

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A For the 2021 calendar year, or tax year beginning , and ending****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/
terminated☐ Amended return☐ Application pending**C** Name of organization

FOUNDATION FOR METROWEST, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

3 ELIOT STREET

Room/suite

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

NATICK

MA 01760

D Employer identification number

04-3266789

E Telephone number

508-647-2260

G Gross receipts \$ 19,770,413**F** Name and address of principal officer:

MICHAEL MCAULIFFE

3 ELIOT STREET

NATICK

MA 01760

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.FOUNDATIONFORMETROWEST.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1995**M** State of legal domicile: MA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	21	
	4	21	
	5	14	
	6	50	
	7a	0	
7b	0		
Revenue	8	5,865,084	5,707,315
	9	9,409	10,062
	10	835,935	3,571,542
	11	0	-25,081
	12	6,710,428	9,263,838
	13	4,727,625	3,760,053
	14		0
	15	1,027,441	995,483
	16a		0
	16b	564,723	
Expenses	17	495,467	650,015
	18	6,250,533	5,405,551
	19	459,895	3,858,287
	20	27,665,015	31,216,524
	21	1,054,755	1,198,522
Net Assets or Fund Balances	22	26,610,260	30,018,002

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

MICHAEL MCAULIFFE

CHAIRMAN

Type or print name and title

Paid

Print/Type preparer's name

JAYNE A. ANDREWS

Preparer's signature

JAYNE A. ANDREWS

Date

04/09/22

Check ☐ if PTIN

self-employed P00514653

Preparer Use Only

Firm's name ANSTISS & CO., P.C.

Firm's EIN 04-2917204

Firm's address 6 OMNI WAY, SUITE 201

CHELMSFORD, MA 01824-4141

Phone no. 978-452-2500

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,359,661 including grants of \$ 3,760,053) (Revenue \$ 10,062)
 TO ATTRACT FUNDS TO DISTRIBUTE GRANTS AND LOANS TO LOCAL AGENCIES BY
 CREATING AWARENESS AMONG COMMUNITY BUSINESSES AND THE GENERAL PUBLIC FOR
 CHARITABLE GIVING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,359,661

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☒ Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

THE ORGANIZATION
NATICK

3 ELIOT STREET

MA 01760

508-647-2260

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH SALERNO	40.00									
FORMER EXEC DIRECTOR	0.00				X			155,270	0	15,043
(2) JAY KIM	40.00									
EXECUTIVE DIRECTOR	0.00			X				160,540	0	6,380
(3) CHARLES CARTER	5.00									
TRUSTEE	0.00	X						0	0	0
(4) JACKIE CHRISTIANO	5.00									
TRUSTEE	0.00	X						0	0	0
(5) LOUIS CROSIER	5.00									
TRUSTEE	0.00	X						0	0	0
(6) TOM CROTTY	5.00									
TRUSTEE	0.00	X						0	0	0
(7) JOHN DESISTO	5.00									
TRUSTEE	0.00	X						0	0	0
(8) SUSAN ELLIOT	5.00									
TREASURER	0.00	X		X				0	0	0
(9) ANDREW GALLINARO	5.00									
TRUSTEE	0.00	X						0	0	0
(10) KATHERINE GARRAHAN	5.00									
TRUSTEE	0.00	X						0	0	0
(11) CHRISTOPHER GULLOTTI	5.00									
TRUSTEE	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROLAND HOCH	5.00									
VICE CHAIR	0.00	X		X				0	0	0
(13) GARRY HOLMES	5.00									
TRUSTEE	0.00	X						0	0	0
(14) SUSAN KAVOOGIAN	5.00									
TRUSTEE	0.00	X						0	0	0
(15) MARGARET KLEY	5.00									
TRUSTEE	0.00	X						0	0	0
(16) MICHAEL MCAULIFFE	5.00									
CHAIRMAN	0.00	X		X				0	0	0
(17) CHRISTINE MILLER	5.00									
SECRETARY	0.00	X		X				0	0	0
(18) MARGARET RAMSEY	5.00									
TRUSTEE	0.00	X						0	0	0
(19) KYLE SCHAFFER	5.00									
TRUSTEE	0.00	X						0	0	0
1b Subtotal								315,810		21,423
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								315,810		21,423

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHERN TRUST ATLANTA GA 30327	3282 NORTHSIDE PKWY, NW SUITE 100 INVESTMENT MGR.	101,657

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	348,675			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,095,325			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,263,315			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,103,350			
	h Total. Add lines 1a-1f		5,707,315			
	Program Service Revenue	2a ADMINISTRATIVE FEE REVENUE	Business Code	10,062	10,062	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			10,062			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		477,885		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	6a	3,750				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	3,750			
	d Net rental income or (loss)		3,750			3,750
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	7a	13,570,644				
	b Less: cost or other basis and sales exps.	7b	10,476,987			
	c Gain or (loss)	7c	3,093,657			
	d Net gain or (loss)		3,093,657			3,093,657
	8a Gross income from fundraising events (not including \$ 348,675 of contributions reported on line 1c). See Part IV, line 18	8a	757			
	b Less: direct expenses	8b	29,588			
c Net income or (loss) from fundraising events		-28,831			-28,831	
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		9,263,838	10,062	0	3,546,461	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,723,053	3,723,053		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	37,000	37,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	337,233	83,460	50,076	203,697
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	537,759	276,677	131,114	129,968
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,640	5,737	3,789	3,114
9 Other employee benefits	28,957	16,554	8,198	4,205
10 Payroll taxes	78,894	33,135	16,568	29,191
11 Fees for services (nonemployees):				
a Management				
b Legal	315		315	
c Accounting	25,686		25,686	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	117,759	117,759		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	66,450		9,032	57,418
12 Advertising and promotion				
13 Office expenses	56,827	7,890	41,986	6,951
14 Information technology	63,592		48,552	15,040
15 Royalties				
16 Occupancy	60,000	25,200	12,600	22,200
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,738		7,738	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	110,000		110,000	
b DEVELOPMENT EXPENSES	103,049		10,110	92,939
c PROGRAM SUPPORT	33,196	33,196		
d REPAIRS AND MAINTENANCE	5,403		5,403	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,405,551	4,359,661	481,167	564,723
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	624,344	1	624,691
	2 Savings and temporary cash investments	852,631	2	188,631
	3 Pledges and grants receivable, net	1,783,999	3	918,683
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,756	9	26,353
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 134,523		
	b Less: accumulated depreciation	10b 129,066		
	11 Investments—publicly traded securities	13,195	10c	5,457
	12 Investments—other securities. See Part IV, line 11	24,291,448	11	29,427,885
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	82,642	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,665,015	15	24,824	
Liabilities	17 Accounts payable and accrued expenses	27,665,015	16	31,216,524
	18 Grants payable	11,562	17	11,486
	19 Deferred revenue	40,000	18	130,000
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties	4,829	23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	998,364	24	1,967
	26 Total liabilities. Add lines 17 through 25	1,054,755	25	1,055,069
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26
27 Net assets without donor restrictions		21,449,426	27	24,282,298
28 Net assets with donor restrictions		5,160,834	28	5,735,704
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		26,610,260	32	30,018,002
33 Total liabilities and net assets/fund balances	27,665,015	33	31,216,524	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,263,838
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,405,551
3	Revenue less expenses. Subtract line 2 from line 1	3	3,858,287
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,610,260
5	Net unrealized gains (losses) on investments	5	-445,584
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,961
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,018,002

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) STEVEN SCHEINKOPF	5.00									
TRUSTEE	0.00	X						0	0	0
(21) DAVID SWARTZ	5.00									
TRUSTEE	0.00	X						0	0	0
(22) KENNTH VONA	5.00									
TRUSTEE	0.00	X						0	0	0
(23) LILY YUN	5.00									
TRUSTEE	0.00	X		X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,899,074	3,845,129	2,959,733	3,710,084	5,707,315	21,121,335
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,899,074	3,845,129	2,959,733	3,710,084	5,707,315	21,121,335
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,950,652
6 Public support. Subtract line 5 from line 4						14,170,683

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,899,074	3,845,129	2,959,733	3,710,084	5,707,315	21,121,335
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	376,015	444,709	528,819	381,285	481,635	2,212,463
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					757	757
11 Total support. Add lines 7 through 10						23,334,555
12 Gross receipts from related activities, etc. (see instructions)					12	38,902
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	60.73 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	65.86 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

Employer identification number

FOUNDATION FOR METROWEST, INC.

04-3266789

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	54	
2 Aggregate value of contributions to (during year)	1,653,411	
3 Aggregate value of grants from (during year)	889,248	
4 Aggregate value at end of year	5,590,388	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II**Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

☐ a Public exhibition

☐ b Scholarly research

☐ c Preservation for future generations

☐ d Loan or exchange program

☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,018,670	17,228,010	14,044,430	13,891,057	11,148,674
b Contributions	414,096	148,551	1,343,223	2,088,744	1,978,534
c Net investment earnings, gains, and losses	2,156,046	1,303,919	2,470,099	-878,151	1,633,029
d Grants or scholarships	868,466	673,772	629,609	917,393	498,309
e Other expenditures for facilities and programs	-51,005	-11,962	133	139,827	370,871
f Administrative expenses					
g End of year balance	19,771,351	18,018,670	17,228,010	14,044,430	13,891,057

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 77.02 %

b Permanent endowment ▶ 12.91 %

c Term endowment ▶ 10.07 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		134,523	129,066	5,457
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,457

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENTS	1,030,245
(3) OPERATING LEASE LIABILITY	24,824
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,055,069

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,715,613
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-445,584
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	29,588
e	Add lines 2a through 2d	2e	-415,996
3	Subtract line 2e from line 1	3	9,131,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,759
b	Other (Describe in Part XIII.)	4b	14,470
c	Add lines 4a and 4b	4c	132,229
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,263,838

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,307,871
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	29,588
e	Add lines 2a through 2d	2e	29,588
3	Subtract line 2e from line 1	3	5,278,283
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,759
b	Other (Describe in Part XIII.)	4b	9,509
c	Add lines 4a and 4b	4c	127,268
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,405,551

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR MAKING GRANTS TO OTHER NON-PROFIT ORGANIZATIONS WHICH SUPPORT THE NEEDS OF THE METROWEST COMMUNITY.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION INCORPORATED UNDER CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS AS A TAX-EXEMPT ENTITY, HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER INTERNATIONAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION AS DEFINED BY SECTION 509(A) OF THE IRC. THEREFORE, IT IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE

Part XIII Supplemental Information (continued)

ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION IS REQUIRED BY FASB ASC 740-10, INCOME TAXES, TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE BEEN AN EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION REPORTS ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENT AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILLING. MANAGEMENT BELIEVE IT IS NO LONGER SUBJECT TO REVIEW BY TAXING AUTHORITIES OR PERIODS PRIOR TO 2019.

SUBSTANTIALLY ALL OF THE ORGANIZATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE. THEREFORE, MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES	\$ 29,588
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PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

GIFTS TO AGENCY ENDOWMENT FUNDS	\$ 14,470
---------------------------------	-----------

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES	\$ 29,588
----------------------	-----------

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

GRANTS FROM AGENCY ENDOWMENT FUNDS	\$ 9,509
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**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		COMMUNITY LEADE (event type)	VIRTUAL SPRING (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	233,100	116,332		349,432
	2 Less: Contributions	233,100	115,575		348,675
	3 Gross income (line 1 minus line 2)		757		757
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	650	5,300		5,950
	7 Food and beverages				
	8 Entertainment		757		757
	9 Other direct expenses	3,306	19,575		22,881
	10 Direct expense summary. Add lines 4 through 9 in column (d)				29,588
	11 Net income summary. Subtract line 10 from line 3, column (d)				-28,831

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Employer identification number

04-3266789

Part I General Information on Grants and Assistance1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A PLACE TO TURN 99 HARTFORD STREET NATICK MA 01760	04-2790777	501C3	60,150				GENERAL SUPPORT
(2)	ACTION-BOXBOROUGH UNITED WAY INC. PO BOX 2258 ACTION MA 01720	04-2740795	501C3	15,000				GENERAL SUPPORT
(3)	ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM MA 01702	23-7451423	501C3	43,000				GENERAL SUPPORT
(4)	AFRICAN CULTURAL SERVICES, INC 46 ELSON ROAD WALTHAM MA 02451	27-3145250	501C3	15,000				GENERAL SUPPORT
(5)	AMAZING THINGS ART CENTER 160 HOLLIS STREET FRAMINGHAM MA 01702	20-1332310	501C3	20,000				GENERAL SUPPORT
(6)	ASHLAND HEALTHY HARVEST 2 CANDLELIGHT WAY ASHLAND MA 01721	45-4631195	501C3	10,000				GENERAL SUPPORT
(7)	ASPERGER/ AUTISM NETWORK, INC. 51 WATER STREET WATERTOWN MA 02472	04-3376227	501C3	25,000				GENERAL SUPPORT
(8)	BABSON COLLEGE 231 FOREST STREET BABSON PARK MA 02457	04-2103544	501C3	10,000				GENERAL SUPPORT
(9)	BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM MA 01702	04-2493492	501C3	45,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 115

3 Enter total number of other organizations listed in the line 1 table ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2021**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BEYOND THE BOUNDARIES 90 MCCARTHY ROAD NEWTON MA 02459	82-1455432	501C3	30,000				GENERAL SUPPORT
(2)	BINA FARM CENTER 55 ALLEN STREET LEXINGTON MA 02421	80-0445857	501C3	7,000				GENERAL SUPPORT
(3)	BOYS AND GIRLS CLUBS OF METROWEST, 169 PLEASANT STREET MARLBOROUGH MA 01752	04-2387225	501C3	60,000				GENERAL SUPPORT
(4)	BRACE 560 WAVERLY STREET FRAMINGHAM MA 01702	45-4857122	501C3	72,928				GENERAL SUPPORT
(5)	CATHOLIC CHARITIES OF WORCESTER COU 10 HAMMOND STREET WORCESTER MA 01610	04-2103979	501C3	60,000				GENERAL SUPPORT
(6)	CENTER FOR WOMEN & ENTERPRISE 69 MILK ST., SUITE 217 WESTBOROUGH MA 01581	04-3256236	501C3	20,000				GENERAL SUPPORT
(7)	CENTRE STREET FOOD PANTRY 11 HOMER STREET NEWTON MA 02459	27-3154521	501C3	10,000				GENERAL SUPPORT
(8)	CHARLES RIVER WATERSHED ASSOCIATION 190 PARK ROAD WESTON MA 02493	04-6136989	501C3	11,000				GENERAL SUPPORT
(9)	CIRCLE OF HOPE 65 ROSEMARY STREET NEEDHAM MA 02492	26-3478964	501C3	10,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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DAA

Schedule I (Form 990) (2021)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

2021

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Name of the organization

FOUNDATION FOR METROWEST, INC.

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04-3266789

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CULTURAL ALLIANCE OF MEDFIELD 3 ALDER RD MEDFIELD MA 02052	47-3735323	501C3	14,500				GENERAL SUPPORT
(2)	DANIEL'S TABLE, INC. 10 PEARL ST FRAMINGHAM MA 01702	47-3166043	501C3	6,000				GENERAL SUPPORT
(3)	DECORDOVA SCULPTURE PARK AND MUSE 51 SANDY POND ROAD LINCOLN MA 01773	04-2067315	501C3	15,000				GENERAL SUPPORT
(4)	DIGNITY MATTERS PO BOX 72 WAYLAND MA 01778	81-4572839	501C3	27,000				GENERAL SUPPORT
(5)	DOC WAYNE YOUTH SERVICES, INC. 418 COMMONWEALTH AVENUE BOSTON MA 02215	27-4216064	501C3	20,000				GENERAL SUPPORT
(6)	DOMESTIC VIOLENCE SERVICES NETWORK, PO BOX 536 CONCORD MA 01742	04-3519394	501C3	36,000				GENERAL SUPPORT
(7)	EDINBURG CENTER 1040 WALTHAM STREET LEXINGTON MA 02421	04-2611055	501C3	25,000				GENERAL SUPPORT
(8)	EDWARD M. KENNEDY COMMUNITY HEALTH 650 LINCOLN ST WORCESTER MA 01605	04-2513817	501C3	20,100				GENERAL SUPPORT
(9)	EMERSON HEALTH CARE FOUNDATION 133 OLD ROAD TO NINE ACRE CORNER CONCORD MA 01742	04-2770980	501C3	26,000				GENERAL SUPPORT

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Schedule I (Form 990) (2021)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations,
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FOUNDATION FOR METROWEST, INC.

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04-3266789

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☐ Yes ☐ No

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EMPLOYMENT OPTIONS, INC. 82 BRIGHAM STREET MARLBOROUGH MA 01752	23-7089596	501C3	28,000				GENERAL SUPPORT
(2)	FAMILY PROMISE METROWEST 6 MULLIGAN ST NATICK MA 01760	20-5963640	501C3	35,000				GENERAL SUPPORT
(3)	FAMILYACCESS OF NEWTON 492 WALTHAM STREET WEST NEWTON MA 02465	04-2232418	501C3	25,000				GENERAL SUPPORT
(4)	FOOD LINK, INC. 17 BRATTLE STREET ARLINGTON MA 02476	47-1840355	501C3	7,000				GENERAL SUPPORT
(5)	FRAMINGHAM ADULT ESL PROGRAM FUND 31 FLAGG DRIVE FRAMINGHAM MA 01702	04-3266789	GOV	24,000				GENERAL SUPPORT
(6)	FRAMINGHAM HISTORY CENTER PO BOX 2032 FRAMINGHAM MA 01703	04-6121840	501C3	15,000				GENERAL SUPPORT
(7)	FRIENDS OF MINUTE MAN NATIONAL PARK 174 LIBERTY STREET CONCORD MA 01742	22-3090536	501C3	7,000				GENERAL SUPPORT
(8)	FRIENDS OF THE SOUTHBOROUGH COUNCIL SOUTHBOROUGH SENIOR CENTER SOUTHBOROUGH MA 01772	04-3399851	501C3	11,600				GENERAL SUPPORT
(9)	FRIENDS OF THE WALTHAM FAMILY SCHOOL 510 MOODY STREET WALTHAM MA 02453	46-2772840	501C3	17,000				GENERAL SUPPORT

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DAA

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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04-3266789

Part I General Information on Grants and Assistance1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF WELLESLEY COUNCIL ON AGI 500 WASHINGTON ST WELLESLEY HILLS MA 02481	46-2371545	501C3	9,699				GENERAL SUPPORT
(2)	FROM THE TOP PO BOX 845429 BOSTON MA 02284	04-3583756	501C3	12,500				GENERAL SUPPORT
(3)	GAINING GROUND, INC. PO BOX 374 CONCORD MA 01742	04-3083976	501C3	15,000				GENERAL SUPPORT
(4)	GIFTS OF HOPE, UNLIMITED PO BOX 338 SUDBURY MA 01776	81-3625517	501C3	5,800				GENERAL SUPPORT
(5)	HEALTH & SOCIAL SERVICES CONSORTIUM ONE MERCHANT STREET SHARON MA 02067	04-2936321	501C3	10,130				GENERAL SUPPORT
(6)	HEALTHY WALTHAM 510 MOODY STREET WALTHAM MA 02453	04-3399437	501C3	61,000				GENERAL SUPPORT
(7)	HOCKOMOCK YMCA 300 ELMWOOD STREET NORTH ATTLEBORO MA 02760	04-2131749	501C3	50,000				GENERAL SUPPORT
(8)	HOPE AND COMFORT, INC. 659 HIGHLAND AVE NEEDHAM HEIGHTS MA 02494	45-1329518	501C3	55,000				GENERAL SUPPORT
(9)	HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY MA 02119	22-2915188	501C3	5,150				GENERAL SUPPORT

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Schedule I (Form 990) (2021)

DAA

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Employer identification number

04-3266789

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HUDSON CULTURAL ALLIANCE 12 OLD NORTH RD HUDSON MA 01749	84-2911060	501C3	10,000				GENERAL SUPPORT
(2)	IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE NJ 08876	22-1508558	501C3	10,000				GENERAL SUPPORT
(3)	INDIAN HILL MUSIC INC PO BOX 1484 LITTLETON MA 01460	04-2867945	501C3	10,000				GENERAL SUPPORT
(4)	JEFF'S PLACE 34 DELOSS STREET, 2ND FLOOR FRAMINGHAM MA 01702	45-0920240	501C3	33,548				GENERAL SUPPORT
(5)	JEWISH FAMILY AND CHILDREN'S SERVICE 1430 MAIN STREET WALTHAM MA 02451	04-2104356	501C3	25,000				GENERAL SUPPORT
(6)	JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET FRAMINGHAM MA 01702	04-2730898	501C3	223,000				GENERAL SUPPORT
(7)	LATINO HEALTH INSURANCE PROGRAM 88 WAVERLY STREET, 1ST FLOOR FRAMINGHAM MA 01702	30-0614874	501C3	75,000				GENERAL SUPPORT
(8)	LEXINGTON ARTS AND CRAFTS SOCIETY 130 WALTHAM STREET LEXINGTON MA 02421	04-6072895	501C3	10,000				GENERAL SUPPORT
(9)	LEXINGTON HOUSING ASSISTANCE BOARD 1620 MASSACHUSETTS AVENUE LEXINGTON MA 02420	04-2888689	501C3	7,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

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OMB No. 1545-0047

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☐ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEXINGTON ZERO WASTE COLLABORATIVE, 86 OAK ST. LEXINGTON MA 02421	85-2459810	501C3	7,250				GENERAL SUPPORT
(2)	LEXPRIDE 25 EMERSON GARDENS LEXINGTON MA 02420	84-4855350	501C3	7,000				GENERAL SUPPORT
(3)	LITERATIONS 1 FEDERAL ST., 5TH FLOOR BOSTON MA 02110	04-3227007	501C3	75,000				GENERAL SUPPORT
(4)	LOVIN' SPOONFULS 1304 COMMONWEALTH AVENUE BOSTON MA 02134	27-1810597	501C3	25,000				GENERAL SUPPORT
(5)	LVM LITERACY UNLIMITED FRAMINGHAM PUBLIC LIBRARY FRAMINGHAM MA 01702	26-4348429	501C3	12,000				GENERAL SUPPORT
(6)	MARISA'S MISSION INC 43 COFFEY STREET, #3 DORCHESTER MA 02122	81-4215702	501C3	20,000				GENERAL SUPPORT
(7)	MASSACHUSETTS ALLIANCE OF PORTUGUESE 1046 CAMBRIDGE STREET CAMBRIDGE MA 02139	04-2596270	501C3	37,500				GENERAL SUPPORT
(8)	MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND ST WELLESLEY HILLS MA 02481	22-2581930	501C3	10,000				GENERAL SUPPORT
(9)	MCAULEY NAZARETH HOME FOR BOYS 77 MULBERRY STREET LEICESTER MA 01524	04-2432430	501C3	5,200				GENERAL SUPPORT

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MEDFIELD FOOD CUPBOARD 496 MAIN STREET MEDFIELD MA 02052	04-3158075	501C3	10,000				GENERAL SUPPORT
(2)	MEDFIELD FOUNDATION, INC. MEDFIELD TOWN HALL MEDFIELD MA 02052	04-3559057	501C3	238,538				GENERAL SUPPORT
(3)	METROWEST LEGAL SERVICES, INC. 63 FOUNTAIN STREET FRAMINGHAM MA 01702	04-3177488	501C3	25,000				GENERAL SUPPORT
(4)	METROWEST MEDIATION SERVICES 600 CONCORD STREET FRAMINGHAM MA 01702	04-2710084	501C3	25,000				GENERAL SUPPORT
(5)	METROWEST NONPROFIT NETWORK PO BOX 1661 FRAMINGHAM MA 01701	27-2249040	501C3	25,000				GENERAL SUPPORT
(6)	METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM MA 01701	04-2281530	501C3	76,298				GENERAL SUPPORT
(7)	MIDDLESEX HUMAN SERVICE AGENCY, INC 50 PROSPECT STREET WALTHAM MA 02453	04-2626387	501C3	51,000				GENERAL SUPPORT
(8)	MINUTEMAN SENIOR SERVICES 26 CROSBY DRIVE BEDFORD MA 01730	04-2587212	501C3	10,000				GENERAL SUPPORT
(9)	MUNROE CENTER FOR THE ARTS 1403 MASSACHUSETTS AVE LEXINGTON MA 02420	04-3245366	501C3	7,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☐ Yes ☐ No**Part II****Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NATICK COMMUNITY ORGANIC FARM 117 ELIOT STREET NATICK MA 01760	04-2720335	501C3	6,000				GENERAL SUPPORT
(2)	NATICK HIGH SCHOOL 15 WEST STREET NATICK MA 01760	04-3164739	GOV	14,500				GENERAL SUPPORT
(3)	NATICK HISTORICAL SOCIETY 58 ELIOT STREET NATICK MA 01760	04-2617537	501C3	13,000				GENERAL SUPPORT
(4)	NATICK SERVICE COUNCIL, INC. 2 WEBSTER STREET NATICK MA 01760	04-2433772	501C3	61,000				GENERAL SUPPORT
(5)	NEW HOPE, INC. 247 MAPLE ST ATTLEBORO MA 02703	42-6813400	501C3	25,000				GENERAL SUPPORT
(6)	NEW LIFE FURNITURE BANK OF MA P.O. BOX 573 MEDFIELD MA 02052	46-3642814	501C3	13,000				GENERAL SUPPORT
(7)	NEW LONDON BARN PLAYHOUSE P.O. BOX 9 NEW LONDON NH 03257	34-1996138	501C3	8,000				GENERAL SUPPORT
(8)	OARS, INC 23 BRADFORD STREET CONCORD MA 01742	04-2963426	501C3	10,000				GENERAL SUPPORT
(9)	ONE FAMILY, INC. 423 WEST BROADWAY BOSTON MA 02127	54-2076936	501C3	20,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	OPEN TABLE, INC. P.O. BOX 42 CONCORD MA 01742	04-3048933	501C3	26,250				GENERAL SUPPORT
(2)	OUT METROWEST, INC. PO BOX 2122 FRAMINGHAM MA 01703	46-5712986	501C3	12,250				GENERAL SUPPORT
(3)	PROGENTE CONNECTIONS 3 MAPLE ST FRAMINGHAM MA 01702	04-2104156	501C3	35,000				GENERAL SUPPORT
(4)	PROJECT CITIZENSHIP 4 FANEUIL SOUTH MARKET BUILDING BOSTON MA 02109	37-1769643	501C3	15,000				GENERAL SUPPORT
(5)	REACH BEYOND DOMESTIC VIOLENCE PO BOX 540024 WALTHAM MA 02454	04-2735449	501C3	46,150				GENERAL SUPPORT
(6)	RIA HOUSE 330 COCHITUATE ROAD #1784 FRAMINGHAM MA 01701	46-2837911	501C3	39,000				GENERAL SUPPORT
(7)	RISE ABOVE FOUNDATION P.O. BOX #174 NORTHBIDGE MA 01534	27-1409946	501C3	6,000				GENERAL SUPPORT
(8)	ROSE ART MUSEUM BRANDEIS UNIVERSITY WALTHAM MA 02453	04-2103552	501C3	15,000				GENERAL SUPPORT
(9)	SALVATION ARMY - WALTHAM CORPS 33 MYRTLE STREET WALTHAM MA 02454	13-5562351	501C3	20,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Employer identification number

04-3266789

Part I General Information on Grants and Assistance1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SMOC - VOICES AGAINST VIOLENCE 7 BISHOP STREET FRAMINGHAM MA 01702	04-2389659	501C3	136,000				GENERAL SUPPORT
(2)	SNAP-SPECIAL NEEDS ARTS PROGRAM PO BOX 598 LEXINGTON MA 02420	22-2570673	501C3	12,500				GENERAL SUPPORT
(3)	SOUTHBOROUGH FRIENDS OF THE YOUTH C 17 COMMON STREET SOUTHBOROUGH MA 01772	04-8102730	501C3	24,599				GENERAL SUPPORT
(4)	SOUTHBOROUGH OPEN LAND FOUNDATION, PO BOX 345 SOUTHBOROUGH MA 01772	22-3002718	501C3	6,500				GENERAL SUPPORT
(5)	ST.VINCENT DE PAUL, ST.MATTHIAS MAR 409 HEMENWAY ST. MARLBOROUGH MA 01752	04-2104826	501C3	7,000				GENERAL SUPPORT
(6)	SUDBURY COMMUNITY FOOD PANTRY 160 CONCORD ROAD SUDBURY MA 01776	04-3237546	501C3	10,000				GENERAL SUPPORT
(7)	THE CENTER FOR ARTS IN NATICK 14 SUMMER STREET NATICK MA 01760	04-3364016	501C3	25,000				GENERAL SUPPORT
(8)	THE COMMUNITY BUILDERS INC 185 DARTMOUTH ST BOSTON MA 02116	04-2324773	501C3	6,500				GENERAL SUPPORT
(9)	THE DISCOVERY MUSEUMS 177 MAIN STREET ACTON MA 01720	04-2741645	501C3	11,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2021)

DAA

SCHEDULE I
(Form 990)**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I **General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE KEY PROGRAM, INC. 77 RUMFORD AVENUE WALTHAM MA 02453	04-2539878	501C3	22,000				GENERAL SUPPORT
(2)	THE UMBRELLA COMMUNITY ARTS CENTER 40 STOW STREET CONCORD MA 01742	04-2761964	501C3	10,000				GENERAL SUPPORT
(3)	TRINITY BOSTON CONNECTS 206 CLARENDON ST. BOSTON MA 02116	04-2736718	501C3	25,000				GENERAL SUPPORT
(4)	UNITARIAN UNIVERSALIST SOCIETY OF 309 WASHINGTON STREET WELLESLEY MA 02481		501C3	10,200				GENERAL SUPPORT
(5)	UNITED SOUTH END SETTLEMENTS 48 RUTLAND STREET BOSTON MA 02118	04-2104280	501C3	32,500				GENERAL SUPPORT
(6)	UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM MA 01702	04-2104231	501C3	33,900				GENERAL SUPPORT
(7)	VICTIM RIGHTS LAW CENTER 115 BROAD STREET BOSTON MA 02110	02-0588944	501C3	8,000				GENERAL SUPPORT
(8)	WALTHAM BOYS AND GIRLS CLUB 20 EXCHANGE STREET WALTHAM MA 02451	04-2103927	501C3	195,000				GENERAL SUPPORT
(9)	WATCH, INC. 24 CRESCENT STREET WALTHAM MA 02453	22-2918528	501C3	100,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☐ Yes ☐ No**Part II****Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WAYPOINT ADVENTURE 453 CONCORD AVE LEXINGTON MA 02421	27-3045996	501C3	10,000				GENERAL SUPPORT
(2)	WAYSIDE YOUTH & FAMILY SUPPORT NETW 1 FREDERICK ABBOTT WAY FRAMINGHAM MA 01701	04-2630450	501C3	10,000				GENERAL SUPPORT
(3)	WELLESLEY FREE LIBRARY 530 WASHINGTON STREET WELLESLEY MA 02482		GOV	15,000				GENERAL SUPPORT
(4)	WELLESLEY YOUTH COMMISSION 525 WASHINGTON STREET WELLESLEY MA 02482		GOV	5,700				GENERAL SUPPORT
(5)	WESTWOOD COUNCIL ON AGING 60 NAHATAN STREET WESTWOOD MA 02090	04-6001362	501C3	5,625				GENERAL SUPPORT
(6)	WORCESTER COMMON GROUND POST OFFICE BOX 30125 WORCESTER MA 01603	22-2976657	501C3	5,900				GENERAL SUPPORT
(7)	YOUTH COUNSELING CONNECTION 7 HARRINGTON ROAD LEXINGTON MA 02421	26-3202150	501C3	7,250				GENERAL SUPPORT
(8)	SUM OF ALL GRANTS UNDER \$5K			244,838				
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

SCHEDULE J
(Form 990)**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Travel for companions☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☐ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☒ Compensation committee☐ Independent compensation consultant☒ Form 990 of other organizations☐ Written employment contract☐ Compensation survey or study☒ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 JUDITH SALERNO FORMER EXEC DIRECTOR	155,270	0	0	0	4,284	10,759	170,313	0
2 JAY KIM EXECUTIVE DIRECTOR	160,540	0	0	0	4,800	1,580	166,920	0
3								
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0074

2021**Open To Public**
InspectionDepartment of the Treasury
Internal Revenue Service

- **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

FOUNDATION FOR METROWEST, INC.

04-3266789

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	17	1,103,350	QUOTED STOCK PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
STOCK CONTRIBUTIONS ARE SOLD BY INVESTMENT MANAGERS IMMEDIATELY UPON
NOTIFICATION OF RECEIPT THEN THEY ARE REINVESTED IN ACCORDANCE WITH THE
FOUNDATION'S INVESTMENT POLICY.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

FORM 990 - ORGANIZATION'S MISSION

THE FOUNDATION FOR METROWEST CONNECTS PHILANTHROPIC OPPORTUNITY WITH
DEMONSTRATED NEED IN METROWEST. WE PROMOTE PHILANTHROPY IN THE REGION, HELP
DONORS MAXIMIZE THE IMPACT OF THEIR LOCAL GIVING, SERVE AS A RESOURCE FOR
LOCAL NON-PROFIT ORGANIZATIONS, AND ENHANCE THE QUALITY OF LIFE FOR ALL OF
OUR CITIZENS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE WITH THE AUDITORS, THEN COPIES
ARE PROVIDED FOR ALL TRUSTEES FOR REVIEW AT THE NEXT FULL BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST DISCLOSURES MUST BE SIGNED BY ALL STAFF, TRUSTEES AND
COMMITTEE MEMBERS, DISCLOSURES ARE SENT TO ALL TRUSTEES AS PART OF THE
ANNUAL AUDIT PROCESS, COMMITTEE MEMBERS RECEIVE DISCLOSURES FOLLOWING THE
ANNUAL MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

EXECUTIVE COMPENSATION IS DETERMINED BASED ON: 360 PERFORMANCE REVIEW
CONTAINING FEEDBACK FROM STAFF, TRUSTEES AND INDEPENDENT PERSONS AND REVIEW
OF OTHER LOCAL COMMUNITY FOUNDATION SALARIES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

EXECUTIVE COMPENSATION IS DETERMINED BASED ON: 360 PERFORMANCE REVIEW
CONTAINING FEEDBACK FROM STAFF, TRUSTEES AND INDEPENDENT PERSONS AND REVIEW

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

04-3266789

OF OTHER LOCAL COMMUNITY FOUNDATION SALARIES.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THE ORGANIZATION'S FORMS 990 AND FORM 1023 ARE AVAILABLE ON THE
ORGANIZATION'S WEB SITE, ON GUIDESTAR AND UPON REQUEST AT THE ORGANIZATION'S
OFFICE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S
WEB SITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

NET AGENCY ENDOWMENT ACTIVITY \$ -4,961

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number

04-3266789

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,738

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,738
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2021)
THERE ARE NO AMOUNTS FOR PAGE 2

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

MAURA HEALEY
ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/2021 to 12/31/2021

AG Account #: 033944 Federal ID #: 04-3266789

Electronic Payment Confirmation #: _____
Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

When did the organization first engage in charitable work in Massachusetts? 03/20/1995

Has the organization applied for or been granted IRS tax exempt status?

☒ Yes ☐ No

If yes, date of application OR date of determination letter:

08/25/1995

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?

☒ Yes ☐ No

Check all items attached (if applicable)

- ☒ Filing Fee or Printout of
- ☒ Electronic Payment Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial Statements/Review
- ☐ Amended Articles/By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule R0
- ☐ Schedule VCO
- ☐ Probate Account

Organization Data

Name: FOUNDATION FOR METROWEST, INC.

Mailing Address: 3 ELIOT STREET

City: NATICK

State: MA Zip: 01760

Phone Number: 508-647-2260

Fax Number: _____

Email: INFO@FOUNDATIONFORMETROWEST.ORG

Website: WWW.FOUNDATIONFORMETROWEST.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.

Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>9</u>	Organization Purpose Code 1	<u>60</u>
Type of Organization (Table 2)	<u>19</u>	Organization Purpose Code 2	<u>30</u>

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

FOUNDATION FOR METROWEST, INC. 04-3266789
1022

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form.
See instructions and definition section for guidance.

1. On what date was the organization created? 03/20/1995

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	5,707,315
B.	Gross support and revenue	6,170,181
C.	Program services and similar amounts paid out	4,359,661
D.	Fundraising expenses	564,723
E.	Management and general expenses	481,167
F.	Payments to affiliates	
G.	Total expenses	5,405,551
H.	Net assets or fund balances at the end of the year	30,018,002

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	JUDITH G. SALERNO EXEC DIR EMERITUS	40.00	155,270	4,284	10,759
2.	JAY KIM EXECUTIVE DIRECTOR	40.00	160,540	4,800	1,580
3.	RENEE QUINN DIR OF DEVELOPMENT	40.00	100,880	2,925	20,584
4.	MARY CROWLEY DIR OF OPERATIONS	40.00	98,370	2,880	8,687
5.	CAROLINE MURPHY DIR OF PROGRAMS	40.00	93,707	2,700	922

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

1022

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	NORTHERN TRUST	101,657	INVESTMENT MGR.
2.	CASTLE GROUP	78,000	PR CONSULTING
3.	CREATIVE DEVELOPMENT STRATEGIES	16,600	DEV. CONSULTING
4.	ANSTISS & CO., P.C.	15,500	AUDIT
5.	CRG	15,000	RESEARCH CONSUL

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ Zip Code: _____

12. Contact Person Name: JAY KIM

Street Address: 3 ELIOT STREET

City: NATICK State: MA Zip Code: 01760

Phone Number: 508-647-2260

FOUNDATION FOR METROWEST, INC.

04-3266789

1022

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

☒ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization ☐

an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.] ☐

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **NONE**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **SEE STATEMENT 2**

18. Attach a list of name, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. **SEE STATEMENT 3**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

☐ Yes ☒ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

1022

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?

☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration?

☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?

☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?

☐ Yes ☒ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

1022

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction. **SEE STATEMENT 4**

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: MICHAEL MCAULIFFE

Title: CHAIRMAN

Name of Preparer: ANSTISS & CO., P.C.

Address 6 OMNI WAY, SUITE 201
CHELMSFORD, MA 01824-4141

City _____ State _____ Zip Code _____

Phone Number 978-452-2500

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (*specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: SUSAN ELLIOTT TREASURER

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: JAY KIM EXECUTIVE DIRECTOR

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: MICHAEL MCAULIFFE CHAIRMAN

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: SUSAN ELLIOTT TREASURER

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: JAY KIM EXECUTIVE DIRECTOR

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: MICHAEL MCAULIFFE CHAIRMAN

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: SUSAN ELLIOTT TREASURER

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: JAY KIM EXECUTIVE DIRECTOR

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: MICHAEL MCAULIFFE CHAIRMAN

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: SUSAN ELLIOTT TREASURER

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: JAY KIM EXECUTIVE DIRECTOR

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Name and Title: MICHAEL MCAULIFFE CHAIRMAN

Address 3 ELIOT STREET

City NATICK State MA Zip Code 01760

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: MICHAEL MCAULIFFE

Title: CHAIRMAN

Signature: _____ Date: _____

Printed Name: SUSAN ELLIOTT

Title: TREASURER

Massachusetts Statements

Statement 1 - Form PC, Page 3, Line 9 - Banks in Which The Organization's Funds Are Deposited

Bank Name	Address Line 1	City	State	Zip	Phone Number
MIDDLESEX SAVINGS BANK	PO BOX 358	NATICK	MA	01760	508-653-0300
NORTHERN TRUST	3282 NORTHSIDE PKWY, NW	ATLANTA	GA	30327	404-279-5245
FIDELITY INVESTMENTS	PO BOX 770001	CINCINNATI	OH	45277-0003	800-544-6666
VANGUARD	PO BOX 2600	VALLEY FORGE	PA	13482	800-662-2739

Statement 2 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives

Name	Title	Address	City	State	Zip Code
MICHAEL MCAULIFFE	CHAIRMAN	3 ELIOT STREET	NATICK	MA	01760
ROLAND HOCH	VICE CHAIR	3 ELIOT STREET	NATICK	MA	01760
SUSAN ELLIOT	TREASURER	3 ELIOT STREET	NATICK	MA	01760
CHRISTINE MILLER	SECRETARY	3 ELIOT STREET	NATICK	MA	01760
KENNETH VONA	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
TOM CROTTY	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
LOUIS CROSIER	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
CHARLES CARTER	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760

Massachusetts Statements

4/9/2022 2:43 PM

Statement 2 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives (continued)

Name	Title	Address	City	State	Zip Code
JACKIE CHRISTIANO	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
JOHN DESISTO	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
ANDREW GALLINARO	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
KATHERINE GARRAHAN	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
CHRISTOPHER GULLOTTI	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
GARRY HOLMES	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
SUSAN KAVOOGIAN	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
MARGARET KLEY	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
MARGARET RAMSEY	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
KYLE SCHAFFER	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
STEVEN SCHEINKOPF	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
DAVID SWARTZ	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
LILY YUN	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
JUDITH SALERNO	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
JAY KIM	FORMER EXEC	3 ELIOT STREET	NATICK	MA	01760
	EXECUTIVE DI	3 ELIOT STREET	NATICK	MA	01760

Massachusetts Statements

4/9/2022 2:43 PM

Statement 3 - Form PC, Page 4, Line 18 - Individuals Authorized to Sign Checks or Responsible for Funds

Name	Title	Address	City	State	Zip
JAY KIM	EXECUTIVE DIRECTOR	3 ELLIOT STREET	NATICK	MA	01760
RENEE QUINN	DIR OF DEVELOPMENT	3 ELLIOT STREET	NATICK	MA	01760
CAROLINE MURPHY	DIR OF PROGRAMS	3 ELLIOT STREET	NATICK	MA	01760
MARY CROWLEY	DIR OF OPERATIONS	3 ELLIOT STREET	NATICK	MA	01760
MICHAEL MCAULIFFE	CHAIRMAN	3 ELLIOT STREET	NATICK	MA	01760

Statement 4 - Form PC, Page 6, Line 24 - Related Party Transactions

Description

QUESTION 24H

JAY KIM, EXECUTIVE DIRECTOR

3 ELIOT STREET

NATICK, MA 01760

SALARY AND BENEFITS PAID TO THE EXECUTIVE DIRECTOR OF \$166,920.

COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Telephone: (617) 727-9640

ANNUAL REPORT

Filing Fee: \$15.00

M.G.L. Ch.180

Corporation

Annual Report

IDENTIFICATION

Filing for November 1, 20 22

NO. 04-3266789

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: Foundation for MetroWest, Inc.

2. ADDRESS: 3 Eliot Street

Natick, MA 01760 (number) (street)
(city or town) (state) (zip)

3. DATE OF THE LAST ANNUAL MEETING: May 18, 2021

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	Michael McAuliffe	3 Eliot Street Natick, MA 01760	Until
Treasurer:	Susan Elliott	3 Eliot Street Natick, MA 01760	successors
Clerk: (or Secretary)	Christine Miller	3 Eliot Street Natick, MA 01760	are duly
Directors: (or Officers having the powers of Directors)	see attached list		elected.

I, the undersigned _____ being the _____ of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this _____ day of _____, 20 22.

Signature: _____ Title: _____

Contact Person: Jay Kim Contact Person Telephone #: 508-647-2260

Foundation for MetroWest, Inc.
FID# 04-3266789
Board of Trustees

Mr. Michael McAuliffe, Chairman
3 Eliot Street
Natick, MA 01760

Mr. Roland Hoch, Vice-Chair
3 Eliot Street
Natick, MA 01760

Ms. Susan Elliot, Treasurer
3 Eliot Street
Natick, MA 01760

Ms. Christine Miller, Secretary
3 Eliot Street
Natick, MA 01760

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