

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

2020**Open to Public Inspection****A For the 2020 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

-*6789

E Telephone number

508-647-2260

G Gross receipts \$ 15,595,534**F** Name and address of principal officer:

LOUIS CROSIER
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	22	
	4	22	
	5	14	
	6	60	
	7a	0	
	7b	0	
Revenue	8	Prior Year	Current Year
	9	2,959,733	5,865,084
	10	8,210	9,409
	11	705,785	835,935
	12	-50,025	0
Expenses	13	3,623,703	6,710,428
	14	1,484,370	4,727,625
	15	0	0
	16a	1,087,958	1,027,441
	16b	0	0
	17	450,536	0
	18	522,248	495,467
	19	3,094,576	6,250,533
	20	529,127	459,895
	21	26,137,022	27,665,015
Net Assets or Fund Balances	22	1,032,700	1,054,755
	23	25,104,322	26,610,260
	24	0	0

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

LOUIS CROSIER

CHAIRMAN

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

JAYNE A. ANDREWS

Preparer's signature

JAYNE A. ANDREWS

Date

03/29/21

Check ☐ if PTIN

self-employed

Firm's name ▶ ANSTISS & CO., P.C.

Firm's EIN ▶ **-***7204

1115 WESTFORD STREET, 3RD FLOOR

Firm's address ▶ LOWELL, MA 01851-2701

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** (2020)

Part III Statement of Program Service Accomplishments

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

**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 \$ 5,327,248 including grants of \$ 4,727,625) (Revenue \$ 9,409)
 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 5,327,248

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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		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		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	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	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	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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b 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		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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	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	13	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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

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 ☒

Section A. Governing Body and Management

	1a	22	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	1a	22		
b Enter the number of voting members included on line 1a, above, who are independent	1b	22		
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 in 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 in 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 in 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
 3 ELIOT STREET
 NATICK 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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									
EXECUTIVE DIRECTOR	0.00			X				146,937	0	8,764
(2) JAY KIM	40.00									
COO	0.00					X		146,521	0	6,297
(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									
CHAIRMAN	0.00	X		X				0	0	0
(6) TOM CROTTY	5.00									
MEMBER AT LARGE	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JAMES HANRAHAN	5.00									
SECRETARY	0.00	X		X				0	0	0
(13) ROLAND HOCH	5.00									
MEMBER AT LARGE	0.00	X						0	0	0
(14) GARRY HOLMES	5.00									
TRUSTEE	0.00	X						0	0	0
(15) SUSAN KAVOOGIAN	5.00									
TRUSTEE	0.00	X						0	0	0
(16) MARGARET KLEY	5.00									
TRUSTEE	0.00	X						0	0	0
(17) MICHAEL MCAULIFFE	5.00									
VICE CHAIR	0.00	X		X				0	0	0
(18) CHRISTINE MILLER	5.00									
TRUSTEE	0.00	X						0	0	0
(19) MARGARET RAMSEY	5.00									
TRUSTEE	0.00	X						0	0	0
1b Subtotal								293,458		15,061
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								293,458		15,061

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**

	Yes	No
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		X
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	X	
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		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

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 **0**

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,865,084			
	g Noncash contributions included in lines 1a-1f	1g	\$ 629,262			
	h Total. Add lines 1a-1f		5,865,084			
Program Service Revenue	Business Code					
	2a ADMINISTRATIVE FEE REVENUE		9,409	9,409		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		9,409				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		381,285			381,285
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	9,339,756			
	b Less: cost or other basis and sales exps.		8,885,106			
	c Gain or (loss)		454,650			
	d Net gain or (loss)		454,650			454,650
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	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	Business Code					
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		6,710,428	9,409	0	835,935	

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	4,693,528	4,693,528		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	34,097	34,097		
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	155,701		108,991	46,710
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	739,734	370,056	181,451	188,227
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,685	6,492	5,009	3,184
9 Other employee benefits	43,547	21,612	9,351	12,584
10 Payroll taxes	73,774	33,198	19,181	21,395
11 Fees for services (nonemployees):				
a Management				
b Legal	550		550	
c Accounting	24,778		24,778	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	91,957	91,957		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,236		9,074	40,162
12 Advertising and promotion				
13 Office expenses	43,384	6,934	31,982	4,468
14 Information technology	77,439		54,982	22,457
15 Royalties				
16 Occupancy	60,000	27,000	15,600	17,400
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	7,290		7,290	
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 DEVELOPMENT EXPENSES	112,190	18,241		93,949
b PROGRAM SUPPORT	24,133	24,133		
c REPAIRS AND MAINTENANCE	4,510		4,510	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,250,533	5,327,248	472,749	450,536
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	552,918	1	624,344
	2 Savings and temporary cash investments	493,792	2	852,631
	3 Pledges and grants receivable, net	2,261,672	3	1,783,999
	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	11,724	9	16,756
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 134,523		
	b Less: accumulated depreciation	10b 121,328	10c	13,195
	11 Investments—publicly traded securities	22,661,506	11	24,291,448
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	138,058	15	82,642
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,137,022	16	27,665,015	
Liabilities	17 Accounts payable and accrued expenses	6,859	17	11,562
	18 Grants payable	20,300	18	40,000
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	8,966	24	4,829
	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	996,575	25	998,364
	26 Total liabilities. Add lines 17 through 25	1,032,700	26	1,054,755
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.			
	27 Net assets without donor restrictions	19,583,732	27	21,449,426
	28 Net assets with donor restrictions	5,520,590	28	5,160,834
	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	25,104,322	32	26,610,260
33 Total liabilities and net assets/fund balances	26,137,022	33	27,665,015	

Part XI Reconciliation of Net AssetsCheck 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	6,710,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,250,533
3	Revenue less expenses. Subtract line 2 from line 1	3	459,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,104,322
5	Net unrealized gains (losses) on investments	5	1,038,452
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	7,591
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,610,260

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) KYLE SCHAFFER	5.00									
TRUSTEE	0.00	X						0	0	0
(21) STEVEN SCHEINKOPF	5.00									
TRUSTEE	0.00	X						0	0	0
(22) ANDREA SUSSMAN	5.00									
TRUSTEE	0.00	X						0	0	0
(23) DAVID SWARTZ	5.00									
TRUSTEE	0.00	X						0	0	0
(24) KENNTH VONA	5.00									
MEMBER AT LARGE	0.00	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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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 or 990-EZ)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

2020**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

-*6789

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 or 990-EZ).)
- 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 in 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 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,548,501	4,899,074	3,845,129	2,959,733	3,710,084	18,962,521
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	3,548,501	4,899,074	3,845,129	2,959,733	3,710,084	18,962,521
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)						5,121,089
6 Public support. Subtract line 5 from line 4						13,841,432

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,548,501	4,899,074	3,845,129	2,959,733	3,710,084	18,962,521
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	323,804	376,015	444,709	528,819	381,285	2,054,632
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.)						
11 Total support. Add lines 7 through 10						21,017,153
12 Gross receipts from related activities, etc. (see instructions)					12	28,840

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	65.86%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	66.32%
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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 ☐

b 33 1/3% support tests—2019. 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 ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 in lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described in line 11a above?
- c** A 35% controlled entity of a person described in 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 in 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 in 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 (explain in detail in Part VI):		
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 ☐ 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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

SUPPORTING SCHEDULE - UNUSUAL GRANTS**COVID RELIEF GRANTS**

\$ 2,155,000

**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

2020**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

-*6789

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	49	
2 Aggregate value of contributions to (during year)	846,625	
3 Aggregate value of grants from (during year)	696,618	
4 Aggregate value at end of year	4,521,831	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	17,228,010	14,044,430	13,891,057	11,148,674	8,037,701
b Contributions	148,551	1,343,223	2,088,744	1,978,534	1,237,416
c Net investment earnings, gains, and losses	1,303,919	2,470,099	-878,151	1,633,029	581,965
d Grants or scholarships	673,772	629,609	917,393	498,309	222,724
e Other expenditures for facilities and programs	-11,962	133	139,827	370,871	-1,514,316
f Administrative expenses					
g End of year balance	18,018,670	17,228,010	14,044,430	13,891,057	11,148,674

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

a Board designated or quasi-endowment ▶ 78.75 %

b Permanent endowment ▶ 21.25 %

c Term endowment ▶ %

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	121,328	13,195
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,195

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	915,722
(3) OPERATING LEASE LIABILITY	82,642
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	998,364

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	7,648,510
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,038,452
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,038,452
3	Subtract line 2e from line 1	3	6,610,058
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	91,957
b	Other (Describe in Part XIII.)	4b	8,413
c	Add lines 4a and 4b	4c	100,370
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,710,428

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	6,142,572
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,142,572
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	91,957
b	Other (Describe in Part XIII.)	4b	16,004
c	Add lines 4a and 4b	4c	107,961
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,250,533

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 FILING. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO REVIEW BY TAXING AUTHORITIES FOR PERIODS PRIOR TO 2018.

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 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

GIFTS TO AGENCY ENDOWMENT FUNDS	\$ 8,413
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PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

GRANTS FROM AGENCY ENDOWMENT FUNDS	\$ 16,004
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**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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

-*6789

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	A PLACE TO TURN 99 HARTFORD STREET NATICK MA 01760	**--***0777	501C3	72,600				GENERAL SUPPORT
(2)	ACTON COMMUNITY SUPPER & FOOD PANTRY P.O. BOX 2098 ACTON MA 01720	**--***9027	501C3	10,000				GENERAL SUPPORT
(3)	ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM MA 01702	**--***1423	501C3	100,000				GENERAL SUPPORT
(4)	AFRICAN CULTURAL SERVICES, INC 46 ELSON ROAD WALTHAM MA 02451	**--***5250	501C3	10,000				GENERAL SUPPORT
(5)	AMAZING THINGS ART CENTER 160 HOLLIS STREET FRAMINGHAM MA 01702	**--***2310	501C3	20,000				GENERAL SUPPORT
(6)	ASHLAND EMERGENCY FUND PO BOX 112 ASHLAND MA 01721	**--***9481	501C3	7,500				GENERAL SUPPORT
(7)	ASHLAND HEALTHY HARVEST 2 CANDLELIGHT WAY ASHLAND MA 01721	**--***1195	501C3	7,000				GENERAL SUPPORT
(8)	BABSON COLLEGE 231 FOREST STREET BABSON PARK MA 02457	**--***3544	501C3	10,000				GENERAL SUPPORT
(9)	BERKSHIRE UNITED WAY 200 SOUTH ST PITTSFIELD MA 01201	**--***4841	501C3	10,000				2020 FAMILY SUPPORT

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

131

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

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

DAA

Schedule I (Form 990) (2020)

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

2020**Open to Public
Inspection**

Employer identification number

-*6789

FOUNDATION FOR METROWEST, INC.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM MA 01702	** - ***3492	501C3	28,000				GENERAL SUPPORT
(2)	BOSTON CHARITABLE TRUST CITY OF BOSTON TREASURY DEPARTMENT CITY HALL NO M-5 MA 02201	** - ***8581	501C3	10,000				2020 FAMILY SUPPORT
(3)	BOYS AND GIRLS CLUBS OF METROWEST, 169 PLEASANT STREET MARLBOROUGH MA 01752	** - ***7225	501C3	50,000				GENERAL SUPPORT
(4)	BRACE 560 WAVERLY STREET FRAMINGHAM MA 01702	** - ***7122	501C3	53,000				GENERAL SUPPORT
(5)	CATHOLIC CHARITIES OF WORCESTER COU 10 HAMMOND STREET WORCESTER MA 01610	** - ***3979	501C3	80,000				GENERAL SUPPORT
(6)	CENTER FOR DISASTER PHILANTHROPY ONE THOMAS CIRCLE NW, SUITE 700 WASHINGTON DC 20005	** - ***7937	501C3	10,000				2020 FAMILY SUPPORT
(7)	CENTRE STREET FOOD PANTRY 11 HOMER STREET NEWTON MA 02459	** - ***4521	501C3	10,000				GENERAL SUPPORT
(8)	CHARLES RIVER CENTER 59 EAST MILITIA HEIGHTS DR. NEEDHAM MA 02492	** - ***3108	501C3	15,000				GENERAL SUPPORT
(9)	CHESTERBROOK COMMUNITY FOUNDATION, 22 BROOKWAY ROAD WALTHAM MA 02452	** - ***3173	501C3	7,500				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) (2020)

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**
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OMB No. 1545-0047

2020

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FOUNDATION FOR METROWEST, INC.

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.

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(1)	CHRIST CHURCH EPISCOPAL WALTHAM 750 MAIN ST WALTHAM MA 02451		501C3	10,000				GENERAL SUPPORT
(2)	COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON MA 02110	** - ***3559	501C3	10,000				2020 FAMILY SUPPORT
(3)	COMMONWEALTH GREEN LOW-INCOME HOUSING 74 PROVIDENCE STREET WORCESTER MA 01604	** - ***6657	501C3	8,500				GENERAL SUPPORT
(4)	COMMUNITY INVESTORS 25 EARLE ROAD WELLESLEY HILLS MA 02481	** - ***7009	501C3	7,060				GENERAL SUPPORT
(5)	CORNELL UNIVERSITY DIVISION OF ALUMNI 130 E. SENECA ST ITHACA NY 14850	** - ***2082	501C3	5,250				2020 FAMILY SUPPORT
(6)	CULTURAL ALLIANCE OF MEDFIELD 3 ALDER RD MEDFIELD MA 02052	** - ***5323	501C3	5,500				GENERAL SUPPORT
(7)	DANIEL'S TABLE, INC. 10 PEARL ST FRAMINGHAM MA 01702	** - ***6043	501C3	65,100				GENERAL SUPPORT
(8)	DIGNITY MATTERS PO BOX 72 WAYLAND MA 01778	** - ***2839	501C3	36,884				GENERAL SUPPORT
(9)	DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA CA 93117	** - ***1116	501C3	10,000				2020 FAMILY SUPPORT

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DAA

Schedule I (Form 990) (2020)

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

2020**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

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

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(1)	DOC WAYNE YOUTH SERVICES, INC. 418 COMMONWEALTH AVENUE BOSTON MA 02215	** - ***6064	501C3	31,000				GENERAL SUPPORT
(2)	EDWARD M. KENNEDY COMMUNITY HEALTH 650 LINCOLN ST WORCESTER MA 01605	** - ***3817	501C3	30,000				GENERAL SUPPORT
(3)	ELIZABETH SETON RESIDENCE 125 OAKLAND STREET WELLESLEY MA 02481	** - ***8872	501C3	9,679				GENERAL SUPPORT
(4)	EMPLOYMENT OPTIONS, INC. 82 BRIGHAM STREET MARLBOROUGH MA 01752	** - ***9596	501C3	15,000				GENERAL SUPPORT
(5)	ENGLISH AT LARGE 800 W CUMMINGS PARK, STE 5550 WOBURN MA 01801	** - ***0593	501C3	10,000				GENERAL SUPPORT
(6)	FAMILY PROMISE METROWEST 6 MULLIGAN ST NATICK MA 01760	** - ***3640	501C3	15,000				GENERAL SUPPORT
(7)	FEEDING AMERICA P.O. BOX 96749 WASHINGTON DC 20090	** - ***3599	501C3	17,000				GENERAL SUPPORT
(8)	FOOD LINK, INC. 17 BRATTLE STREET ARLINGTON MA 02476	** - ***0355	501C3	12,000				GENERAL SUPPORT
(9)	FRAMINGHAM ADULT ESL PROGRAM FUND 31 FLAGG DRIVE FRAMINGHAM MA 01702	** - ***6789	GOV	52,375				GENERAL SUPPORT

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**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.Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

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Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

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Part I General Information on Grants and Assistance

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(1)	FRAMINGHAM HISTORY CENTER PO BOX 2032 FRAMINGHAM MA 01703	** - ***1840	501C3	15,000				GENERAL SUPPORT
(2)	FRIENDS OF THE SOUTHBOROUGH COUNCIL SOUTHBOROUGH SENIOR CENTER SOUTHBOROUGH MA 01772	** - ***9851	501C3	12,400				GENERAL SUPPORT
(3)	FRIENDS OF THE WALTHAM FAMILY SCHOOL 510 MOODY STREET WALTHAM MA 02453	** - ***2840	501C3	30,000				GENERAL SUPPORT
(4)	FROM THE TOP PO BOX 845429 BOSTON MA 02284	** - ***3756	501C3	10,000				GENERAL SUPPORT
(5)	GAINING GROUND, INC. PO BOX 374 CONCORD MA 01742	** - ***3976	501C3	35,000				GENERAL SUPPORT
(6)	GIFTS OF HOPE, UNLIMITED PO BOX 338 SUDBURY MA 01776	** - ***5517	501C3	8,500				GENERAL SUPPORT
(7)	GORE PLACE SOCIETY 52 GORE STREET WALTHAM MA 02453	** - ***4254	501C3	15,000				GENERAL SUPPORT
(8)	GREATER FRAMINGHAM COMMUNITY CHURCH PO BOX 629 FRAMINGHAM MA 01704	** - ***3768	501C3	55,000				GENERAL SUPPORT
(9)	HEALTHY WALTHAM 510 MOODY STREET WALTHAM MA 02453	** - ***9437	501C3	115,500				GENERAL SUPPORT

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Schedule I (Form 990) (2020)

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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Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

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Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HOCKOMOCK YMCA 300 ELMWOOD STREET NORTH ATTLEBORO MA 02760	**--***1749	501C3	82,500				GENERAL SUPPORT
(2)	HOOPS AND HOMEWORK 56 AGNES DR. FRAMINGHAM MA 01701	**--***7737	501C3	11,500				GENERAL SUPPORT
(3)	HOPE AND COMFORT, INC. 659 HIGHLAND AVE NEEDHAM HEIGHTS MA 02494	**--***9518	501C3	82,000				GENERAL SUPPORT
(4)	HOPE WORLDWIDE NEW ENGLAND, INC. 214 CONCORD STREET FRAMINGHAM MA 01702	**--***9839	501C3	6,000				GENERAL SUPPORT
(5)	HOPKINTON CENTER FOR THEARTS 98 HAYDEN ROWE HOPKINTON MA 01748	**--***8125	501C3	25,000				GENERAL SUPPORT
(6)	HUDSON COMMUNITY FOOD PANTRY 28 HOUGHTON ST HUDSON MA 01749	**--***5287	501C3	10,000				GENERAL SUPPORT
(7)	IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE NJ 08876	**--***8558	501C3	10,000				GENERAL SUPPORT
(8)	JEFF'S PLACE 34 DELOSS STREET, 2ND FLOOR FRAMINGHAM MA 01702	**--***0240	501C3	9,250				GENERAL SUPPORT
(9)	JEWISH FAMILY AND CHILDREN'S SERVICE 1430 MAIN STREET WALTHAM MA 02451	**--***4356	501C3	50,000				GENERAL SUPPORT

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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.

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Internal Revenue Service

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

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OMB No. 1545-0047

2020**Open to Public
Inspection****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.

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(1)	JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET FRAMINGHAM MA 01702	** - ***0898	501C3	181,000				GENERAL SUPPORT
(2)	JOHN ANDREW MAZIE MEMORIAL FDN. 1502 WISTERIA WAY WAYLAND MA 01778	** - ***2197	501C3	10,000				GENERAL SUPPORT
(3)	JUSTICE RESOURCE INSITUTE, INC. 160 GOULD STREET NEEDHAM HEIGHTS MA 02494	** - ***6357	501C3	10,000				GENERAL SUPPORT
(4)	LATINO HEALTH INSURANCE PROGRAM 88 WAVERLY STREET, 1ST FLOOR FRAMINGHAM MA 01702	** - ***4874	501C3	70,000				GENERAL SUPPORT
(5)	LEXINGTON HISTORICAL SOCIETY PO BOX 514 LEXINGTON MA 02420	** - ***3452	501C3	15,070				GENERAL SUPPORT
(6)	LEXINGTON SYMPHONY P.O. BOX 194 LEXINGTON MA 02420	** - ***1650	501C3	7,500				GENERAL SUPPORT
(7)	LEXINGTON YOUTH AND FAMILY SERVICES C/O FIRST PARISH CHURCH LEXINGTON MA 02421	** - ***2150	501C3	7,450				2020 FAMILY SUPPORT
(8)	LOVIN' SPOONFULS 1304 COMMONWEALTH AVENUE BOSTON MA 02134	** - ***0597	501C3	70,000				GENERAL SUPPORT
(9)	MARLBOROUGH COMMUNITY CUPBOARD 255 MAIN ST. MARLBOROUGH MA 01752	** - ***4231	501C3	15,000				GENERAL SUPPORT

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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Internal Revenue Service

Name of the organization

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(1)	MASSACHUSETTS ALLIANCE OF PORTUGUESE 1046 CAMBRIDGE STREET CAMBRIDGE MA 02139	** - ***6270	501C3	25,000				GENERAL SUPPORT
(2)	MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN MA 01773	** - ***4702	501C3	6,000				GENERAL SUPPORT
(3)	MASSACHUSETTS BAY COMMUNITY COLLEGE 50 OAKLAND ST WELLESLEY HILLS MA 02481	** - ***1930	501C3	35,000				GENERAL SUPPORT
(4)	MASSACHUSETTS MILITARY SUPPORT FOUN 1015 SOUTH INNER RD BUZZARDS BAY MA 02502	** - ***5363	501C3	15,000				GENERAL SUPPORT
(5)	MAYNARD EDUCATION FOUNDATION P.O. BOX 89 MAYNARD MA 01754	** - ***0676	501C3	10,000				GENERAL SUPPORT
(6)	MAYNARD FOOD PANTRY P.O. BOX 55 MAYNARD MA 01754	** - ***9291	501C3	12,500				GENERAL SUPPORT
(7)	MEDFIELD FOOD CUPBOARD 496 MAIN STREET MEDFIELD MA 02052	** - ***8075	501C3	7,000				GENERAL SUPPORT
(8)	MEDWAY VILLAGE CHURCH FOOD PANTRY MEDWAY VILLAGE CHURCH MEDWAY MA 02053	** - ***8338	501C3	15,000				GENERAL SUPPORT
(9)	METROWEST COLLABORATIVE DEVELOPMENT 79B CHAPEL ST NEWTON MA 02458	** - ***3668	501C3	100,000				GENERAL SUPPORT

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Schedule I (Form 990) (2020)

OMB No. 1545-0047

2020Open to Public
Inspection

Employer identification number

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**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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(1)	METROWEST LEGAL SERVICES, INC. 63 FOUNTAIN STREET FRAMINGHAM MA 01702	** - ***7488	501C3	75,000				GENERAL SUPPORT
(2)	METROWEST MEDIATION SERVICES 600 CONCORD STREET FRAMINGHAM MA 01702	** - ***0084	501C3	10,000				GENERAL SUPPORT
(3)	METROWEST WORKERS CENTER PO BOX 409 FRAMINGHAM MA 01704	** - ***0017	501C3	70,600				GENERAL SUPPORT
(4)	METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM MA 01701	** - ***1530	501C3	151,500				GENERAL SUPPORT
(5)	MIDDLESEX HUMAN SERVICE AGENCY, INC 50 PROSPECT STREET WALTHAM MA 02453	** - ***6387	501C3	70,000				GENERAL SUPPORT
(6)	MINUTE MAN ARC FOR HUMAN SERVICES 35 FOREST RIDGE ROAD CONCORD MA 01742	** - ***9230	501C3	14,000				GENERAL SUPPORT
(7)	MINUTEMAN SENIOR SERVICES 26 CROSBY DRIVE BEDFORD MA 01730	** - ***7212	501C3	12,500				GENERAL SUPPORT
(8)	MUNROE CENTER FOR THE ARTS 1403 MASSACHUSETTS AVE LEXINGTON MA 02420	** - ***5366	501C3	8,500				2020 FAMILY SUPPORT
(9)	NATICK COMMUNITY ORGANIC FARM 117 ELIOT STREET NATICK MA 01760	** - ***0335	501C3	5,500				GENERAL SUPPORT

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Schedule I (Form 990) (2020)

SCHEDULE I
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(1)	NATICK HIGH SCHOOL 15 WEST STREET NATICK MA 01760	** - ***4739	GOV	9,000				GENERAL SUPPORT
(2)	NATICK SERVICE COUNCIL, INC. 2 WEBSTER STREET NATICK MA 01760	** - ***3772	501C3	64,250				GENERAL SUPPORT
(3)	NEEDHAM COMMUNITY COUNCIL 570 HILLSIDE AVENUE NEEDHAM MA 02494	** - ***1365	501C3	10,000				GENERAL SUPPORT
(4)	NEEDHAM COMMUNITY COUNCIL FOOD PANTRY 570 HILLSIDE AVE NEEDHAM HEIGHTS MA 02494	** - ***1365	501C3	20,000				GENERAL SUPPORT
(5)	NEEDHAM COMMUNITY FARM, INC. PO BOX 920877 NEEDHAM MA 02492	** - ***2708	501C3	7,500				GENERAL SUPPORT
(6)	NEW LIFE FURNITURE BANK OF MA P.O. BOX 573 MEDFIELD MA 02052	** - ***2814	501C3	18,000				GENERAL SUPPORT
(7)	NEWTON SOUTH HIGH SCHOOL 140 BRANDEIS ROAD NEWTON MA 02459	GOV		6,000				GENERAL SUPPORT
(8)	ONE FAMILY, INC. 423 WEST BROADWAY BOSTON MA 02127	** - ***6936	501C3	15,000				GENERAL SUPPORT
(9)	OPEN TABLE, INC. P.O. BOX 42 CONCORD MA 01742	** - ***8933	501C3	35,000				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)**

**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

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR METTROWEST, INC.

Employer identification number

-*6789

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PEARL STREET CUPBOARD & CAFE / UNIT 46 PARK STREET FRAMINGHAM MA 01702	**--***4231	501C3	7,500				GENERAL SUPPORT
(2)	PROJECT JUST BECAUSE, INC. 109 SOUTH STREET HOPKINTON MA 01748	**--***8553	501C3	20,000				GENERAL SUPPORT
(3)	REACH BEYOND DOMESTIC VIOLENCE PO BOX 540024 WALTHAM MA 02454	**--***5449	501C3	45,750				GENERAL SUPPORT
(4)	RIA HOUSE 330 COCHITUATE ROAD #1784 FRAMINGHAM MA 01701	**--***7911	501C3	7,500				GENERAL SUPPORT
(5)	RISE ABOVE FOUNDATION P.O. BOX #174 NORTHBRIDGE MA 01534	**--***9946	501C3	10,000				GENERAL SUPPORT
(6)	SALVATION ARMY - FRAMINGHAM CORPS 59 HOWARD STREET FRAMINGHAM MA 01704	**--***2351	501C3	82,500				GENERAL SUPPORT
(7)	SALVATION ARMY - WALTHAM CORPS 33 MYRTLE STREET WALTHAM MA 02454	**--***2351	501C3	32,500				GENERAL SUPPORT
(8)	SHARE OUR STRENGTH P.O. BOX 75475 BALTIMORE MD 21275	**--***7538	501C3	15,000				2020 FAMILY SUPPORT
(9)	SOCIETY OF ST. VINCENT DE PAUL PO BOX 324 LINCOLN MA 01773		501C3	15,500				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

2020**Open to Public
Inspection**

Employer identification number

-*6789

FOUNDATION FOR METROWEST, INC.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SOUTH MIDDLESEX OPPORTUNITY, INC. 7 BISHOP ST. FRAMINGHAM MA 01702	**--***9659	501C3	275,500				GENERAL SUPPORT
(2)	SOUTHBOROUGH FRIENDS OF THE YOUTH 17 COMMON STREET SOUTHBOROUGH MA 01772	**--***2730	501C3	30,000				GENERAL SUPPORT
(3)	SOUTHBOROUGH LIBRARY 25 MAIN STREET SOUTHBOROUGH MA 01772	**--***4640	501C3	5,109				GENERAL SUPPORT
(4)	SOUTHBOROUGH OPEN LAND FOUNDATION, PO BOX 345 SOUTHBOROUGH MA 01772	**--***2718	501C3	6,000				GENERAL SUPPORT
(5)	SUDBURY COMMUNITY FOOD PANTRY 160 CONCORD ROAD SUDBURY MA 01776	**--***7546	501C3	15,100				GENERAL SUPPORT
(6)	THE BOSTON FOUNDATION 75 ARLINGTON STREET, 3RD FLOOR BOSTON MA 02116	**--***4021	501C3	10,000				2020 FAMILY SUPPORT
(7)	THE CENTER FOR ARTS IN NATICK 14 SUMMER STREET NATICK MA 01760	**--***4016	501C3	20,000				GENERAL SUPPORT
(8)	THE CHILDREN'S ROOM 1210 MASSACHUSETTS AVE ARLINGTON MA 02476	**--***6013	501C3	15,000				GENERAL SUPPORT
(9)	THE DISCOVERY MUSEUMS 177 MAIN STREET ACTON MA 01720	**--***1645	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) (2020)

**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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

**Open to Public
Inspection**

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number
** - ** * 6789

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE HUMAN RELATIONS SERVICE 11 CHAPEL PLACE WELLESLEY MA 02481	** - *** 7885	501C3	92,500				GENERAL SUPPORT
(2)	THE UMBRELLA COMMUNITY ARTS CENTER 40 STOW STREET CONCORD MA 01742	** - *** 1964	501C3	25,000				GENERAL SUPPORT
(3)	THE WAYSIDE INN 72 WAYSIDE INN ROAD SUDBURY MA 01776	** - *** 5813	501C3	10,000				GENERAL SUPPORT
(4)	THRIVE SUPPORT AND ADVOCACY 65 BOSTON POST ROAD WEST MARLBOROUGH MA 01752	** - *** 2990	501C3	15,000				GENERAL SUPPORT
(5)	TOWN OF LEXINGTON 1625 MASS. AVE LEXINGTON MA 02420		GOV	7,000				GENERAL SUPPORT
(6)	TOWN OF WELLESLEY 525 WASHINGTON STREET WELLESLEY MA 02482		GOV	45,100				GENERAL SUPPORT
(7)	TRINITY BOSTON CONNECTS 206 CLARENDON ST. BOSTON MA 02116	** - *** 6718	501C3	30,000				2020 FAMILY SUPPORT
(8)	TRUSTEES OF RESERVATIONS 572 ESSEX STREET BEVERLY MA 01915	** - *** 5780	501C3	25,000				GENERAL SUPPORT
(9)	TSNE MISONWORKS/GARDENING IN THE TSNE MISSIONWORKS BOSTON MA 02111	** - *** 1109	501C3	15,000				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)

**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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2020
Open to Public
Inspection

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number
-*6789

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM MA 01702	**--***4231	501C3	41,100				GENERAL SUPPORT
(2)	VICTIM RIGHTS LAW CENTER 115 BROAD STREET BOSTON MA 02110	**--***8944	501C3	20,000				GENERAL SUPPORT
(3)	VNA CARE NETWORK 120 THOMAS STREET WORCESTER MA 01608	**--***3825	501C3	15,000				GENERAL SUPPORT
(4)	WALPOLE COMMUNITY FOOD PANTRY P.O. BOX 43 WALPOLE MA 02081	**--***0674	501C3	15,000				GENERAL SUPPORT
(5)	WALTHAM BOYS AND GIRLS CLUB 20 EXCHANGE STREET WALTHAM MA 02451	**--***3927	501C3	99,250				GENERAL SUPPORT
(6)	WALTHAM PARTNERSHIP FOR YOUTH/FAMIL 617 LEXINGTON STREET WALTHAM MA 02452	**--***9437	501C3	15,000				GENERAL SUPPORT
(7)	WATCH, INC. 24 CRESCENT STREET WALTHAM MA 02453	**--***8528	501C3	222,500				GENERAL SUPPORT
(8)	WAYPOINT ADVENTURE 453 CONCORD AVE LEXINGTON MA 02421	**--***5996	501C3	10,000				GENERAL SUPPORT
(9)	WAYSIDE YOUTH & FAMILY SUPPORT NETW 1 FREDERICK ABBOTT WAY FRAMINGHAM MA 01701	**--***0450	501C3	42,000				2020 FAMILY 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)

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR METROWEST, INC.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WELLESLEY FIRE DEPARTMENT 457 WORCESTER STREET WELLESLEY MA 02481		GOV	11,900				GENERAL SUPPORT
(2)	WELLESLEY HEALTH DEPARTMENT 90 WASHINGTON STREET WELLESLEY MA 02482		GOV	12,500				GENERAL SUPPORT
(3)	WELLESLEY POLICE DEPARTMENT 485 WASHINGTON STREET WELLESLEY MA 02481		GOV	12,470				GENERAL SUPPORT
(4)	WELLESLEY YOUTH COMMISSION 525 WASHINGTON STREET WELLESLEY MA 02482		GOV	8,500				GENERAL SUPPORT
(5)	YMCA OF WALTHAM 725 LEXINGTON STREET WALTHAM MA 02454	** - ***3551	501C3	25,000				GENERAL SUPPORT
(6)	AGENCY ENDOWMENT GRANTS			16,004				
(7)								
(8)								
(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.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	12	34,097			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTEES ARE REQUIRED TO REPORT GRANT PROGRAM RESULTS TO THE COMMUNITY

FOUNDATION WITHIN EIGHT MONTHS OF RECEIVING THEIR GRANTS.

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

Name of the organization

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

2020**Open to Public Inspection**

Employer identification number

-*6789

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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 II 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 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				
JUDITH SALERNO	(i)						
1 EXECUTIVE DIRECTOR	(ii)	146,937	0	4,284	4,480	155,701	0
JAY KIM	(i)	146,521	0	4,380	1,917	152,818	0
2 COO	(ii)	0	0	0	0	0	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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. 1545-0047

2020**Open To Public
Inspection**Department 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.

-*6789

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	629,262	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 IV, 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	

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

Schedule M (Form 990) 2020

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 or 990-EZ)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 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR METROWEST, INC.

Employer identification number

-*6789

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 2 - RELATED PARTY INFORMATION AMONG OFFICERS

TOM CROTTY

DAVID BANNON

TRUSTEE

TRUSTEE

BUSINESS

MICHAEL MCAULIFFE

JIM HANRAHAN

TRUSTEE

TRUSTEE

BUSINESS

MICHAEL MCAULIFFE

JOHN O'NEIL

TRUSTEE

TRUSTEE

BUSINESS

MICHAEL MCAULIFFE

SUSAN ELLIOT

TRUSTEE

TRUSTEE

BUSINESS

MICHAEL MCAULIFFE

GARRY HOLMES

Name of the organization

Employer identification number

FOUNDATION FOR METROWEST, INC.

-*6789

TRUSTEE

TRUSTEE

BUSINESS

MICHAEL MCAULIFFE

DAVID BANNON

TRUSTEE

TRUSTEE

BUSINESS

DAVID SHUMAN

GARRY HOLMES

TRUSTEE

TRUSTEE

BUSINESS

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

Name of the organization

Employer identification number

FOUNDATION FOR METROWEST, INC.

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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 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 \$ 7,591

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

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.**2020**Attachment
Sequence No. **179**

FOUNDATION FOR METROWEST, INC.

Identifying number
-*6789

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	1,040,000
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	2,590,000
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 2019 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 2021. 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	7,204

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 2020	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 2020 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	

Section C—Assets Placed in Service During 2020 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	7,204
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

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562** (2020)

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: 01/01/2020 to 12/31/2020

AG Account #: 033944 Federal ID #: ** - ***6789

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 RQ
- ☐ 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.

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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	5,865,084
B.	Gross support and revenue	6,255,778
C.	Program services and similar amounts paid out	5,327,248
D.	Fundraising expenses	450,536
E.	Management and general expenses	472,749
F.	Payments to affiliates	
G.	Total expenses	6,250,533
H.	Net assets or fund balances at the end of the year	26,610,260

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.	JUDY SALERNO EXECUTIVE DIRECTOR	40.00	146,937	4,284	4,480
2.	JAY KIM CHIEF OPER. OFFICER	40.00	146,521	4,380	1,918
3.	MARY CROWLEY DIR. OF OPERATIONS	40.00	92,594	2,835	8,934
4.	RENEE QUINN DIR. OF DEVELOPMENT	40.00	75,344	2,741	14,602
5.	CAROLINE MURPHY DIR. OF PROGRAMS	40.00	86,827	2,595	1,918

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

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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	88,479	INVESTMENT MGR.
2.	SOURCE ONE	9,273	IT CONSULTING
3.	BRENNAN & FOURNIER	9,200	ACCOUNTING
4.	CREATIVE DEVELOPMENT STRATEGIES	7,400	DEV. CONSULTING
5.	SIDEKICKS	6,420	SYSTEM COUNSULT

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.

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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.

FOUNDATION FOR METROWEST, INC.

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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.*

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: LOUIS CROSIER

Title: CHAIRMAN

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

Address 1115 WESTFORD STREET, 3RD FLOOR
LOWELL, MA 01851-2701

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 _____

FOUNDATION FOR METROWEST, INC.

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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 TREASURERAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: JUDITH SALERNO EXECUTIVE DIRECTORAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: LOUIS CROSIER CHAIRMANAddress 3 ELIOT STREETCity 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 TREASURERAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: JUDITH SALERNO EXECUTIVE DIRECTORAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: LOUIS CROSIER CHAIRMANAddress 3 ELIOT STREETCity 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 _____

FOUNDATION FOR METROWEST, INC.

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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 TREASURERAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: LOUIS CROSIER CHAIRMANAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: JAY KIM EXECUTIVE DIRECTORAddress 3 ELIOT STREETCity 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 TREASURERAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: LOUIS CROSIER CHAIRMANAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760Name and Title: JAY KIM EXECUTIVE DIRECTORAddress 3 ELIOT STREETCity NATICK State MA Zip Code 01760

FOUNDATION FOR METROWEST, INC.

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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: LOUIS CROSIER

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
LOUIS CROSIER	CHAIRMAN	3 ELIOT STREET	NATICK	MA	01760
MICHAEL MCAULIFFE	VICE CHAIR	3 ELIOT STREET	NATICK	MA	01760
SUSAN ELLIOT	TREASURER	3 ELIOT STREET	NATICK	MA	01760
JAMES HANRAHAN	SECRETARY	3 ELIOT STREET	NATICK	MA	01760
ANDREA SUSSMAN	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
TOM CROTTY	MEMBER AT LA	3 ELIOT STREET	NATICK	MA	01760
SUSAN KAVOOGIAN	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
MARGARET RAMSEY	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760

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FYE: 12/31/2020

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

Name	Title	Address	City	State	Zip Code
KYLE SCHAFER	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
KENNTH VONA	MEMBER AT LA	3 ELIOT STREET	NATICK	MA	01760
ROLAND HOCH	MEMBER AT LA	3 ELIOT STREET	NATICK	MA	01760
CHRISTOPHER GULLOTTI	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
STEVEN SCHEINKOPF	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
JACKIE CHRISTIANO	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
JOHN DESISTO	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
DAVID SWARTZ	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
ANDREW GALLINARO	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
CHRISTINE MILLER	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
KATHERINE GARRAHAN	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
CHARLES CARTER	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
MARGARET KLEY	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
GARRY HOLMES	TRUSTEE	3 ELIOT STREET	NATICK	MA	01760
JUDITH SALERNO	EXECUTIVE DI	3 ELIOT STREET	NATICK	MA	01760

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

Name		Title	Address	City	State	Zip
LOUIS CROSIER	CHAIRMAN		3 ELLIOT STREET	NATICK	MA	01760
SUSAN ELLIOTT	TREASURER		3 ELLIOT STREET	NATICK	MA	01760
JUDITH SALERNO	EXECUTIVE DIRECTOR		3 ELLIOT STREET	NATICK	MA	01760

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

SALARY AND BENEFITS PAID TO THE EXECUTIVE OFFICER, JUDITH SALERNO, IN THE AMOUNT OF \$155,701, 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

NO. 04-3266789

Filing for November 1, 20 21

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 19, 2020

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:	Louis Crosier	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 21.

Signature: _____ Title: _____

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

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

Mr. Louis Crosier, Chairman
3 Eliot Street
Natick, MA 01760

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

Mr. Tom Crotty
3 Eliot Street
Natick, MA 01760

Mr. Kenneth Vona
3 Eliot Street
Natick, MA 01760

Ms. Jackie Christiano
3 Eliot Street
Natick, MA 01760

Mr. Andrew Gallinaro
3 Eliot Street
Natick, MA 01760

Mr. Christopher Gullotti
3 Eliot Street
Natick, MA 01760

Ms. Susan Kavoogian
3 Eliot Street
Natick, MA 01760

Mr. James Hanrahan
3 Eliot Street
Natick, MA 01760

Mr. Kyle Schaffer
3 Eliot Street
Natick, MA 01760

Mr. David Swartz
3 Eliot Street
Natick, MA 01760

Mr. Michael McAuliffe, Vice-Chair
3 Eliot Street
Natick, MA 01760

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

Mr. Roland Hoch
3 Eliot Street
Natick, MA 01760

Mr. Charles Carter
3 Eliot Street
Natick, MA 01760

Mr. John DeSisto
3 Eliot Street
Natick, MA 01760

Ms. Katherine Garrahan
3 Eliot Street
Natick, MA 01760

Mr. Garry Holmes
3 Eliot Street
Natick, MA 01760

Ms. Margaret Kley
3 Eliot Street
Natick, MA 01760

Ms. Margaret Ramsey
3 Eliot Street
Natick, MA 01760

Mr. Steve Sheinkopf
3 Eliot Street
Natick, MA 01760

Ms. Andrea Sussman
3 Eliot Street
Natick, MA 01760