	19,908,578.
US EQUITIES - EQUITIES	FMV	23,441,235.	23,441,235.
HEDGE FUNDS - ALTERNATIVE INVESTMENTS	FMV	24,765,905.	24,765,905.
COMMODITIES FUND - ALTERNATIVE INVESTMENTS	FMV	3,489,954.	3,489,954.
REAL ESTATE FUNDS - ALTERNATIVE INVESTMENTS	FMV	2,641,594.	2,641,594.
TOTAL TO FORM 990-PF, PART II, LINE 13		86,808,207.	86,808,207.

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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	142,923.	129,331.	13,592.
TOTAL TO FM 990-PF, PART II, LN 14	142,923.	129,331.	13,592.

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	7,559,704.	7,344,377.	7,344,377.
TO FORM 990-PF, PART II, LINE 15	7,559,704.	7,344,377.	7,344,377.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 15
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED EXCISE TAXES	501,734.	397,432.	
FUNDS HELD FOR OTHERS	1,130,705.	1,631,776.	
TOTAL TO FORM 990-PF, PART II, LINE 22	1,632,439.	2,029,208.	

COPY

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANNE MARIE BOURSIQUOT KING 161 WORCESTER RD. FRAMINGHAM, MA 01701	CHAIR 5.00	0.	0.	0.
LINO COVARRUBIAS 161 WORCESTER RD. FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
JOHN CORRON 161 WORCESTER RD. FRAMINGHAM, MA 01701	TREASURER 5.00	0.	0.	0.
ANNA CAROLLO CROSS 161 WORCESTER RD. FRAMINGHAM, MA 01701	CLERK 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.
WILLIAM GRAHAM 161 WORCESTER RD. FRAMINGHAM, MA 01701	VICE CHAIR 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.
MARTIN COHEN 161 WORCESTER RD. FRAMINGHAM, MA 01701	PRESIDENT 40.00	264,087.	56,895.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>264,087.</u>	<u>56,895.</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 AWARDED 45 NEW GRANTS TO IMPROVE THE HEALTH OF THE METROWEST RESIDENTS. THESE GRANTS PROVIDED FUNDING TO NONPROFIT COMMUNITY ORGANIZATIONS AND MUNICIPAL GOVERNMENTS FOR A VARIETY OF PROGRAMS THAT SERVE ELDERS, YOUTH AND SPECIAL POPULATIONS SUCH AS THE HOMELESS AND INDIGENT,
- 3.THE FOUNDATION PROVIDED \$79,000 IN SCHOLARSHIPS ENABLING 44 RESIDENTS TO PURSUE DEGREE PROGRAMS IN NURSING, MEDICINE AND ALLIED HEALTH PROFESSIONS.
- 4.THE FOUNDATION SPONSORED THE METROWEST HEALTH LEADERSHIP PROGRAM, OFFERING LEADERSHIP TRAINING TO 10 INDIVIDUALS FROM HEALTH AND HUMAN SERVICES AGENCIES WITHIN OUR SERVICE AREA.
- 5.THE FOUNDATION SUPPORTED A VARIETY OF TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES TO IMPROVE HEALTH AND WELLNESS IN THE REGION.

EXPENSES

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

344,403.

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, 2019 WAS \$ 7,344,377. 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 THE 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- \$23,868
3. SARAH WHITE TRUST C/O BANK OF AMERICA- \$17,604

COPY



FORM 990-PF

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

STATEMENT 20

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.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 21

COPY