

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020 or tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**

Name of foundation
METROWEST HEALTH FOUNDATION, INC.

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
161 WORCESTER ROAD, SUITE 202

City or town, state or province, country, and ZIP or foreign postal code
FRAMINGHAM, MA 01701

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ **122,497,077.**

J Accounting method: Cash Accrual
 Other (specify) _____

A Employer identification number
04-2121342

B Telephone number
(508) 879-7625

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	305,108.			
	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	2,484,780.	2,484,780.		STATEMENT 4
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	6,196,308.			
	b Gross sales price for all assets on line 6a	14,995,425.			
	7 Capital gain net income (from Part IV, line 2)		6,196,308.		
	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 Total. Add lines 1 through 11	8,986,196.	8,681,088.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	278,794.	62,656.	0.	216,138.
	14 Other employee salaries and wages	400,645.	0.	0.	400,645.
	15 Pension plans, employee benefits	213,929.	23,228.	0.	190,701.
	16a Legal fees STMT 5	552.	0.	0.	552.
	b Accounting fees STMT 6	37,800.	0.	0.	37,800.
	c Other professional fees STMT 7	175,789.	82,810.	0.	92,979.
	17 Interest				
	18 Taxes STMT 8	107,395.	0.	0.	0.
	19 Depreciation and depletion	6,670.	0.	0.	
	20 Occupancy	130,093.	13,671.	0.	116,422.
	21 Travel, conferences, and meetings	3,874.	168.	0.	3,706.
	22 Printing and publications	14,610.	0.	0.	14,610.
	23 Other expenses STMT 9	988,094.	871,518.	0.	116,576.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,358,245.	1,054,051.	0.	1,190,129.
	25 Contributions, gifts, grants paid	5,619,634.			3,508,075.
26 Total expenses and disbursements. Add lines 24 and 25	7,977,879.	1,054,051.	0.	4,698,204.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1,008,317.				
b Net investment income (if negative, enter -0-)		7,627,037.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	120,570.	193,015.	193,015.
	2 Savings and temporary cash investments	2,431,591.	2,166,447.	2,166,447.
	3 Accounts receivable ▶ 51,939.			
	Less: allowance for doubtful accounts ▶		51,939.	51,939.
	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	108,396.	32,439.	32,439.
	10a Investments - U.S. and state government obligations STMT 11	3,624,208.	4,469,634.	4,469,634.
	b Investments - corporate stock STMT 12	46,896,380.	57,036,509.	57,036,509.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 13	44,844,560.	50,135,681.	50,135,681.	
14 Land, buildings, and equipment: basis ▶ 145,712.				
Less: accumulated depreciation STMT 14 ▶ 139,492.	9,618.	6,220.	6,220.	
15 Other assets (describe ▶ STATEMENT 15)	7,390,013.	8,405,193.	8,405,193.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	105,425,336.	122,497,077.	122,497,077.	
Liabilities	17 Accounts payable and accrued expenses	207,940.	210,801.	
	18 Grants payable	747,939.	2,859,498.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 16)	2,362,747.	2,312,382.	
	23 Total liabilities (add lines 17 through 22)	3,318,626.	5,382,681.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	84,445,782.	96,297,204.	
	25 Net assets with donor restrictions	17,660,928.	20,817,192.	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances	102,106,710.	117,114,396.	
30 Total liabilities and net assets/fund balances	105,425,336.	122,497,077.		

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	102,106,710.
2 Enter amount from Part I, line 27a	2	1,008,317.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 10	3	14,182,393.
4 Add lines 1, 2, and 3	4	117,297,420.
5 Decreases not included in line 2 (itemize) ▶ CHANGE IN DEFERRED EXCISE TAXES	5	183,024.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	117,114,396.

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 PUBLICLY TRADED SECURITIES	P		
b ALTERNATIVE FUNDS	P	10/01/20	09/30/21
c ALTERNATIVE FUNDS	P	10/01/20	09/30/21
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 9,921,900.		8,193,273.	1,728,627.
b 3,689,163.		462,579.	3,226,584.
c 1,384,362.		143,265.	1,241,097.
d			
e			

(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			1,728,627.
b			3,226,584.
c			1,241,097.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			
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	6,196,308.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			

2 Reserved	2	
3 Reserved	3	
4 Reserved	4	
5 Reserved	5	
6 Reserved	6	
7 Reserved	7	
8 Reserved	8	

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	106,016.
c All other domestic foundations enter 1.39% 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	106,016.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	106,016.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		101,183.
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	101,183.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	61.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	4,894.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		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?	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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. MA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		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 2020, 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 2020?
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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? 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 2020 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 2020.)
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 2020?

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

5a During the year, did the foundation pay or incur any amount to:				Yes	No
(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 If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions			5b		X
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?					
	N/A				
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A				
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(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 17		278,794.	59,473.	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	117,298.	46,524.	0.
CATHY GLOVER - 161 WORCESTER RD, FRAMINGHAM, MA 01701	GRANT'S MANAGEMENT DIRECTOR 35.00	105,060.	38,980.	0.
REBECCA GALLO - 161 WORCESTER RD, FRAMINGHAM, MA 01701	SENIOR PROGRAM OFFICER 35.00	94,800.	10,376.	0.
KATHERINE BAKER - 161 WORCESTER RD, FRAMINGHAM, MA 01701	POLICY ANALYST 40.00	72,250.	21,616.	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."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for PRIME BUCHHOLZ & ASSOCIATES and STATE STREET CORPORATION.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Includes entry for 'SEE STATEMENT 18' with an expense of 456,138.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Includes entry for 'N/A' and '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	45,176,242.
b	Average of monthly cash balances	1b	914,919.
c	Fair market value of all other assets	1c	65,473,396.
d	Total (add lines 1a, b, and c)	1d	111,564,557.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) SEE STATEMENT 19	1e	8,405,193.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	111,564,557.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,673,468.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	109,891,089.
6	Minimum investment return. Enter 5% of line 5	6	5,494,554.

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	5,494,554.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	106,016.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	106,016.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,388,538.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,388,538.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,388,538.

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	4,698,204.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	3,272.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4,701,476.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,701,476.

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				5,388,538.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			2,859,022.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 4,701,476.				
a Applied to 2019, but not more than line 2a			2,859,022.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions) **	273,985.			
d Applied to 2020 distributable amount				1,568,469.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020 (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	273,985.			
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 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				3,820,069.
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)	273,985.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

** SEE STATEMENT 20

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 2020, 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) 2020, (b) 2019, (c) 2018, (d) 2017, (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

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)				
a Paid during the year				
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE 263 FARMINGTON AVENUE FARMINGTON, CT 06032		GOV	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 00215		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM, MA 01970		GOV	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02138		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
Total	SEE CONTINUATION SHEET(S)			3,508,075.
b Approved for future payment				
ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL 201 FOREST STREET MARLBOROUGH, MA 01752		PC	SUPPORTING HIGH NEEDS STUDENTS' TRANSITION BACK TO SCHOOL	15,000.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	HELPING ISOLATED ELDERS IN MENTAL HEALTH CRISIS	11,900.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	150,000.
Total	SEE CONTINUATION SHEET(S)			2,859,504.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main 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, g Fees and contracts from government agencies); 2 Membership dues and assessments; 3 Interest on savings and temporary cash investments; 4 Dividends and interest from securities (14, 2,484,780.); 5 Net rental income or (loss) from real estate (a Debt-financed property, b Not debt-financed property); 6 Net rental income or (loss) from personal property; 7 Other investment income; 8 Gain or (loss) from sales of assets other than inventory (18, 6,196,308.); 9 Net income or (loss) from special events; 10 Gross profit or (loss) from sales of inventory; 11 Other revenue (a-e); 12 Subtotal. Add columns (b), (d), and (e) (0., 8,681,088.); 13 Total. Add line 12, columns (b), (d), and (e) (13, 8,681,088.).

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

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

- 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?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains '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: THOMAS WASHBURN, CPA. Date: 12/22/21. Title: PRESIDENT, CEO.

Paid Preparer Use Only: Print/Type preparer's name: THOMAS WASHBURN, CPA; Preparer's signature: THOMAS WASHBURN; Date: 12/22/21; Check 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
GEORGETOWN UNIVERSITY 3700 O STREET NW WASHINGTON, DC 20057		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
REGIS UNIVERSITY 235 WELLESLEY STREET WESTON, MA 02493		PC	MEDICAL/CLINICAL SCHOLARSHIP	2,000.
UNIVERSITY OF SOUTHERN MAINE 37 COLLEGE AVE GORHAM, ME 04038		GOV	NURSING SCHOLARSHIP	2,000.
BECKER COLLEGE 61 SEVER STREET WORCESTER, MA 01609		PC	NURSING SCHOLARSHIP	2,000.
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY, MA 02481		GOV	NURSING SCHOLARSHIP	2,000.
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06432		PC	NURSING SCHOLARSHIP	1,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	1,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	2,000.
Total from continuation sheets				3,498,075.

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		GOV	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS - MEDICAL SCHOOL 55 N LAKE AVENUE WORCESTER, MA 01655		GOV	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	1,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	2,000.
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BLVD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	2,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	1,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	1,000.
Total from continuation sheets				

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 SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BLVD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIP	2,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701		GOV	NURSING SCHOLARSHIP	2,000.
REGIS UNIVERSITY 235 WELLESLEY STREET WESTON, MA 02493		PC	NURSING SCHOLARSHIP	2,000.
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY, MA 02481		GOV	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BLVD. BOSTON, MA 02125		GOV	NURSING SCHOLARSHIP	2,000.
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115		PC	NURSING SCHOLARSHIP	2,000.
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIP	2,000.
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06432		PC	NURSING SCHOLARSHIP	2,000.
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		PC	NURSING SCHOLARSHIP	2,000.
Total from continuation sheets				

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 RHODE ISLAND 35 CAMPUS AVENUE KINGSTON, RI 02881		GOV	NURSING SCHOLARSHIP	2,000.
ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL 201 FOREST STREET MARLBOROUGH, MA 01752		PC	SUPPORTING HIGH NEEDS STUDENTS' TRANSITION BACK TO SCHOOL	15,000.
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 CONVERSATIONS	29,962.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	HELPING ISOLATED ELDERS IN MENTAL HEALTH CRISIS	11,900.
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	BEHAVIORAL HEALTH PARTNERS OF METROWEST - METROWEST HEALTH & SOCIAL SERVICE HUB	96,559.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	HEALTH AND SOCIAL SERVICE HUB	399,996.
ASHLAND COUNCIL ON AGING 162 WEST UNION STREET ASHLAND, MA 01721		GOV	ASHLAND A.I.D.E. FOR OLDER ADULTS	24,000.
BETH ISRAEL LAHEY HEALTH AT HOME 41 MALL ROAD BURLINGTON, MA 01805		PC	CORAZON A CORAZON (HEART TO HEART)	14,996.
Total from continuation sheets				

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
BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM, MA 01702		PC	MENTAL HEALTH CLINICIAN AT BETHANY HILL PLACE	10,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115		PC	YOUTH VAPING CESSATION INITIATIVE	37,359.
BOYS & GIRLS CLUB OF METROWEST 169 PLEASANT STREET MARLBOROUGH, MA 01752		PC	BACK-TO-CLUB 2020	30,000.
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202		PC	MEMBERSHIP DUES 2021	9,000.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS	50,000.
DE NOVO CENTER FOR JUSTICE & 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	2020 METROWEST ADOLESCENT HEALTH SURVEY	191,079.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	SCHOOL-BASED BEHAVIORAL HEALTH	10,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	CAREER PROGRESSION PLAN	13,428.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - ORAL HEALTH	50,000.
Total from continuation sheets				

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. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	175,000.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	COVID EMERGENCY FUNDING	35,000.
FRAMINGHAM HEALTH DEPARTMENT 150 CONCORD STREET, SUITE 221 FRAMINGHAM, MA 01702		GOV	FRAMINGHAM COVID-19 VACCINE INITIATIVE	30,000.
FRAMINGHAM COUNCIL ON AGING 535 UNION AVENUE FRAMINGHAM, MA 01702		GOV	INTERCONNECTING OLDER ADULTS IN FRAMINGHAM	25,000.
FRAMINGHAM PUBLIC SCHOOLS 31 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	INCREASING ACCESS TO COUNSELING FOR ADULT ESL STUDENTS	9,984.
FRAMINGHAM PUBLIC SCHOOLS 31 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	IMPROVING ACCESS TO HEALTH CARE	15,000.
FRAMINGHAM PUBLIC SCHOOLS 31 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	COVID 19 EMERGENCY GRANT	8,500.
FRAMINGHAM PUBLIC SCHOOLS 31 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	COVID-19 EMERGENCY GRANT	8,500.
FRAMINGHAM PUBLIC SCHOOLS 31 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	INCREASING MENTAL/BEHAVIORAL HEALTH SUPPORTS TO STUDENTS IN RESPONSE TO COVID-19	50,000.
FRANKLIN COUNCIL ON AGING 10 DANIEL MCCAHERILL STREET FRANKLIN, MA 02038		GOV	ALEXA CLUB	4,599.
Total from continuation sheets				

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
GENESIS COUNSELING SERVICES, INC. 24 UNION AVE, SUITE 11 FRAMINGHAM, MA 01702		PC	METROWEST HEALTH INTERNSHIP - RENEE GUAMOND	7,500.
GENESIS COUNSELING SERVICES, INC. 24 UNION AVE, SUITE 11 FRAMINGHAM, MA 01702		PC	METROWEST HEALTH INTERNSHIP - QUEILA RAMOS	7,500.
GENESIS COUNSELING SERVICES, INC. 24 UNION AVE, SUITE 11 FRAMINGHAM, MA 01702		PC	METROWEST HEALTH INTERNSHIP - IVA PENEZIC	7,500.
GRANT MAKERS IN HEALTH 1100 CONNECTICUT AVE, NW SUITE 1200 WASHINGTON, DC 20036		PC	MEMBERSHIP DUES 2021	8,500.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	HEALTH JUSTICE ACADEMY - METROWEST	30,000.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	25,000.
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.
HOCKOMOCK AREA YMCA - BERNON FAMILY BRANCH 45 FORGE HILL ROAD FRANKLIN, MA 02038		PC	COVID-19 EMERGENCY GRANT	7,500.
HOLLISTON COUNCIL ON AGING 150 GOULDING ST HOLLISTON, MA 01746		PC	UTILIZING TECHNOLOGY TO ENGAGE SENIORS	16,650.
HOLLISTON COUNCIL ON AGING 150 GOULDING ST HOLLISTON, MA 01746		PC	ENGAGEMENT THROUGH OUTDOOR ACTIVITIES	9,504.
Total from continuation sheets				

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
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	SMOKE FREE 2.0 - RESPONDING TO THE YOUTH VAPING CRISIS	12,500.
HOPKINTON HEALTH DEPARTMENT 18 MAIN STREET HOPKINTON, MA 01748		GOV	COVID-19 PUBLIC HEALTH CAPACITY BUILDING GRANT	19,800.
HORACE MANN EDUCATIONAL ASSOCIATES, INC. 8 FORGE PARK EAST FRANKLIN, MA 02038		PC	COVID-19 EMERGENCY GRANT	3,483.
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.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	HUDSON COVID-19 CAPACITY BUILDING GRANT	20,000.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	HUDSON EMOTIONAL CPR TRAININGS	30,000.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	METROWEST HEALTH INTERNSHIP - KATE KILLION	7,500.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	VIRTUAL VISITORS/CARING CONNECTORS	14,878.
Total from continuation sheets				

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
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	TO TRANSLATE TRAINING MATERIALS TO BE USED FOR AN ACTIVE BYSTANDER PROGRAM.	8,750.
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	FRAMINGHAM IMMIGRANT HEALTH EQUITY MODEL: PLANNING PROCESS	24,101.
LATINO HEALTH INSURANCE PROGRAM, INC. 88 WAVERLY STREET, SUITE 150, 1ST FLOOR FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	50,000.
LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701		PC	RACIAL HEALTH EQUITY INITIATIVE	30,000.
LOVIN' SPOONFULS, INC. 1304 COMMONWEALTH AVE., SUITE E BOSTON, MA 02134		PC	SECOND METROWEST ROUTE	50,000.
MARLBOROUGH PUBLIC SCHOOLS DISTRICT EDUCATION CENTER, 17 WASHINGTON STREET MARLBOROUGH, MA 01752-2225		GOV	MHS TRANSITIONS PROGRAM	14,417.
MASSACHUSETTS ASSOCIATION FOR THE BLIND 200 IVY STREET BROOKLINE, MA 02446		PC	REDUCING SOCIAL ISOLATION FOR MW OLDER ADULTS WITH VISION LOSS DURING COVID	21,347.
MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		GOV	NEW DAY/NUEVO DA	15,000.
MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		GOV	ACCREDITED SIMULATION CENTER	250,000.
Total from continuation sheets				

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
MENTAL HEALTH COLLABORATIVE, INC 149 WOOD STREET HOPKINTON, MA 01748		PC	BUILDING MENTAL HEALTH LITERACY FOR THE BIG BROTHERS BIG SISTERS METROWEST COMMUNITY	7,275.
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 LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES	75,000.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	PUBLIC CHARGE EDUCATION AND REPRESENTATION	9,792.
METROWEST NONPROFIT NETWORK, INC. P.O. BOX 1661 FRAMINGHAM, MA 01701		PC	VOICES OF THE COMMUNITY	107,399.
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	DIVERSITY AND UNDOING RACISM: A COMPREHENSIVE APPROACH TO STAFF TRAINING	15,000.
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	IDENTIFYING AND ENGAGING SOCIALLY ISOLATED OLDER ADULTS	12,500.
NATICK COUNCIL ON AGING 117 EAST CENTRAL STREET NATICK, MA 01760		GOV	LET'S TALK NATICK (FORMERLY THE NATICK CONVERSATION PROJECT)	59,120.
NATICK HEALTH DEPARTMENT 13 EAST CENTRAL STREET NATICK, MA 01760		GOV	TOWN OF NATICK COVID-19 COMMUNITY PROGRAM	30,000.
NATICK HEALTH DEPARTMENT 13 EAST CENTRAL STREET NATICK, MA 01760		GOV	NATICK 180 COALITION HEALTH EQUITY PLAN DEVELOPMENT AND TRAINING SERIES	30,000.
Total from continuation sheets				

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 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	FOOD PANTRY	50,000.
NEEDHAM COMMUNITY COUNCIL 570 HILLSIDE AVE NEEDHAM, MA 02494		PC	TABLETS AND TUTORS	25,000.
NEEDHAM COMMUNITY COUNCIL 570 HILLSIDE AVE NEEDHAM, MA 02494		PC	LYFT PILOT PROGRAM	10,000.
NEEDHAM PUBLIC HEALTH DIVISION 178 ROSEMARY STREET NEEDHAM, MA 02494		GOV	VAPING PREVENTION PROGRAM	12,643.
NEEDHAM PUBLIC HEALTH DIVISION 178 ROSEMARY STREET NEEDHAM, MA 02494		GOV	NEEDHAM PUBLIC HEALTH COVID RESPONSE	20,000.
NEEDHAM PUBLIC SCHOOLS 1330 HIGHLAND AVENUE NEEDHAM, MA 02492		GOV	IMPROVING STUDENT HEALTH BY ADDRESSING RACIAL DISCRIMINATION	9,000.
NEW HOPE, INC. 247 MAPLE STREET ATTLEBORO, MA 02703		PC	BI-LINGUAL COUNSELOR/ADVOCATE	30,000.
NORTHBOROUGH COUNCIL ON AGING 119 BEARFOOT RD NORTHBOROUGH, MA 01532		GOV	"BUILDING SOCIAL CONNECTIONS AND RESILIENCY IN SENIORS THROUGH THE EXPRESSIVE ARTS"	9,268.
OUT METROWEST PO BOX 2122 FRAMINGHAM, MA 01703		PC	IMPROVING CONNECTION AND OUTCOMES FOR LGBTQ+ YOUTH OF COLOR IN METROWEST	12,073.
Total from continuation sheets				

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
A PLACE TO TURN 99 HARTFORD STREET NATICK, MA 01760		PC	FOOD PANTRY	20,000.
A PLACE TO TURN 99 HARTFORD STREET NATICK, MA 01760		PC	FOOD PANTRY	30,000.
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE. BOSTON, MA 02215		PC	SHORT TERM ACCESSIBLE MENTAL HEALTH PROGRAM PILOT	10,000.
RIA HOUSE INC., - READY.INSPIRE.ACT 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	IMPROVING MENTAL HEALTH EQUITY FOR SURVIVORS OF CSE	10,000.
RIA HOUSE INC., - READY.INSPIRE.ACT 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	COVID-19 EMERGENCY GRANT	2,500.
SHERBORN COUNCIL ON AGING P.O. BOX 186 SHERBORN, MA 01770		GOV	INCREASE CONNECTIVITY WITH OLDER ADULTS (ICOA)	16,000.
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	FRAMINGHAM COMMUNITY AND CULTURAL CENTER MENTORING PROGRAM	25,783.
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.
Total from continuation sheets				

Part XV Supplementary Information

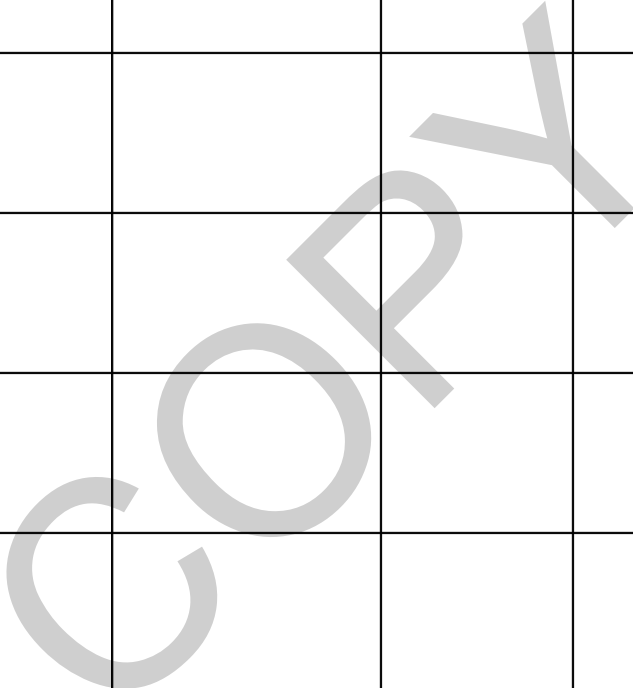
3 Grants and Contributions Paid During the Year (Continuation)

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	COVID 19 EMERGENCY GRANT	10,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	COVID 19 EMERGENCY FUND	75,000.
SPARK KINDNESS, INC. P.O. BOX 823 NATICK, MA 01760		PC	PARENTING DURING PANDEMIC: PROMOTING EMOTIONAL RESILIENCE FOR CAREGIVERS AT A TIME OF UNIQUE HOME,	24,475.
SUDBURY BOARD OF HEALTH 275 OLD LANCASTER RD SUDBURY, MA 01776		PC	CLOSED POINTS OF DISPENSING PLAN	20,000.
THRIVE, SUPPORT AND ADVOCACY 65 BOSTON POST ROAD W, SUITE 220 MARLBOROUGH, MA 01752		PC	SOCIAL AND RECREATIONAL PROGRAMMING FOR OLDER ADULTS WITH IDDS	17,160.
TOWN OF NATICK 13 EAST CENTRAL STREET NATICK, MA 01760		GOV	NATICK TRAILS FOR ALL	75,000.
WALKBOSTON 405 WALTHAM STREET, SUITE 309 LEXINGTON, MA 02421		PC	YOUTH WORKING TOWARDS WALKABLE STREETS	8,750.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	WAYSIDE'S EQUITY TRAINING CENTER	29,770.
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	COVID-19 EMERGENCY GRANT	10,000.
Total from continuation sheets				

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	EDUCATING GRANT RECIPIENTS AROUND DIVERSITY, EQUITY, AND INCLUSION TO BETTER ADDRESS HEALTH EQUITY	10,974.
WELLESLEY COUNCIL ON AGING 500 WASHINGTON STREET WELLESLEY, MA 02482		GOV	COVID 19 EMERGENCY GRANT	10,000.
WESTBOROUGH YOUTH & FAMILY SERVICES 34 WEST MAIN STREET WESTBOROUGH, MA 01581		PC	REACH OUT WESTBOROUGH	19,000.
Total from continuation sheets				



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
BETH ISRAEL LAHEY HEALTH AT HOME ATTN: GIFT ADMINISTRATION OFFICE OF PHILANTHROPY, 41 MALL ROAD BURLINGTON, MA 01805		PC	CORAZON A CORAZON (HEART TO HEART)	14,996.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS	25,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - ORAL HEALTH	100,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	350,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	450,000.
FRAMINGHAM PUBLIC SCHOOLS 31 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	INCREASING MENTAL/BEHAVIORAL HEALTH SUPPORTS TO STUDENTS IN RESPONSE TO COVID-19	50,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET DWIGHT HALL FRAMINGHAM, MA 01701		GOV	VAPING CESSATION PROGRAM AT FRAMINGHAM STATE UNIVERSITY	8,967.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	50,000.
HUMAN RELATIONS SERVICE, INC. 11 CHAPEL PLACE WELLESLEY, MA 02481		PC	METROWEST HEALTH INTERNSHIP - LAN HO	7,500.
HUMAN RELATIONS SERVICE, INC. 11 CHAPEL PLACE WELLESLEY, MA 02481		PC	METROWEST HEALTH INTERNSHIP - LENA COMPTON	7,500.
Total from continuation sheets				2,682,604.

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
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	VIRTUAL VISITORS/CARING CONNECTORS	14,878.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	TO TRANSLATE TRAINING MATERIALS TO BE USED FOR AN ACTIVE BYSTANDER PROGRAM.	8,750.
LATINO HEALTH INSURANCE PROGRAM, INC. 88 WAVERLY STREET, SUITE 150, 1ST FLOOR FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	100,000.
LOVIN' SPOONFULS, INC. 1304 COMMONWEALTH AVE., SUITE E BOSTON, MA 02134		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES	150,000.
LOVIN' SPOONFULS, INC. 1304 COMMONWEALTH AVE., SUITE E BOSTON, MA 02134		PC	SECOND METROWEST ROUTE	100,000.
MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		GOV	NEW DAY/NUEVO DA	15,000.
MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		GOV	ACCREDITED SIMULATION CENTER	250,000.
MENTAL HEALTH COLLABORATIVE, INC 149 WOOD STREET HOPKINTON, MA 01748		PC	BUILDING MENTAL HEALTH LITERACY FOR THE BIG BROTHERS BIG SISTERS METROWEST COMMUNITY	7,275.
METRO COMMUNITY DEVELOPMENT CORPORATION 40 MECHANIC ST. SUITE 300 MARLBOROUGH, MA 01752		PC	METROWEST HEALTH INTERNSHIP - LAUREN METZLER	7,500.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES	150,000.
Total from continuation sheets				

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	PUBLIC CHARGE EDUCATION AND REPRESENTATION	9,792.
METROWEST NONPROFIT NETWORK, INC. P.O. BOX 1661 FRAMINGHAM, MA 01701		PC	VOICES OF THE COMMUNITY	107,399.
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	DIVERSITY AND UNDOING RACISM: A COMPREHENSIVE APPROACH TO STAFF TRAINING	15,000.
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	IDENTIFYING AND ENGAGING SOCIALLY ISOLATED OLDER ADULTS	12,500.
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	METROWEST HEALTH INTERNSHIP - NATHALIE NGU	7,500.
OUT METROWEST PO BOX 2122 FRAMINGHAM, MA 01703		PC	IMPROVING CONNECTION AND OUTCOMES FOR LGBTQ+ YOUTH OF COLOR IN METROWEST	12,073.
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE. BOSTON, MA 02215		PC	SHORT TERM ACCESSIBLE MENTAL HEALTH PROGRAM PILOT	10,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	150,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	150,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - HOMELESSNESS	150,000.
Total from continuation sheets				

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
SUDBURY BOARD OF HEALTH 275 OLD LANCASTER RD SUDBURY, MA 01776		GOV	METROWEST HEALTH INTERNSHIP - JAMIE HARSIP	7,500.
SUDBURY BOARD OF HEALTH 275 OLD LANCASTER RD SUDBURY, MA 01776		GOV	METROWEST HEALTH INTERNSHIP - ABBY STOLLER	7,500.
SUDBURY BOARD OF HEALTH 275 OLD LANCASTER RD SUDBURY, MA 01776		GOV	METROWEST HEALTH INTERNSHIP - ANNE WILLIAMS	7,500.
SUDBURY BOARD OF HEALTH 275 OLD LANCASTER RD SUDBURY, MA 01776		GOV	METROWEST HEALTH INTERNSHIP - REBECCA WHITLEY	7,500.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	150,000.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	EDUCATING GRANT RECIPIENTS AROUND DIVERSITY, EQUITY, AND INCLUSION TO BETTER ADDRESS HEALTH EQUITY	10,974.
Total from continuation sheets				

Part XV Supplementary Information

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

NAME OF RECIPIENT - SPARK KINDNESS, INC.

PARENTING DURING PANDEMIC: PROMOTING EMOTIONAL RESILIENCE FOR
CAREGIVERS AT A TIME OF UNIQUE HOME, SCHOOL AND WORK CHALLENGES

NAME OF RECIPIENT - WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC.

EDUCATING GRANT RECIPIENTS AROUND DIVERSITY, EQUITY, AND INCLUSION TO
BETTER ADDRESS HEALTH EQUITY ISSUES



Part XV | **Supplementary Information**

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

NAME OF RECIPIENT - WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC.

EDUCATING GRANT RECIPIENTS AROUND DIVERSITY, EQUITY, AND INCLUSION TO
BETTER ADDRESS HEALTH EQUITY ISSUES

COPY

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	2,484,780.	0.	2,484,780.	2,484,780.	2,484,780.
TO PART I, LINE 4	2,484,780.	0.	2,484,780.	2,484,780.	2,484,780.

FORM 990-PF	LEGAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL	552.	0.	0.	552.	
TO FM 990-PF, PG 1, LN 16A	552.	0.	0.	552.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	37,800.	0.	0.	37,800.	
TO FORM 990-PF, PG 1, LN 16B	37,800.	0.	0.	37,800.	

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	175,789.	82,810.	0.	92,979.	
TO FORM 990-PF, PG 1, LN 16C	175,789.	82,810.	0.	92,979.	

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	107,395.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	107,395.	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	67,276.	0.	0.	67,276.	
INSURANCE	9,375.	0.	0.	9,375.	
EQUIPMENT RENTAL	7,337.	0.	0.	7,337.	
OFFICE SUPPLIES AND SUPPORT	32,588.	0.	0.	32,588.	
INVESTMENT FEES	871,518.	871,518.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	988,094.	871,518.	0.	116,576.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	10
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		13,167,213.	
GAIN ON BENEFICIAL INTERESTS IN PERPETUAL TRUSTS		1,015,180.	
TOTAL TO FORM 990-PF, PART III, LINE 3		14,182,393.	

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

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US GOVERNMENT OBLIGATIONS -FIXED INCOME	X		4,469,634.	4,469,634.
TOTAL U.S. GOVERNMENT OBLIGATIONS			4,469,634.	4,469,634.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			4,469,634.	4,469,634.

FORM 990-PF **CORPORATE STOCK** **STATEMENT 12**

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GLOBAL EQUITIES - EQUITIES	26,059,934.	26,059,934.
US EQUITIES - EQUITIES	30,976,575.	30,976,575.
TOTAL TO FORM 990-PF, PART II, LINE 10B	57,036,509.	57,036,509.

FORM 990-PF **OTHER INVESTMENTS** **STATEMENT 13**

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CREDIT OBLIGATION - FIXED INCOME	FMV	9,280,672.	9,280,672.
BOND FUNDS - FIXED INCOME	FMV	3,667,631.	3,667,631.
HEDGE FUNDS - ALTERNATIVE INVESTMENTS	FMV	26,451,329.	26,451,329.
REAL ESTATE FUND - ALTERNATIVE INVESTMENTS	FMV	10,736,049.	10,736,049.
TOTAL TO FORM 990-PF, PART II, LINE 13		50,135,681.	50,135,681.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 14

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FIXED ASSETS	145,712.	139,492.	6,220.
TOTAL TO FM 990-PF, PART II, LN 14	145,712.	139,492.	6,220.

FORM 990-PF OTHER ASSETS STATEMENT 15

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	7,390,013.	8,405,193.	8,405,193.
TO FORM 990-PF, PART II, LINE 15	7,390,013.	8,405,193.	8,405,193.

FORM 990-PF OTHER LIABILITIES STATEMENT 16

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAXES FUNDS HELD FOR OTHERS	373,417.	563,450.
	1,989,330.	1,748,932.
TOTAL TO FORM 990-PF, PART II, LINE 22	2,362,747.	2,312,382.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 17
 TRUSTEES AND FOUNDATION MANAGERS

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	278,794.	59,473.	0.
WILLIAM GRAHAM 161 WORCESTER RD. FRAMINGHAM, MA 01701	CHAIR 5.00	0.	0.	0.
ANNA CAROLLO CROSS 161 WORCESTER RD. FRAMINGHAM, MA 01701	VICE CHAIR 5.00	0.	0.	0.
JOHN CORRON 161 WORCESTER RD. FRAMINGHAM, MA 01701	TREASURER 5.00	0.	0.	0.
CAROL GLOFF 161 WORCESTER RD. FRAMINGHAM, MA 01701	CLERK 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 (UNTIL 12/2020) 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.
JAMES HICKS 161 WORCESTER RD. FRAMINGHAM, MA 01701	TRUSTEE (AS OF 1/2021) 5.00	0.	0.	0.
MARI BARRERA 161 WORCESTER RD. FRAMINGHAM, MA 01701	TRUSTEE (AS OF 1/2021) 5.00	0.	0.	0.
ANNE MARIE BOURSIQUOT KING 161 WORCESTER RD. FRAMINGHAM, MA 01701	TRUSTEE (UNTIL 12/2020) 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>278,794.</u>	<u>59,473.</u>	<u>0.</u>

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 18

ACTIVITY ONE

1. THE FOUNDATION PROVIDED EXTENSIVE LEADERSHIP, RESEARCH, DATA COLLECTION AND PROGRAM SUPPORT TO IMPROVE HEALTH AND HEALTH CARE SERVICES TO THE 25 COMMUNITIES IN THE METROWEST AREA OF MASSACHUSETTS.
2. THE FOUNDATION SUPPORTED A VARIETY OF TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES TO IMPROVE HEALTH, WELLNESS AND ADDRESS RACIAL AND ETHNIC INEQUALITY IN THE REGION.
3. THE FOUNDATION RESPONDED TO THE COVID-19 PANDEMIC BY PROVIDING SUPPORT TO LOCAL PUBLIC HEALTH ENTITIES AND THROUGH DATA COLLECTION AND DISSEMINATION.

EXPENSES

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

456,138.

FORM 990-PF

REDUCTION EXPLANATION
PART X, LINE 1E

STATEMENT 19

EXPLANATION FOR REDUCTION CLAIMED FOR BLOCKAGE OR OTHER FACTORS

THE VALUE OF THE ASSET BEFORE THE REDUCTION CLAIMED ABOVE AS OF SEPTEMBER 30, 2021 WAS \$ 8,405,193. 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 20

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- \$14,202
3. SARAH WHITE TRUST C/O BANK OF AMERICA- \$14,707

COPY

FORM 990-PF

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

STATEMENT 21

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 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.