

## Return of Private Foundation

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

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

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

For calendar year 2023 or tax year beginning OCT 1, 2023, and ending SEP 30, 2024

Name of foundation		A Employer identification number	
<b>METROWEST HEALTH FOUNDATION, INC.</b>		04-2121342	
Number and street (or P.O. box number if mail is not delivered to street address) <b>161 WORCESTER ROAD</b>		Room/suite <b>202</b>	B Telephone number <b>(508) 879-7625</b>
City or town, state or province, country, and ZIP or foreign postal code <b>FRAMINGHAM, MA 01701</b>		C If exemption application is pending, check here ...	
G Check all that apply: Initial return Final return Address change		D 1. Foreign organizations, check here ..... 2. Foreign organizations meeting the 85% test, check here and attach computation .....	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 125,787,047.</b>	J Accounting method: <input type="checkbox"/> Cash Other (specify) _____	(Part I, column (d), must be on cash basis.)	
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income
1 Contributions, gifts, grants, etc., received .....		<b>512,331.</b>	
2 Check if the foundation is not required to attach Sch. B			
3 Interest on savings and temporary cash investments .....			
4 Dividends and interest from securities .....		<b>3,119,796.</b>	<b>3,119,796.</b>
5a Gross rents .....			
b Net rental income or (loss) .....			
6a Net gain or (loss) from sale of assets not on line 10		<b>8,519,155.</b>	
b Gross sales price for all assets on line 6a .....		<b>19,479,655.</b>	
7 Capital gain net income (from Part IV, line 2) .....		<b>8,519,155.</b>	
8 Net short-term capital gain .....			
9 Income modifications .....			
10a Gross sales less returns and allowances .....			
b Less: Cost of goods sold .....			
c Gross profit or (loss) .....			
11 Other income .....			
12 Total. Add lines 1 through 11 .....		<b>12,151,282.</b>	<b>11,638,951.</b>
13 Compensation of officers, directors, trustees, etc. ....		<b>316,447.</b>	<b>69,936.</b>
14 Other employee salaries and wages .....		<b>297,835.</b>	<b>0.</b>
15 Pension plans, employee benefits .....		<b>177,616.</b>	<b>16,830.</b>
16a Legal fees .....		<b>STMT 2</b>	<b>534.</b>
b Accounting fees .....		<b>STMT 3</b>	<b>53,838.</b>
c Other professional fees .....		<b>STMT 4</b>	<b>886,424.</b>
17 Interest .....			
18 Taxes .....		<b>STMT 5</b>	<b>444,958.</b>
19 Depreciation and depletion .....			
20 Occupancy .....		<b>3,778.</b>	<b>0.</b>
21 Travel, conferences, and meetings .....		<b>132,333.</b>	<b>10,429.</b>
22 Printing and publications .....		<b>19,761.</b>	<b>2,141.</b>
23 Other expenses .....		<b>STMT 6</b>	<b>17,371.</b>
24 Total operating and administrative expenses. Add lines 13 through 23 .....		<b>229,755.</b>	<b>0.</b>
25 Contributions, gifts, grants paid .....		<b>2,580,650.</b>	<b>948,254.</b>
26 Total expenses and disbursements. Add lines 24 and 25 .....		<b>5,958,027.</b>	<b>0.</b>
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements .....		<b>8,538,677.</b>	<b>1,183,660.</b>
b Net investment income (if negative, enter -0-) .....			
c Adjusted net income (if negative, enter -0-) .....			<b>3,612,605.</b>
			<b>10,690,697.</b>
			<b>0.</b>

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing .....	85,941.	263,519.	263,519.
	2	Savings and temporary cash investments .....	1,457,609.	3,743,432.	3,743,432.
	3	Accounts receivable .....	56,400.		
		Less: allowance for doubtful accounts .....	27,224.	56,400.	56,400.
	4	Pledges receivable .....			
		Less: allowance for doubtful accounts .....			
	5	Grants receivable .....			
	6	Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7	Other notes and loans receivable .....			
		Less: allowance for doubtful accounts .....			
	8	Inventories for sale or use .....			
	9	Prepaid expenses and deferred charges .....	69,779.	50,103.	50,103.
	10a	Investments - U.S. and state government obligations <b>STMT 8</b> .....	4,829,548.	6,723,576.	6,723,576.
	b	Investments - corporate stock <b>STMT 9</b> .....	49,619,816.	56,194,542.	56,194,542.
	c	Investments - corporate bonds .....			
	11	Investments - land, buildings, and equipment: basis .....			
		Less: accumulated depreciation .....			
	12	Investments - mortgage loans .....			
	13	Investments - other <b>STMT 10</b> .....	44,413,224.	50,003,574.	50,003,574.
	14	Land, buildings, and equipment: basis <b>153,949.</b> .....			
		Less: accumulated depreciation <b>STMT 11</b> <b>147,012.</b> .....	7,299.	6,937.	6,937.
	15	Other assets (describe <b>STATEMENT 12</b> ) .....	7,608,810.	8,744,964.	8,744,964.
	16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	108,119,250.	125,787,047.	125,787,047.
	17	Accounts payable and accrued expenses .....	153,499.	126,300.	
	18	Grants payable .....	1,657,574.	3,922,598.	
	19	Deferred revenue .....			
	20	Loans from officers, directors, trustees, and other disqualified persons .....			
	21	Mortgages and other notes payable .....			
	22	Other liabilities (describe <b>STATEMENT 13</b> ) .....	2,344,407.	2,167,404.	
	23	<b>Total liabilities</b> (add lines 17 through 22) .....	4,155,480.	6,216,302.	
		Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30. .....			
	24	Net assets without donor restrictions .....	85,417,405.	97,411,409.	
	25	Net assets with donor restrictions .....	18,546,365.	22,159,336.	
		Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30. .....			
	26	Capital stock, trust principal, or current funds .....			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	28	Retained earnings, accumulated income, endowment, or other funds .....			
	29	<b>Total net assets or fund balances</b> .....	103,963,770.	119,570,745.	
	30	<b>Total liabilities and net assets/fund balances</b> .....	108,119,250.	125,787,047.	

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

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	103,963,770.
2	Enter amount from Part I, line 27a .....	2	3,612,605.
3	Other increases not included in line 2 (itemize) .....	3	11,994,370.
4	Add lines 1, 2, and 3 .....	4	119,570,745.
5	Decreases not included in line 2 (itemize) .....	5	0.
6	<b>Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29</b> .....	6	119,570,745.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>		P		
<b>b ALTERNATIVE FUNDS</b>		P	10/01/23	09/30/24
<b>c ALTERNATIVE FUNDS</b>		P	10/01/23	09/30/24
<b>d ALTERNATIVE FUNDS</b>		P	10/01/23	09/30/24
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g))	
a 8,029,168.		8,623,826.		-594,658.
b 5,000,000.		599,021.		4,400,979.
c 4,637,091.		1,169,639.		3,467,452.
d 1,813,396.		568,014.		1,245,382.
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				-594,658.
b				4,400,979.
c				3,467,452.
d				1,245,382.
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....		2		8,519,155.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3		N/A

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.	1	148,601.
Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	2	0.
3 Add lines 1 and 2 .....	3	148,601.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- .....	5	148,601.
6 Credits/Payments:		
a 2023 estimated tax payments and 2022 overpayment credited to 2023 .....	6a	137,998.
b Exempt foreign organizations - tax withheld at source .....	6b	0.
c Tax paid with application for extension of time to file (Form 8868) .....	6c	0.
d Backup withholding erroneously withheld .....	6d	0.
7 Total credits and payments. Add lines 6a through 6d .....	7	137,998.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....	8	2,320.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .....	9	12,923.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....	10	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax	11	Refunded

**Part VI-A Statements Regarding Activities**

**1a** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....

**1b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....

If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

**c** Did the foundation file **Form 1120-POL** for this year? .....

**d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.

**e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.

**2** Has the foundation engaged in any activities that have not previously been reported to the IRS? .....

If "Yes," attach a detailed description of the activities.

**3** Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....

**4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? .....

**N/A**

**5** Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....

If "Yes," attach the statement required by *General Instruction T*.

**6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....

**7** Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....

**8a** Enter the states to which the foundation reports or with which it is registered. See instructions. \_\_\_\_\_

**MA**

**b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation .....

**9** Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII .....

**10** Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....

**11** At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....

**12** Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....

**13** Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....

Website address **WWW.MWHEALTH.ORG**

**14** The books are in care of **PHILLIP GONZALEZ, PRESIDENT & CEO** Telephone no. **(508) 879-7625**  
Located at **161 WORCESTER ROAD, 202, FRAMINGHAM, MA** ZIP+4 **01701**

**15** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here  and enter the amount of tax-exempt interest received or accrued during the year .....

**16** At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

	<b>Yes</b>	<b>No</b>
<b>1a</b>		<b>X</b>
<b>1b</b>		<b>X</b>
<b>1c</b>		<b>X</b>
<b>2</b>		<b>X</b>
<b>3</b>		<b>X</b>
<b>4a</b>		<b>X</b>
<b>4b</b>		
<b>5</b>		<b>X</b>
<b>6</b>	<b>X</b>	
<b>7</b>	<b>X</b>	
<b>8b</b>	<b>X</b>	
<b>9</b>		<b>X</b>
<b>10</b>		<b>X</b>
<b>11</b>		<b>X</b>
<b>12</b>		<b>X</b>
<b>13</b>		<b>X</b>

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

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

**1a** During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....

**b** If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....

N/A

**c** Organizations relying on a current notice regarding disaster assistance, check here

**d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? .....

**2** Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

**a** At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines

6d and 6e) for tax year(s) beginning before 2023? .....

If "Yes," list the years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**b** Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) .....

N/A

**c** If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....

**b** If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) .....

N/A

**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? .....

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**Part VI-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? .....

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? .....

(3) Provide a grant to an individual for travel, study, or other similar purposes? .....

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions .....

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? .....

	Yes	No
5a(1)	X	
5a(2)	X	
5a(3)	X	
5a(4)	X	
5a(5)	X	
5b	X	
5d		
6a	X	
6b	X	
7a	X	
7b		
8	X	

**b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions .....**c** Organizations relying on a current notice regarding disaster assistance, check here **d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? .....**N/A**

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? .....**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? .....**N/A****8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....**Part VII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		316,447.	81,109.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
REBECCA DONHAM - 161 WORCESTER ROAD, SUITE 202, FRAMINGHAM, MA 01701	SENIOR PROGRAM OFFICER 36.00	129,132.	30,856.	0.
KATHERINE BAKER - 161 WORCESTER ROAD, SUITE 202, FRAMINGHAM, MA	RESEARCH DIRECTOR 40.00	89,307.	43,275.	0.
REBECCA GALLO - 161 WORCESTER ROAD, SUITE 202, FRAMINGHAM, MA 01701	SENIOR PROGRAM OFFICER 35.00	36,400.	24,818.	0.
<b>Total</b> number of other employees paid over \$50,000 .....				0

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**Part VII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*
**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PRIME BUCHHOLZ & ASSOCIATES 273 CORPORATE DRIVE, PORTSMOUTH, NH 03801	INVESTMENT CONSULTING	85,463.
STATE STREET CORPORATION PO BOX 75199, CHICAGO, IL 60675	INVESTMENT BANKING	65,155.

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

**Part VIII-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1		
SEE STATEMENT 15		425,999.
2		
3		
4		

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A	
2		
3		
All other program-related investments. See instructions.		
3		
<b>Total.</b> Add lines 1 through 3 .....		0.

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**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	47,362,820.
b	Average of monthly cash balances .....	1b	1,067,292.
c	Fair market value of all other assets (see instructions) .....	1c	64,384,605.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	112,814,717.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	SEE STATEMENT 16 1e	8,340,538.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	112,814,717.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	1,692,221.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	111,122,496.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	5,556,125.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	5,556,125.
2a	Tax on investment income for 2023 from Part V, line 5 .....	2a	148,601.
b	Income tax for 2023. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	148,601.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	5,407,524.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	5,407,524.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	5,407,524.

**Part XI Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	4,880,666.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	3,416.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	4,884,082.

Form 990-PF (2023)

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

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7 .....				5,407,524.
2 Undistributed income, if any, as of the end of 2023:			4,305,338.	
a Enter amount for 2022 only .....				
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018 .....				
b From 2019 .....				
c From 2020 .....				
d From 2021 .....				
e From 2022 .....				
f Total of lines 3a through e .....	0.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 4,884,082.			4,305,338.	
a Applied to 2022, but not more than line 2a .....				
b Applied to undistributed income of prior years (Election required - see instructions) .....		0.		
c Treated as distributions out of corpus (Election required - see instructions) **	476,677.			
d Applied to 2023 distributable amount .....				102,067.
e Remaining amount distributed out of corpus .....	0.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
6 Enter the net total of each column as indicated below:	476,677.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
b Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ....				0.
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 .....				5,305,457.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	476,677.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 .....	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a .....	0.			
10 Analysis of line 9:				
a Excess from 2019 .....				
b Excess from 2020 .....				
c Excess from 2021 .....				
d Excess from 2022 .....				
e Excess from 2023 .....				

\*\* SEE STATEMENT 17

**Part XIII** **Private Operating Foundations** (see instructions and Part VI-A, question 9)

N/A

1 a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling .....				
b	Check box to indicate whether the foundation is a private operating foundation described in section .....				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed .....				
b	85% (0.85) of line 2a .....				
c	Qualifying distributions from Part XI, line 4, for each year listed .....				
d	Amounts included in line 2c not used directly for active conduct of exempt activities .....				
e	Qualifying distributions made directly for active conduct of exempt activities.				
	Subtract line 2d from line 2c .....				
3	Complete 3a, b, or c for the alternative test relied upon:				
a	"Assets" alternative test - enter:				
(1)	Value of all assets .....				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i) .....				
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed .....				
c	"Support" alternative test - enter:				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) .....				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .....				
(3)	Largest amount of support from an exempt organization .....				
(4)	Gross investment income .....				

**Part XIV** **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**NONE**

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE****2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

**SEE STATEMENT 18**

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

c Any submission deadlines:

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

## Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	27,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	57,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	66,000.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	VIRTUAL VISITORS/CARING CONNECTORS	14,878.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	1,000.
<b>Total</b>	SEE CONTINUATION SHEET(S)			3,697,006.
<b>b Approved for future payment</b>				
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	FRAMINGHAM OLDER ADULT HOMESHARE PILOT	12,500.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	LIFE PROGRAM	12,500.
NORFOLK PUBLIC SCHOOLS 70 BOARDMAN STREET NORFOLK, MA 02056		GOV	STRENGTHENING GIRLS' MENTAL HEALTH	15,000.
<b>Total</b>	SEE CONTINUATION SHEET(S)			3,922,599.

## Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....					
4 Dividends and interest from securities .....			14	3,119,796.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....					
8 Gain or (loss) from sales of assets other than inventory .....			18	8,519,155.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		11,638,951.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....			13		11,638,951.
(See worksheet in line 13 instructions to verify calculations.)					

## **Relationship of Activities to the Accomplishment of Exempt Purposes**



**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	1,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	48,000.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES	19,500.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES	16,500.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	BASIC HEALTH NEEDS - SUPPORT SERVICES	14,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	CLIENT DATA SYSTEMS CONSOLIDATION INITIATIVE	10,000.
WESTBOROUGH PUBLIC SCHOOLS 45 WEST MAIN STREET WESTBOROUGH, MA 01581		GOV	UNIVERSAL SCREENING AT WESTBOROUGH HIGH SCHOOL	14,375.
METROWEST MEDIATION SERVICES 220 NORTH MAIN ST, SUITE 106 NATICK, MA 01760		PC	HOUSING MEDIATION PROGRAM	12,500.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	CENTRAL/INTEGRATED DATA COLLECTION, STORAGE & ANALYTICS	7,643.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	CENTRAL/INTEGRATED DATA COLLECTION, STORAGE & ANALYTICS	7,643.
<b>Total from continuation sheets .....</b>				<b>3,531,128.</b>

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BELLINGHAM PUBLIC SCHOOLS 4 MECHANIC STREET BELLINGHAM, MA 02019		GOV	BPS CHILD AND YOUTH MENTAL HEALTH GRANT	6,750.
RIA, INC. 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	STRENGTHENING BEHAVIORAL HEALTH SERVICES FOR SURVIVORS AND TRAINING FOR CLINICAL STUDENTS	7,500.
METROWEST FREE MEDICAL PROGRAM 246 MAPLE STREET, SUITE 1 MARLBOROUGH, MA 01752		PC	CONNECTIONS TO HEALTH RESOURCES	12,310.
HUMAN RELATIONS SERVICE, INC. 11 CHAPEL PLACE WELLESLEY, MA 02481		PC	ELECTRONIC HEALTH RECORD SYSTEM AT THE HUMAN RELATIONS SERVICE	12,500.
NORTHBOROUGH AND SOUTHBOROUGH PUBLIC SCHOOLS 53 PARKERVILLE ROAD SOUTHBOROUGH, MA 01772		GOV	IN-PERSON LICENSED CLINICIAN HOURS FOR NORTHBOROUGH PUBLIC SCHOOLS	25,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	SMOC WEBSITE ACCESSIBILITY REDESIGN	12,500.
METROWEST FREE MEDICAL PROGRAM 246 MAPLE STREET, SUITE 1 MARLBOROUGH, MA 01752		PC	BASIC HEALTH NEEDS - PRIMARY CARE	1,500.
METROWEST FREE MEDICAL PROGRAM 246 MAPLE STREET, SUITE 1 MARLBOROUGH, MA 01752		PC	BASIC HEALTH NEEDS - PRIMARY CARE	22,750.
METROWEST FREE MEDICAL PROGRAM 246 MAPLE STREET, SUITE 1 MARLBOROUGH, MA 01752		PC	BASIC HEALTH NEEDS - PRIMARY CARE	25,750.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	BI-LINGUAL CASEWORKER FOR FPS WELCOME CENTER RESOURCE ROOM	10,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOYS & GIRLS CLUB OF METROWEST 169 PLEASANT STREET MARLBOROUGH, MA 01752		PC	SMART GIRLS IN ACTION	22,500.
BOYS & GIRLS CLUB OF METROWEST 169 PLEASANT STREET MARLBOROUGH, MA 01752		PC	SMART GIRLS IN ACTION	22,500.
METRO COMMUNITY DEVELOPMENT CORPORATION 40 MECHANIC ST. SUITE 300 MARLBOROUGH, MA 01752		PC	MCDC HIRES MSW-TRAINED STAFF	10,000.
NATICK SERVICE COUNCIL, INC. 2 WEBSTER STREET NATICK, MA 01760		PC	NSC FOOD PANTRY MANAGER POSITION	7,500.
RIA, INC. 330 COCHITIUTE ROAD, #1784 FRAMINGHAM, MA 01701		PC	SURVIVOR-DIRECTED HOUSING	13,670.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	FRAMINGHAM OLDER ADULT HOMESHARE PILOT	12,500.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	FRAMINGHAM OLDER ADULT HOMESHARE PILOT	12,500.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	LIFE PROGRAM	12,500.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	LIFE PROGRAM	25,000.
NORFOLK PUBLIC SCHOOLS 70 BOARDMAN STREET NORFOLK, MA 02056		GOV	STRENGTHENING GIRLS' MENTAL HEALTH	15,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NORFOLK PUBLIC SCHOOLS 70 BOARDMAN STREET NORFOLK, MA 02056		GOV	STRENGTHENING GIRLS' MENTAL HEALTH	15,000.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	HOUSING STABILITY PROJECT	12,500.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	HOUSING STABILITY PROJECT	12,500.
NEEDHAM PUBLIC SCHOOLS 1330 HIGHLAND AVENUE NEEDHAM, MA 02492		GOV	POLLARD MIDDLE SCHOOL WELLNESS INITIATIVE	5,000.
SPARK KINDNESS, INC. P.O. BOX 823 NATICK, MA 01760		PC	COMMUNITY APPROACH TO ADDRESSING IDENTITY BASED BULLYING	13,011.
AMAZING THINGS ARTS CENTER INC 160 HOLLIS ST. FRAMINGHAM, MA 01702		PC	VOICES OF THE COMMUNITY	62,500.
EDUCATION DEVELOPMENT CENTER, INC. 300 FIFTH AVENUE, SUITE 2010 WALTHAM, MA 02451		PC	PROMOTING GIRLS' DIGITAL WELLNESS	25,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	SMOC DAY CENTER	24,992.
BLACKSTONE VALLEY VOCATIONAL REGIONAL SCHOOL DISTRICT/VALLEY TECH. 65 PLEASANT STREET UPTON, MA 01568-1499		GOV	BVT CARTWHEEL CARE TELEHEALTH SERVICES	10,000.
GREATER FRAMINGHAM COMMUNITY CHURCH FRANKLIN & PARK STREETS, PO BOX 629 FRAMINGHAM, MA 01704		PC	BIKES FOR KIDS	20,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GREATER FRAMINGHAM COMMUNITY CHURCH FRANKLIN & PARK STREETS, PO BOX 629 FRAMINGHAM, MA 01704		PC	GROCERY BAGS PROGRAM	20,000.
MEDWAY VILLAGE FOOD PANTRY 170 VILLAGE STREET MEDWAY, MA 02053		PC	ACCESS TO CULTURALLY-PREFERRED FOODS	10,000.
MEDWAY VILLAGE FOOD PANTRY 170 VILLAGE STREET MEDWAY, MA 02053		PC	ACCESS TO CULTURALLY-PREFERRED FOODS	10,000.
SHERBORN COUNCIL ON AGING P.O. BOX 186 SHERBORN, MA 01770		GOV	EMPOWERING OLDER ADULTS THROUGH OUTDOOR FITNESS PROGRAMS	5,000.
SHERBORN COUNCIL ON AGING P.O. BOX 186 SHERBORN, MA 01770		GOV	EMPOWERING OLDER ADULTS THROUGH OUTDOOR FITNESS PROGRAMS	5,000.
HOCKOMOCK AREA YMCA - BERNON FAMILY BRANCH 45 FORGE HILL ROAD FRANKLIN, MA 02038		PC	FRANKLIN CHILD CARE COOKING KITS	10,000.
PROJECT JUST BECAUSE 77 SOUTH STREET HOPKINTON, MA 01748		PC	PARTIAL FUNDING FOR MULTILINGUAL INTERPRETER	10,000.
PROJECT JUST BECAUSE 77 SOUTH STREET HOPKINTON, MA 01748		PC	PARTIAL FUNDING FOR MULTILINGUAL INTERPRETER	10,000.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	MIGRANT HEALTHCARE NAVIGATOR PROGRAM	12,213.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	MIGRANT HEALTHCARE NAVIGATOR PROGRAM	12,213.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OPEN TABLE, INC. PO BOX 42 CONCORD, MA 01742		PC	HUDSON MOBILE PROGRAM SUPPORT	9,501.
OPEN TABLE, INC. PO BOX 42 CONCORD, MA 01742		PC	HUDSON MOBILE PROGRAM SUPPORT	9,501.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	INCREASING BILINGUAL MENTAL HEALTH ACCESS	21,000.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	INCREASING BILINGUAL MENTAL HEALTH ACCESS	21,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	EMERGENCY SHORT-TERM SHELTER ASSISTANCE FOR METROWEST FAMILIES	12,500.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	EMERGENCY SHORT-TERM SHELTER ASSISTANCE FOR METROWEST FAMILIES	12,500.
MAB COMMUNITY SERVICES 29 DENBY ROAD ALLSTON, MA 02134		PC	MENTAL HEALTH SUPPORTS FOR VISUALLY-IMPAIRED ADULTS	9,944.
MAB COMMUNITY SERVICES 29 DENBY ROAD ALLSTON, MA 02134		PC	MENTAL HEALTH SUPPORTS FOR VISUALLY-IMPAIRED ADULTS	9,944.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	METROWEST COVID-19 VACCINATION AND PUBLIC HEALTH ENGAGEMENT PROGRAM	12,500.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	METROWEST COVID-19 VACCINATION AND PUBLIC HEALTH ENGAGEMENT PROGRAM	12,500.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OUT METROWEST 160 HOLLIS STREET, P.O. BOX 2122 FRAMINGHAM, MA 01703		PC	LGBTQ-FOCUSED MENTAL HEALTH SUPPORT	10,000.
OUT METROWEST 160 HOLLIS STREET, P.O. BOX 2122 FRAMINGHAM, MA 01703		PC	LGBTQ-FOCUSED MENTAL HEALTH SUPPORT	10,000.
ASSABET VALLEY COLLABORATIVE 28 LORD ROAD, SUITE 125 MARLBORO, MA 01752		PC	ADDRESSING ACCESS TO CARE BARRIERS	5,000.
A PLACE TO TURN 99 HARTFORD STREET NATICK, MA 01760		PC	FOOD PANTRY	30,000.
NATICK SERVICE COUNCIL, INC. 2 WEBSTER STREET NATICK, MA 01760		PC	FOOD PANTRY	30,000.
METROWEST MEDIATION SERVICES 220 NORTH MAIN ST, SUITE 106 NATICK, MA 01760		PC	EVICTION PREVENTION THROUGH MEDIATION SERVICES	15,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - ORAL HEALTH	50,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	175,000.
COMMUNITY FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK, MA 01760		PC	RAM FRAMINGHAM CLINIC 2024	5,000.
MEDWAY PUBLIC SCHOOLS 45 HOLLISTON STREET MEDWAY, MA 02053		GOV	GROUP COUNSELING PROGRAM	6,525.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRAMINGHAM PUBLIC SCHOOLS 19 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	VACCINES IN THE SCHOOL SETTING	12,500.
RIA, INC. 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	SURVIVOR-DIRECTED HOUSING PROGRAM	14,287.
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	INCREASED ACCESS TO HOME HEALTHCARE THROUGH MIGRANT WORKFORCE DEVELOPMENT	22,700.
NATICK CENTER ASSOCIATES, INC. 8 COURT STREET NATICK, MA 01760		PC	NATICK MATCHES	7,500.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - MEDICAL-LEGAL PARTNERSHIP	75,000.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
METROWEST WORKER CENTER - CASA 116 CONCORD STREET, SUITE 11 FRAMINGHAM, MA 01702		PC	HEALTH CONNECTIONS: STRIVING FOR EQUITY	37,688.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	AFGHAN REFUGEE ASSISTANCE PROJECT	20,000.
DANIEL'S TABLE 10 PEARL STREET FRAMINGHAM, MA 01702		PC	COMMUNITY FREEZER PROGRAM	25,814.
BRAZILIAN AMERICAN CENTER BRACE 560 WAVERLY STREET FRAMINGHAM, MA 01702		PC	INCLUSIVE HEALTH INSURANCE ASSISTANCE	12,500.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WAYLAND COUNCIL ON AGING 41 COCHITUATE ROAD WAYLAND, MA 01778		GOV	SUPPORT FOR HOARDING DISORDER	15,000.
METRO COMMUNITY DEVELOPMENT CORPORATION 40 MECHANIC ST. SUITE 300 MARLBOROUGH, MA 01752		PC	MCDC WELL & WISE	15,000.
GIFTS OF HOPE UNLIMITED PO BOX 338 SUDBURY, MA 01776		PC	SUPPORT FOR RELATIONSHIP ABUSE SURVIVORS	6,250.
MORSE INSTITUTE LIBRARY 14 EAST CENTRAL STREET NATICK, MA 01760		PC	AUNT FLO VENDING MACHINES	6,000.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	RESPONSIVE SOLUTIONS TO ENDING FAMILY HOMELESSNESS	48,512.
AMAZING THINGS ARTS CENTER INC 160 HOLLIS ST. FRAMINGHAM, MA 01702		PC	VOICES OF THE COMMUNITY	33,542.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	25,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - HOMELESSNESS	75,000.
SPARK KINDNESS, INC. P.O. BOX 823 NATICK, MA 01760		PC	COMMUNITY SOLUTIONS TO IDENTITY BASED BULLYING	24,500.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		GOV	RESOURCE NAVIGATOR MANAGER	14,976.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		PC	CLOSING THE METROWEST SNAP GAP	50,000.
AFRICAN CULTURAL SERVICES INC P.O BOX 540325 WALTHAM, MA 02451		PC	SANYU LYA BATIINI OR HAPPY, CONFIDENT GIRLS	15,000.
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 50 FEDERAL STREET, 8TH FLOOR BOSTON, MA 02110		PC	METROWEST HOUSING JUSTICE INITIATIVE	8,166.
WELLESLEY COLLEGE, WELLESLEY CENTERS FOR WOMEN 106 CENTRAL STREET WELLESLEY, MA 02481		PC	DIGITAL WELLBEING WORKSHOPS FOR GIRLS	15,000.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
LATINO HEALTH INSURANCE PROGRAM, INC. 88 WAVERLY STREET, SUITE 150, 1ST FLOOR FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	50,000.
BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM, MA 01702		PC	UNITING HEALTH AND HOUSING WITH EXPANDED HEALTH AND WELLNESS CARE	12,500.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	HOUSING NAVIGATOR PILOT PROPOSAL	15,000.
NATICK SERVICE COUNCIL, INC. 2 WEBSTER STREET NATICK, MA 01760		PC	FOOD PANTRY EXPANSION	40,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEEDHAM YOUTH & FAMILY SERVICES DIVISION 1471 HIGHLAND AVENUE NEEDHAM, MA 02492		PC	METROWEST HEALTH INTERNSHIP - ALEXANDRA NAGLE	7,500.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	METROWEST HEALTH INTERNSHIP - DAVID ROOS	7,500.
NEEDHAM YOUTH & FAMILY SERVICES DIVISION 1471 HIGHLAND AVENUE NEEDHAM, MA 02492		PC	METROWEST HEALTH INTERNSHIP - KIRSTIN WILCOX	7,500.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	METROWEST HEALTH INTERNSHIP - YONGLIANG OUYANG	3,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	METROWEST HEALTH INTERNSHIP - TAL CLOWER	2,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	METROWEST HEALTH INTERNSHIP - RACHEL BANKS	3,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	METROWEST HEALTH INTERNSHIP - HALLIE BLAKE	2,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	METROWEST HEALTH INTERNSHIP - KATHERINE KANTER	7,500.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	METROWEST HEALTH INTERNSHIP - DANAIIS SOTIRI	7,500.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	METROWEST HEALTH INTERNSHIP -- SERHAT KILIKCIER	7,500.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	METROWEST HEALTH INTERNSHIP - JULIET MORRISON	7,500.
ASSABET VALLEY COLLABORATIVE 28 LORD ROAD, SUITE 125 MARLBORO, MA 01752		PC	METROWEST HEALTH INTERNSHIP - ARTH HIN	7,500.
RIA, INC. 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	METROWEST HEALTH INTERNSHIP - SARA LUCAS	7,500.
RIA, INC. 330 COCHITUATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	METROWEST HEALTH INTERNSHIP - JA'DANA ELLCOCK-CRAYTON	7,500.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	METROWEST HEALTH INTERNSHIP - THALITA CORREIA	7,500.
UNIVERSITY OF MASSACHUSETTS LOWELL 839 MERRIMACK STREET LOWELL, MA 01854		GOV	MEDICAL CLINICAL SCHOLARSHIP	2,000.
REGIS COLLEGE 235 WELLESLEY STREET WESTON, MA 02493		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
MGH INSTITUTE OF HEALTH PROFESSIONS 36 1ST AVENUE BOSTON, MA 02129		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
REGIS UNIVERSITY 235 WELLESLEY STREET WESTON, MA 02493		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET, PO BOX 9101 FRAMINGHAM, MA 01701		GOV	MEDICAL CLINICAL SCHOLARSHIP	-2,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET, PO BOX 9101 FRAMINGHAM, MA 01701		GOV	MEDICAL CLINICAL SCHOLARSHIP	2,000.
WILLIAM JAMES COLLEGE 1 WELLS AVE NEWTON, MA 02459		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
UNIVERSITY OF MASSACHUSETTS 181 PRESIDENTS DRIVE AMHERST, MA 01003		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
RHODE ISLAND COLLEGE 600 MT PLEASANT AVE PROVIDENCE, RI 02908		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
SPRINGFIELD COLLEGE 263 ALDEN ST SPRINGFIELD, MA 01109		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
DUKE UNIVERSITY SCHOOL OF MEDICINE BOX 90759 DURHAM, NC 27708		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
BOSTON COLLEGE 140 COMMONWEALTH AVE, LYONS HALL 103 CHESTNUT HILL, MA 02467		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
WILLIAM JAMES COLLEGE ONE WELLS AVENUE NEWTON, MA 02459		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOSTON UNIVERSITY 25 BUICK STREET, SUITE 130 BOSTON, MA 02215		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
EMORY UNIVERSITY SCHOOL OF MEDICINE 300 BOISFEUILLET JONES CENTER; 200 DOWMAN DRIVE ATLANTA, GA 30322		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
WILLIAM JAMES COLLEGE 1 WELLS AVENUE NEWTON, MA 02459		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
WILLIAM JAMES COLLEGE 1 WELLS AVE NEWTON, MA 02459		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
WILLIAM JAMES COLLEGE ONE WELLS AVENUE NEWTON, MA 02459		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE #354 BOSTON, MA 02115		GOV	MEDICAL CLINICAL SCHOLARSHIP	4,000.
MASS COLLEGE OF PHARMACY & HEALTH SCIENCES 1260 ELM STREET MANCHESTER, NH 03101		GOV	NURSING SCHOLARSHIP	4,000.
UNIVERSITY OF MASSACHUSETTS BOSTON 100 WILLIAM MORRISSEY BLVD BOSTON, MA 01701		GOV	NURSING SCHOLARSHIP	4,000.
MGH INSTITUTE OF HEALTH PROFESSIONS 36 1ST AVENUE BOSTON, MA 01701		GOV	NURSING SCHOLARSHIP	4,000.
FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420		GOV	NURSING SCHOLARSHIP	2,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MASSACHUSETTS GRADUATE SCHOOL OF NURSING 55 LAKE AVE NORTH WORCESTER, MA 01655		GOV	NURSING SCHOLARSHIP	4,000.
MASSBAY COMMUNITY COLLEGE 19 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	NURSING SCHOLARSHIP	4,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG ST MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	4,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG STREET MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	4,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG ST, MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	4,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG ST MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	4,000.
QUINSIGAMOND COMMUNITY COLLEGE 670 W BOYLSTON ST WORCESTER, MA 01606		GOV	NURSING SCHOLARSHIP	4,000.
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481		GOV	NURSING SCHOLARSHIP	4,000.
CHAMBERLAIN UNIVERSITY ADTALEM GLOBAL EDUCATION, DEPT. CH 17477 PALATINE, IL 60055		GOV	NURSING SCHOLARSHIP	4,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG ST MARLBOROUGH, MA 01701		GOV	NURSING SCHOLARSHIP	4,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PALM BEACH ATLANTIC UNIVERSITY P.O. BOX 24708 WEST PALM BEACH, FL 33401		GOV	NURSING SCHOLARSHIP	4,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG ST MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	4,000.
ASSABET VALLEY REGIONAL TECHNICAL SCHOOL 215 FITCHBURG ST MARLBOROUGH, MA 01752		GOV	NURSING SCHOLARSHIP	4,000.
FITCHBURG STATE UNIVERSITY 160 PEARL ST FITCHBURG, MA 01420		GOV	NURSING SCHOLARSHIP	4,000.
WORCESTER STATE UNIVERSITY 486 CHANDLER STREET WORCESTER, MA 01602		GOV	NURSING SCHOLARSHIP	2,000.
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467		GOV	NURSING SCHOLARSHIP	2,000.
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115		GOV	NURSING SCHOLARSHIP	4,000.
MGH INSTITUTE OF HEALTH PROFESSIONS 36 1ST AVE BOSTON, MA 02129		GOV	NURSING SCHOLARSHIP	4,000.
SAINT ANSELM COLLEGE 100 ST ANSELM DRIVE MANCHESTER, NH 03102		GOV	NURSING SCHOLARSHIP	4,000.
BUNKER HILL COMMUNITY COLLEGE 250 RUTHERFORD AVE BOSTON, MA 02129		GOV	NURSING SCHOLARSHIP	4,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOSTON COLLEGE 140 COMMONWEALTH AVENUE, LYONS HALL ROOM 103 CHESTNUT HILL, MA 02467		GOV	NURSING SCHOLARSHIP	4,000.
HARMONY HEALTH CARE INSTITUTE 10 AL PAUL LN. MERRIMACK, NH 03054		GOV	NURSING SCHOLARSHIP	4,000.
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 06825		GOV	NURSING SCHOLARSHIP	4,000.
HARMONY HEALTH CARE INSTITUTE 10 AL PAUL LN, MERRIMACK, NH 03054		GOV	NURSING SCHOLARSHIP	4,000.
UNIVERSITY OF CONNECTICUT 233 GLENBROOK ROAD, UNIT 4100 STORRS, CT 06269		GOV	NURSING SCHOLARSHIP	4,000.
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 03102		GOV	NURSING SCHOLARSHIP	2,000.
UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH ROAD BIDDEFORD, ME 04005		GOV	NURSING SCHOLARSHIP	4,000.
UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BOULEVARD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIP	4,000.
UNIVERSITY OF VERMONT 223 WATERMAN BUILDING 85 SO. PROSPECT STREET BURLINGTON, VT 05405		GOV	NURSING SCHOLARSHIP	4,000.
UNIVERSITY OF VERMONT 223 WATERMAN BUILDING 85 S. PROSPECT ST. BURLINGTON, VT 05405		GOV	NURSING SCHOLARSHIP	2,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MASSACHUSETTS BOSTON 100 MORRISSEY BLVD BOSTON, MA 02125		GOV	NURSING SCHOLARSHIP	4,000.
UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING NEWARK, DE 19716		GOV	NURSING SCHOLARSHIP	2,000.
HARMONY HEALTH CARE INSTITUTE (HHCI) 10 AL PAUL LANE, SUITE 202 MERRIMACK, NH 03054		GOV	NURSING SCHOLARSHIP	4,000.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	SECOND METROWEST ROUTE	50,000.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	SECOND METROWEST ROUTE	50,000.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	METROWEST SHARED PUBLIC HEALTH SERVICES	55,669.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	AFGHAN REFUGEE LEGAL ASSISTANCE	6,250.
EDUCATION DEVELOPMENT CENTER, INC. 300 FIFTH AVENUE, SUITE 2010 WALTHAM, MA 02451		PC	2023 METROWEST ADOLESCENT HEALTH SURVEY	380,433.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	A 4-PART MINI-COHORT APPROACH FOR EQUITY TRAINING	13,992.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	METROWEST CARE CONNECTION	241,546.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
METROWEST WORKER CENTER - CASA 116 CONCORD STREET, SUITE 11 FRAMINGHAM, MA 01702		PC	STRIVING FOR EQUITY: A COMMUNITY HEALTH WORKER MODEL	29,413.
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202		PC	MEMBERSHIP DUES 2024	9,000.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE, NW, SUITE 1200 WASHINGTON, DC 20036		PC	MEMBERSHIP DUES	8,725.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	METROWEST CARE CONNECTION	247,430.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	HOUSING STABILITY PROJECT	12,500.
BLACKSTONE VALLEY VOCATIONAL REGIONAL SCHOOL DISTRICT/VALLEY TECH. 65 PLEASANT STREET UPTON, MA 01568-1499		GOV	BVT CARTWHEEL CARE TELEHEALTH SERVICES	10,000.
NATICK FIRE DEPARTMENT 22 EAST CENTRAL STREET NATICK, MA 01760		GOV	FUNDING FOR PARAMEDIC SCHOOL	36,000.
METROWEST MEDIATION SERVICES 220 NORTH MAIN ST, SUITE 106 NATICK, MA 01760		PC	EVICTION PREVENTION THROUGH MEDIATION SERVICES	15,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - ORAL HEALTH	50,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - ORAL HEALTH	50,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	175,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRIMARY MEDICAL CARE	175,000.
FRAMINGHAM PUBLIC SCHOOLS 19 FLAGG DRIVE FRAMINGHAM, MA 01702		GOV	VACCINES IN THE SCHOOL SETTING	12,500.
RIA, INC. 330 COCHITIATE ROAD, #1784 FRAMINGHAM, MA 01701		PC	SURVIVOR-DIRECTED HOUSING PROGRAM	14,287.
<b>Total from continuation sheets .....</b>				<b>3,882,599.</b>

**Part XIV Supplementary Information****3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702		PC	INCREASED ACCESS TO HOME HEALTHCARE THROUGH MIGRANT WORKFORCE DEVELOPMENT	22,700.
NATICK CENTER ASSOCIATES, INC. 8 COURT STREET NATICK, MA 01760		PC	NATICK MATCHES	7,500.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	150,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	150,000.
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC. 115 NORTHEAST CUTOFF, BLDG. 2, SUITE 200 WORCESTER, MA 01606		PC	BASIC HEALTH NEEDS - PRESCRIPTION ASSISTANCE	150,000.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - MEDICAL-LEGAL PARTNERSHIP	75,000.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET, SUITE 304 FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - MEDICAL-LEGAL PARTNERSHIP	75,000.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK, INC. 1 FREDERICK ABBOTT WAY FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
METROWEST FREE MEDICAL PROGRAM 246 MAPLE STREET, SUITE 1 MARLBOROUGH, MA 01752		PC	BASIC HEALTH NEEDS - PRIMARY CARE	50,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
METROWEST FREE MEDICAL PROGRAM 246 MAPLE STREET, SUITE 1 MARLBOROUGH, MA 01752		PC	BASIC HEALTH NEEDS - PRIMARY CARE	50,000.
METROWEST FREE MEDICAL PROGRAM 246 MAPLE STREET, SUITE 1 MARLBOROUGH, MA 01752		PC	BASIC HEALTH NEEDS - PRIMARY CARE	50,000.
METROWEST WORKER CENTER - CASA 116 CONCORD STREET, SUITE 11 FRAMINGHAM, MA 01702		PC	HEALTH CONNECTIONS: STRIVING FOR EQUITY	37,688.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	BASIC HEALTH NEEDS - FOOD INSECURITY	75,000.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	BASIC HEALTH NEEDS - FOOD INSECURITY	75,000.
SPOONFULS INC 189 WELLS AVE, SUITE 100 NEWTON, MA 02459		PC	BASIC HEALTH NEEDS - FOOD INSECURITY	75,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	50,000.
RIVERSIDE COMMUNITY CARE 270 BRIDGE STREET, SUITE 301 DEDHAM, MA 02026		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	50,000.
BRAZILIAN AMERICAN CENTER BRACE 560 WAVERLY STREET FRAMINGHAM, MA 01702		PC	INCLUSIVE HEALTH INSURANCE ASSISTANCE	12,500.
WAYLAND COUNCIL ON AGING 41 COCHITUATE ROAD WAYLAND, MA 01778		PC	SUPPORT FOR HOARDING DISORDER	15,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
METRO COMMUNITY DEVELOPMENT CORPORATION 40 MECHANIC ST. SUITE 300 MARLBOROUGH, MA 01752		PC	MCDC WELL & WISE	15,000.
GIFTS OF HOPE UNLIMITED PO BOX 338 SUDSBURY, MA 01776		PC	SUPPORT FOR RELATIONSHIP ABUSE SURVIVORS	6,250.
MORSE INSTITUTE LIBRARY 14 EAST CENTRAL STREET NATICK, MA 01760		PC	AUNT FLO VENDING MACHINES	6,000.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	RESPONSIVE SOLUTIONS TO ENDING FAMILY HOMELESSNESS	48,512.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	RESPONSIVE SOLUTIONS TO ENDING FAMILY HOMELESSNESS	48,512.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	RESPONSIVE SOLUTIONS TO ENDING FAMILY HOMELESSNESS	48,512.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	RESPONSIVE SOLUTIONS TO ENDING FAMILY HOMELESSNESS	48,512.
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760		PC	RESPONSIVE SOLUTIONS TO ENDING FAMILY HOMELESSNESS	48,512.
AMAZING THINGS ARTS CENTER INC 160 HOLLIS ST. FRAMINGHAM, MA 01702		PC	VOICES OF THE COMMUNITY	33,542.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	25,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	25,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - HOMELESSNESS	75,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - HOMELESSNESS	75,000.
SPARK KINDNESS, INC. P.O. BOX 823 NATICK, MA 01760		PC	COMMUNITY SOLUTIONS TO IDENTITY BASED BULLYING	24,500.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. 7 BISHOP STREET FRAMINGHAM, MA 01702		PC	RESOURCE NAVIGATOR MANAGER	14,976.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	CLOSING THE METROWEST SNAP GAP	50,000.
AFRICAN CULTURAL SERVICES INC P.O BOX 540325 WALTHAM, MA 02451		PC	SANYU LYA BATIINI OR HAPPY, CONFIDENT GIRLS	15,000.
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 50 FEDERAL STREET, 8TH FLOOR BOSTON, MA 02110		PC	METROWEST HOUSING JUSTICE INITIATIVE	8,166.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WELLESLEY COLLEGE, WELLESLEY CENTERS FOR WOMEN 106 CENTRAL STREET WELLESLEY, MA 02481		PC	DIGITAL WELLBEING WORKSHOPS FOR GIRLS	15,000.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	BASIC HEALTH NEEDS - BEHAVIORAL HEALTH	75,000.
LATINO HEALTH INSURANCE PROGRAM, INC. 88 WAVERLY STREET, SUITE 150, 1ST FLOOR FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	50,000.
LATINO HEALTH INSURANCE PROGRAM, INC. 88 WAVERLY STREET, SUITE 150, 1ST FLOOR FRAMINGHAM, MA 01702		PC	BASIC HEALTH NEEDS - INSURANCE ENROLLMENT	50,000.
BETHANY HILL PLACE 89 BETHANY ROAD FRAMINGHAM, MA 01702		PC	UNITING HEALTH AND HOUSING WITH EXPANDED HEALTH AND WELLNESS CARE	12,500.
HUDSON HEALTH DEPARTMENT 78 MAIN STREET HUDSON, MA 01749		GOV	HOUSING NAVIGATOR PILOT PROPOSAL	15,000.
ADVOCATES, INC. 1881 WORCESTER ROAD FRAMINGHAM, MA 01701		PC	METROWEST CARE CONNECTION	247,430.
EDUCATION DEVELOPMENT CENTER, INC. 300 FIFTH AVENUE, SUITE 2010 WALTHAM, MA 02451		PC	2025 METROWEST ADOLESCENT HEALTH SURVEY	706,000.
<b>Total from continuation sheets .....</b>				

## Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

2023

Name <b>METROWEST HEALTH FOUNDATION, INC.</b>	Employer identification number <b>04-2121342</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....	1	148,601.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
c Credit for federal tax paid on fuels (see instructions) .....	2c	
d Total. Add lines 2a through 2c .....	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	148,601.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	29,209.
5 Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	29,209.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.  
 7  The corporation is using the annualized income installment method.  
 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9 02/15/24	03/15/24	06/15/24	09/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10 7,302.	66,998.	37,151.	37,150.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11 9,361.	26,617.	15,465.	86,555.
12 Enter amount, if any, from line 18 of the preceding column .....	12 2,059.			
13 Add lines 11 and 12 .....	13 28,676.	15,465.	86,555.	
14 Add amounts on lines 16 and 17 of the preceding column .....	14 38,322.	38,322.	60,008.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15 9,361.	28,676.	0.	26,547.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16 0.	22,857.		
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17 38,322.	37,151.	10,603.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18 2,059.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

**Part IV** Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19 .....	20			
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023 .....	21			
22 Underpayment on line 17 x <u>Number of days on line 21 x 7% (0.07)</u> 365 .....	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	23			
24 Underpayment on line 17 x <u>Number of days on line 23 x 7% (0.07)</u> 365 .....	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	25			
26 Underpayment on line 17 x <u>Number of days on line 25 x 8% (0.08)</u> 365 .....	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024 .....	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x <u>Number of days on line 27 x 8% (0.08)</u> 366 .....	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024 .....	29			
30 Underpayment on line 17 x <u>Number of days on line 29 x %</u> 366 .....	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024 .....	31			
32 Underpayment on line 17 x <u>Number of days on line 31 x %</u> 366 .....	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....	33			
34 Underpayment on line 17 x <u>Number of days on line 33 x %</u> 366 .....	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025 .....	35			
36 Underpayment on line 17 x <u>Number of days on line 35 x %</u> 365 .....	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	37 \$	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....			38 \$	2,320.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

**FORM 990-PF**  
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Penalty Due (Sum of Column F). ....

2,320.

\* Date of estimated tax payment, withholding credit date or installment due date.

## FORM 990-PF

## DIVIDENDS AND INTEREST FROM SECURITIES

## STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
SECURITIES	3,119,796.	0.	3,119,796.	3,119,796.	3,119,796.
TO PART I, LINE 4	3,119,796.	0.	3,119,796.	3,119,796.	3,119,796.

## FORM 990-PF

## LEGAL FEES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	534.	0.	0.	534.
TO FM 990-PF, PG 1, LN 16A	534.	0.	0.	534.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	53,838.	0.	0.	53,838.
TO FORM 990-PF, PG 1, LN 16B	53,838.	0.	0.	53,838.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	122,969.	85,463.	0.	37,506.
INVESTMENT FEES	763,455.	763,455.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	886,424.	848,918.	0.	37,506.

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX EXPENSE	444,958.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	444,958.	0.	0.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WEB & COMPUTER SUPPORT	86,564.	0.	0.	86,564.
INSURANCE	9,501.	0.	0.	9,501.
EQUIPMENT RENTAL	6,968.	0.	0.	6,968.
OFFICE SUPPLIES AND SUPPORT	126,722.	0.	0.	126,722.
TO FORM 990-PF, PG 1, LN 23	229,755.	0.	0.	229,755.

## FORM 990-PF

## OTHER INCREASES IN NET ASSETS OR FUND BALANCES

## STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	10,610,631.
GAIN ON BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	1,236,251.
CHANGE IN DEFERRED EXCISE TAXES	147,488.
TOTAL TO FORM 990-PF, PART III, LINE 3	11,994,370.

## FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 8

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US GOVERNMENT OBLIGATIONS -FIXED INCOME	X		6,723,576.	6,723,576.
TOTAL U.S. GOVERNMENT OBLIGATIONS			6,723,576.	6,723,576.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			6,723,576.	6,723,576.

## FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GLOBAL EQUITIES - EQUITIES	29,939,620.	29,939,620.
US EQUITIES - EQUITIES	26,254,922.	26,254,922.
TOTAL TO FORM 990-PF, PART II, LINE 10B	56,194,542.	56,194,542.

## FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CREDIT OBLIGATION - FIXED INCOME	FMV	8,346,015.	8,346,015.
BOND FUNDS - FIXED INCOME	FMV	2,989,981.	2,989,981.
HEDGE FUNDS - ALTERNATIVE	FMV		
INVESTMENTS		27,883,728.	27,883,728.
REAL ESTATE FUND - ALTERNATIVE	FMV		
INVESTMENTS		10,783,850.	10,783,850.
TOTAL TO FORM 990-PF, PART II, LINE 13		50,003,574.	50,003,574.

## FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FIXED ASSETS	153,949.	147,012.	6,937.
TOTAL TO FM 990-PF, PART II, LN 14	153,949.	147,012.	6,937.

## FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	7,104,287.	8,340,538.	8,340,538.
RIGHT-OF-USE ASSET - OPERATING	504,523.	404,426.	404,426.
TO FORM 990-PF, PART II, LINE 15	7,608,810.	8,744,964.	8,744,964.

## FORM 990-PF OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAXES	420,949.	578,593.
FUNDS HELD FOR OTHERS	1,401,406.	1,163,327.
OPERATING LEASE LIABILITY	522,052.	425,484.
TOTAL TO FORM 990-PF, PART II, LINE 22	2,344,407.	2,167,404.

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PHILLIP GONZALEZ 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	PRESIDENT/ CEO 40.00	(AS OF 02/24) 200,000.	1,904.	0.
MARTIN COHEN 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	PRESIDENT/ CEO 40.00	(UNTIL 02/24) 116,447.	79,205.	0.
ANNA CAROLLO CROSS 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	V.CHAIR(TIL 12/23)/CHAIR 5.00	(AS OF 12/23) 0.	0.	0.
WILLIAM GRAHAM 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	CHAIR (UNTIL 12/23) 5.00	0.	0.	0.
GILLIAN CARCIA 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	VICE CHAIR (AS OF 12/23) 5.00	0.	0.	0.
JOHN CORRON 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TREASURER 5.00	0.	0.	0.
CAROL GLOFF 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	CLERK 5.00	0.	0.	0.
LINO COVARRUBIAS 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
KATHLEEN HERRMAN 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
JAMES HICKS 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.

METROWEST HEALTH FOUNDATION, INC.04-2121342

MARI BARRERA 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
CLAIRE LEVESQUE 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
CHERYL AGLIO GIRELLI 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
PAULA KAMINOW 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
ROBERT SOUSA 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE 5.00	0.	0.	0.
WILLIAM IBERG 161 WORCESTER ROAD, SUITE 202 FRAMINGHAM, MA 01701	TRUSTEE (UNTIL 12/23) 5.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

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## ACTIVITY ONE

1. THE FOUNDATION PROVIDED EXTENSIVE LEADERSHIP, RESEARCH, DATA COLLECTION AND PROGRAM SUPPORT TO IMPROVE HEALTH AND HEALTH CARE SERVICES IN THE TWENTY-FIVE COMMUNITIES IN THE METROWEST REGION OF MASSACHUSETTS.
2. THE FOUNDATION AWARDED GRANTS TOTALING MORE THAN \$5.9 MILLION TO IMPROVE THE HEALTH OF METROWEST RESIDENTS. THESE GRANTS PROVIDED FUNDING TO NONPROFIT COMMUNITY ORGANIZATIONS AND MUNICIPAL GOVERNMENT AGENCIES TO SUPPORT A VARIETY OF PROGRAMS INCLUDING THOSE SERVING OLDER ADULTS, YOUTH AND SPECIAL POPULATIONS SUCH AS PEOPLE EXPERIENCING HOMELESS AND THOSE IMPACTED BY HEALTH INEQUITIES.
3. THE FOUNDATION PROVIDED \$210,000 IN SCHOLARSHIPS ENABLING 56 RESIDENTS TO PURSUE DEGREE PROGRAMS IN NURSING, MEDICINE, AND THE ALLIED HEALTH PROFESSIONS.
4. THE FOUNDATION SUPPORTED A VARIETY OF TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES TO IMPROVE HEALTH, WELLNESS AND ADDRESS RACIAL AND ETHNIC INEQUALITY IN THE REGION.

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

EXPENSES

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425,999.

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## EXPLANATION FOR REDUCTION CLAIMED FOR BLOCKAGE OR OTHER FACTORS

THE VALUE OF THE ASSET BEFORE THE REDUCTION CLAIMED ABOVE AS OF SEPTEMBER 30, 2024 WAS \$8,340,538. THE DISCOUNT CLAIMED IS 100% OF THE ASSET VALUE DUE TO CERTAIN RESTRICTIONS ON THE ASSET AS NOTED. THE FOUNDATION RECORDS ITS DESIGNATED INTEREST IN OUTSIDE PERPETUAL TRUSTS WHERE THE TRUSTEES DO NOT HAVE VARIANCE POWER. THE FOUNDATION COMPUTES ITS INTEREST BY MULTIPLYING ITS DESIGNATED INTEREST PERCENTAGE BY THE VALUE OF THE INVESTMENTS OF THE TRUST. THE TRUSTEES OF THE VARIOUS PERPETUAL TRUSTS RETAIN ALL DISCRETION OVER THE INVESTMENT AND DISTRIBUTION OF TRUST ASSETS. THE FOUNDATION CLAIMS A BLOCKAGE ASSOCIATED WITH THE FULL VALUE OF ITS INTEREST IN PERPETUAL TRUSTS. ASSETS DISTRIBUTED FROM THE TRUSTS ARE USED TO SATISFY PRIVATE FOUNDATION DISTRIBUTION REQUIREMENTS FOR EACH TRUST. AS SUCH, THE DISTRIBUTIONS MADE BY THE FOUNDATION FROM TRUST INCOME ARE ADJUSTED FROM THE FOUNDATION'S QUALIFYING DISTRIBUTIONS AS A DISTRIBUTION FROM CORPUS PURSUANT TO 53.4942(A)-3(D)(2).

COPY

FORM 990-PF

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

STATEMENT 17

METROWEST RECEIVED CONTRIBUTIONS FROM OTHER PRIVATE FOUNDATIONS AND DISTRIBUTED AN AMOUNT EQUAL IN VALUE TO THE CONTRIBUTIONS RECEIVED. AS SUCH METROWEST IS ELECTING TO DISTRIBUTE THE QUALIFYING DISTRIBUTIONS OUT OF CORPUS PURSUANT TO REGULATION 53.4942(A)-3(D)(2).

THE TRUST DISTRIBUTIONS INCLUDE THE FOLLOWING:

1. CHICKERING TRUST C/O MELLON BANK- \$444,906
2. CLARK TRUST C/O BANK OF AMERICA- \$18,228
3. SARAH WHITE TRUST C/O BANK OF AMERICA- \$13,543

COPY

FORM 990-PF

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

STATEMENT 18

## NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PHILLIP GONZALEZ, PRESIDENT, METROWEST HEALTH FOUNDATION  
161 WORCESTER ROAD, SUITE 202  
FRAMINGHAM, MA 01701

## TELEPHONE NUMBER

508-879-7625

## FORM AND CONTENT OF APPLICATIONS

APPLICATIONS MUST FOLLOW A STANDARD REQUEST FOR PROPOSALS THAT INCLUDES A DESCRIPTION OF THE UNMET HEALTH NEED TO BE ADDRESSED, PROGRAM GOALS AND OBJECTIVES, BUDGET, AND BUDGET NARRATIVE.

## ANY SUBMISSION DEADLINES

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

## RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS ARE LIMITED TO PROPOSALS THAT ADDRESS AN UNMET HEALTH NEED IN THE 25-TOWN AREA SERVED BY THE FOUNDATION. ELIGIBLE APPLICANTS ARE EITHER TAX-EXEMPT ORGANIZATIONS 501(C)(3) OR GOVERNMENTAL ENTITIES.

SEE THE FOUNDATION'S WEB SITE AT [WWW.MWHEALTH.ORG](http://WWW.MWHEALTH.ORG) FOR FURTHER INFORMATION.

## NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PHILLIP GONZALEZ, PRESIDENT, METROWEST HEALTH FOUNDATION  
161 WORCESTER ROAD, SUITE 202  
FRAMINGHAM, MA 01701

TELEPHONE NUMBER NAME OF GRANT PROGRAM

508-879-7625 SCHOLARSHIPS

## FORM AND CONTENT OF APPLICATIONS

COMPLETED CONFIDENTIAL SCHOLARSHIP APPLICATION FORM AND FEDERAL FINANCIAL AID FORM.

## ANY SUBMISSION DEADLINES

APPLICATIONS SHOULD BE SUBMITTED TO THE FOUNDATION OFFICE.

## RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE AVAILABLE FOR CERTAIN NURSING, MEDICAL AND CLINICAL PROGRAMS, AND ARE BASED ON FINANCIAL NEED, ACADEMIC PERFORMANCE, AND DEMONSTRATED MOTIVATION AND CHARACTER TO OBTAIN A FORMAL EDUCATION IN A NURSING, MEDICAL OR CLINICAL PROFESSION. SCHOLARSHIPS ARE LIMITED TO RESIDENTS OR EMPLOYEES OF TOWNS IN THE FOUNDATION'S SERVICE AREA.

APPLICANTS MUST COMPLETE A CONFIDENTIAL SCHOLARSHIP APPLICATION FORM AND SUBMIT ALL REQUIRED ATTACHMENTS TO THE FOUNDATION OFFICE. STUDENTS MUST ALSO COMPLETE A FEDERAL FINANCIAL AID FORM. APPLICATIONS ARE REVIEWED BY THE FOUNDATION'S SCHOLARSHIP COMMITTEE AS THEY ARE RECEIVED AND MAY BE SUBMITTED BETWEEN APRIL 15TH AND MAY 31ST AND OCTOBER 15TH AND NOVEMBER 30TH. SCHOLARSHIPS ARE AWARDED FOR TUITION FEES ONLY UP TO A MAXIMUM OF \$4,000.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FIXED ASSETS	VARIOUS	SL	.000	16	153,949.				153,949.	147,012.		0.	147,012.
	* TOTAL 990-PF PG 1 DEPR					153,949.				153,949.	147,012.		0.	147,012.

328111 04-01-23

(D) - Asset disposed

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