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GOVERNMENT COPY

MARCUM
ACCOUNTANTS ▲ ADVISORS

May 6, 2021

METROWEST NONPROFIT NETWORK, INC.
P.O. BOX 1661
FRAMINGHAM, MA 01701

METROWEST NONPROFIT NETWORK, INC.:

Enclosed are the original and one copy of the 2020 Exempt Organization returns, as follows...

2020 Form 990-EZ

2020 Massachusetts Form PC

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please call us at any time should you have any questions relating to your tax situation, business, financial or estate planning or any other financial matters. As a part of your advisory team, we will be happy to assist you.

Tax or Professional advice contained in or accompanying this document, unless otherwise specifically stated, is not intended or written to be used, and cannot be used, for the purpose of (I) avoiding penalties under the Internal Revenue code, or (II) promoting, marketing, or recommending to another party any transaction or matter that is contained in or accompanying this document. In addition, unless otherwise specifically stated, any advice provided shall not be deemed a formal tax opinion upon which the addressee can rely.

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the returns, please do not hesitate to call.

Sincerely,

Marcum LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

**FOR THE YEAR ENDING**

December 31, 2020

**Prepared For:**

METROWEST NONPROFIT NETWORK, INC.
P.O. BOX 1661
FRAMINGHAM, MA 01701

**Prepared By:**

**Amount Due or Refund:**

Not applicable

**Make Check Payable To:**

Not applicable

**Mail Tax Return and Check (if applicable) To:**

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

**Return Must be Mailed On or Before:**

May 17, 2021

**Special Instructions:**

The return should be signed and dated.

If your tax return(s) are being electronically filed, we cannot release them until we have your signed authorization(s). After reviewing your return(s) for accuracy and completeness, please sign and email your authorization(s) to 8879.Boston@marcumllp.com or fax to (617) 807-5001. Our mailing address is 53 State Street, 17th Floor Boston, MA 02109.

Form **990-EZ**

# Short Form
# 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/Form990EZ for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

**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
METROWEST NONPROFIT NETWORK, INC.

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 1661

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

**D Employer identification number**
27-2249040

**E** Telephone number
617-807-5014

**F** Group Exemption Number ▶

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

**H** Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** **Website:** ▶ WWW.METROWESTNONPROFIT.ORG

**J** **Tax-exempt status** (check only one) — ☒ 501(c)(3) ☐ 501(c) ( )◀(insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 132,337.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

| | | | | |
|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 112,337. |
| | 2 | Program service revenue including government fees and contracts | 2 | 20,000. |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory — 5a | | |
| | b | Less: cost or other basis and sales expenses — 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events: | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) — 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b | | |
| | c | Less: direct expenses from gaming and fundraising events — 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances — 7a | | |
| | b | Less: cost of goods sold — 7b | | |
| | c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe in Schedule O) | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 132,337. |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 47,810. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 13,644. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 1,100. |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 38,246. |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | 17 | 100,800. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | 31,537. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 42,153. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 73,690. |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ..... X

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 42,153. | 22 | 81,190. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) | | 24 | |
| 25 | **Total assets** | 42,153. | 25 | 81,190. |
| 26 | **Total liabilities** (describe in Schedule O) SEE SCHEDULE O | 0. | 26 | 7,500. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 42,153. | 27 | 73,690. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $ 69,400. ) If this amount includes foreign grants, check here ▶ ☐ 28a 76,765.

29

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 76,765.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ..... X

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| SARAH BALDIGA<br>PRESIDENT | 5.00 | 0. | 0. | 0. |
| REBECCA GALLO<br>VICE PRESIDENT | 5.00 | 0. | 0. | 0. |
| BRIAN ALLISON<br>TREASURER | 5.00 | 0. | 0. | 0. |
| MICHAEL SANDERS<br>CLERK | 5.00 | 0. | 0. | 0. |
| NANCY GAULIN<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| JOSEPH CORAZZINI<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| HEIDI EAGLES<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| KELSEY HAMPTON<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| SETH IZEN<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| MARIE BEAM<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| ANNA CROSS<br>EXECUTIVE DIRECTOR | 20.00 | 47,810. | 0. | 0. |
| CONSTANZA CABELLO<br>DIRECTOR | 1.00 | 0. | 0. | 0. |

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | X |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/A | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed ▶ MA | | | |
| 42a | The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 617-807-5014 Located at ▶ P.O. BOX 1661, FRAMINGHAM, MA ZIP + 4 ▶ 01701 | | | |
| b | 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | | X |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ | 42c | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | |

| | | Yes | No |
|---|---|---|---|
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |

## Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | Yes | No |
|---|---|---|---|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II | 47 | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ [X] Yes ☐ No

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

▶ ANNA CROSS, EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self- employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

**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**
METROWEST NONPROFIT NETWORK, INC.

**Employer identification number**
27-2249040

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**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.") | | | | | | |
| 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 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

## 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 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 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 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) ..... 12

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 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 %

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

## 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.") | 34,180. | 43,260. | 42,648. | 75,391. | 112,337. | 307,816. |
| 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 | 7,240. | 10,175. | 3,000. | 17,573. | 20,000. | 57,988. |
| 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 | 41,420. | 53,435. | 45,648. | 92,964. | 132,337. | 365,804. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | 20,000. | | | | | 20,000. |
| c Add lines 7a and 7b | 20,000. | | | | | 20,000. |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 345,804. |

### 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 | 41,420. | 53,435. | 45,648. | 92,964. | 132,337. | 365,804. |
| 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.) | 41,420. | 53,435. | 45,648. | 92,964. | 132,337. | 365,804. |

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** ▶ ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 94.53 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 91.39 % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f)) | 17 | .00 % |
| 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.* | 1 | | |
| 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).* | 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.* | 3a | | |
| 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.* | 3b | | |
| 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.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| 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.* | 4b | | |
| 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.* | 4c | | |
| 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).* | 5a | | |
| 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? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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.** | 6 | | |
| 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).* | 7 | | |
| 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).* | 8 | | |
| 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.** | 9a | | |
| 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.** | 9b | | |
| 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.** | 9c | | |
| 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.* | 10a | | |
| 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.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| **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? | **11a** | | |
| **b** | A family member of a person described in line 11a above? | **11b** | | |
| **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.** | **11c** | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **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.* | **1** | | |
| **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.* | **2** | | |

## Section C. Type II Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **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).* | **1** | | |

## Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **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? | **1** | | |
| **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).* | **2** | | |
| **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.* | **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).*

| | | | Yes | No |
|---|---|---|---|---|
| **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.* | **2a** | | |
| **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.* | **2b** | | |
| **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.** | **3a** | | |
| **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.* | **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 | **1** | |
| **2** | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** | Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** | Amounts paid to acquire exempt-use assets | **4** | |
| **5** | Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**) | **5** | |
| **6** | Other distributions (*describe in* **Part VI**). See instructions. | **6** | |
| **7** | **Total annual distributions.** Add lines 1 through 6. | **7** | |
| **8** | Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions. | **8** | |
| **9** | Distributable amount for 2020 from Section C, line 6 | **9** | |
| **10** | Line 8 amount divided by line 9 amount | **10** | |

| **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.)

# Schedule B
**(Form 990, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

**2020**

Name of the organization

METROWEST NONPROFIT NETWORK, INC.

**Employer identification number**

27-2249040

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☒ 501(c)( 3 ) (enter number) organization |
| | ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | ☐ 527 political organization |
| Form 990-PF | ☐ 501(c)(3) exempt private foundation |
| | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | ☐ 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: METROWEST NONPROFIT NETWORK, INC.

Employer identification number: 27-2249040

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | MIDDLESEX SAVINGS BANK CHARITABLE FOUNDATION<br>P.O. BOX 5210<br>WESTBOROUGH, MA 01581 | $ 34,400. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 2 | THE BOSTON FOUNDATION<br>75 ARLINGTON STREET, 3RD FLOOR<br>BOSTON, MA 02116 | $ 32,572. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 3 | STATE OF MASSACHUSETTS<br>OFFICE OF THE COMPTROLLER, 9TH FLOOR, ONE ASHBURN PLACE<br>BOSTON, MA 02108 | $ 12,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 4 | METROWEST HEALTH FOUNDATION<br>161 WORCESTER ROAD<br>FRAMINGHAM, MA 01701 | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 5 | SUDBURY FOUNDATION<br>326 CONCORD ROAD<br>SUDBURY, MA 01776 | $ 12,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization: METROWEST NONPROFIT NETWORK, INC.

Employer identification number: 27-2249040

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |

Name of organization

METROWEST NONPROFIT NETWORK, INC.

Employer identification number

27-2249040

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**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
METROWEST NONPROFIT NETWORK, INC.

**Employer identification number**
27-2249040

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|---|---|
| MEETINGS | 20. |
| MEMBERSHIPS | 204. |
| FILING FEES | 53. |
| WEBSITE DESIGN | 360. |
| LIABILITY INSURANCE | 590. |
| GENERAL MARKETING | 625. |
| PAY PAL FEES | 162. |
| PAYROLL TAXES & FEES | 4,651. |
| CONTRIBUTION EXPENSE | 30,944. |
| OFFICE EXPENSES | 637. |
| TOTAL TO FORM 990-EZ, LINE 16 | 38,246. |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| PPP LOAN | 0. | 7,500. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO STRENGTHEN NONPROFIT ORGANIZATIONS BY IMPROVING COMMUNICATION, SHARING IDEAS AND INFORMATION AND PROVIDING EXPERTISE ON TOPICS OF MUTUAL INTEREST.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

DUE TO THE 2020 COVID-19 PANDEMIC IN PERSON EVENTS WERE CANCELLED AND ALL OF MWNN'S PROGRAMMING WAS MOVED TO AN ONLINE FORMAT. MWNN CONTINUED TO SERVE METROWEST

Name of the organization: METROWEST NONPROFIT NETWORK, INC.

Employer identification number: 27-2249040

NON-PROFIT PROFESSIONALS BY INCREASING ITS ONLINE PRESENCE AND DELIVERING A WEEKLY LUNCH AND LEARN SERIES, A MONTHLY AFFINITY GROUP FOR EXECUTIVE DIRECTORS. MWNN PROVIDED TECHNICAL ASSISTANCE, AND RESOURCE AND REFERRAL SERVICES TO LOCAL NONPROFITS PARTICULARY IN THE AREA OF CRISES MANAGEMENT. MWNN PIVOTED ITS WORK TO SUPPORT PANDEMIC NEEDS BY FACILITATING AND COORDINATING EFFORTS WITH MUNICIPAL, NONPROFIT AND COMMUNITY AGENCIES TO DELIVER BASIC NEEDS IN THE AREAS OF FOOD INSECURITY AND EMERGENCY RESPONSE SERVICES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization
METROWEST NONPROFIT NETWORK, INC.

Employer identification number
27-2249040

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| MATTHEW PARADISE<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| SARA MCCABE<br>DIRECTOR | 1.00 | 0. | 0. | 0. |

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

**FOR THE YEAR ENDING**

December 31, 2020

**Prepared For:**

METROWEST NONPROFIT NETWORK, INC.
P.O. BOX 1661
FRAMINGHAM, MA 01701

**Prepared By:**

**Amount of Tax:**

Balance due of $70

**Make Check Payable To:**

Not applicable

**Mail Tax Return To:**

Non-Profit Org/Public Charities Div
Office of the Attorney General
One Ashburton Place
Boston, MA 02108

**Return Must Be Mailed On Or Before:**

May 17, 2021

**Special Instructions:**

The report should be signed and dated by an authorized individual(s).

Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:

https://www.paybill.com/maagocharities

All the necessary attachments should be included with Form PC before filing.

Office Use Only: Fiscal Year

# THE COMMONWEALTH OF MASSACHUSETTS
## OFFICE OF THE ATTORNEY GENERAL
## NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
## ONE ASHBURTON PLACE
## BOSTON, MASSACHUSETTS 02108

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

## Form PC

**Report for the Fiscal Period:** 01/01/20 **to** 12/31/20

**AG Account #:** 051909 **Federal ID #:** 27-2249040

**Electronic Payment Confirmation #:** _____

*Attach printout of electronic payment confirmation.*

**Electronic Payment Date:** _____

When did the organization first engage in charitable work in Massachusetts? 07/01/2010

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application **OR** date of determination letter: 02/04/2011

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [ ] Yes [X] No

**Check all items attached** *(if applicable)*

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

**Organization Data**

Name: METROWEST NONPROFIT NETWORK, INC.

Mailing Address: P.O. BOX 1661

City: FRAMINGHAM State: MA ZIP: 01701

Phone Number: 617-807-5014 Fax Number: _____

Email: INFO@METROWESTNONPROFIT.ORG Website: WWW.METROWESTNONPROFIT.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) | 9 | Organization Purpose Code 1 | 8 |
| Type of Organization (Table 2) | 23 | Organization Purpose Code 2 | 30 |

**Please check box if final return prior to dissolution:** [ ]

Office Use Only: **Payment Received**

*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? 07/01/2010

2. Where was the organization created? MASSACHUSETTS

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

| | | | |
|---|---|---|---|
| Corporation | X | Testamentary Trust | |
| Unincorporated Association | | Inter Vivos Trust | |

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 | 112,337. |
| B. | Gross support and revenue | 132,337. |
| C. | Program services and similar amounts paid out | 76,765. |
| D. | Fundraising expenses | 0. |
| E. | Management and general expenses | 0. |
| F. | Payments to affiliates | 0. |
| G. | Total expenses | 100,800. |
| H. | Net assets or fund balances at the end of the year | 73,690. |

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. | ANNA CROSS<br>EXECUTIVE DIRECTOR | 0.00 | 47,810. | 0. | 0. |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

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

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. | NONE | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

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

| Bank | Address | Phone Number |
|---|---|---|
| MIDDLESEX SAVINGS BANK | 598 WORCESTER RD., FRAMINGHAM, MA 01702 | 508-935-2970 |
| AVIDIA BANK | 42 MAIN ST., HUDSON, MA 01749 | 800-508-2265 |
| | | |

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: 665 FRANKLIN STREET, UPPER LEVEL

City: FRAMINGHAM State: MA ZIP Code: 01702

12. Contact Person Name: BRIAN ALLISON

Street Address: P.O.BOX 1661

City: FRAMINGHAM State: MA ZIP Code: 01701

Phone Number: 508-494-5721

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.

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

STATEMENT 1

18. Attach a list of names, 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.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☒ No

*If yes 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.*

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

| NAME AND ADDRESS | TITLE |
|---|---|
| SARAH BALDIGA<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | PRESIDENT |
| REBECCA GALLO<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | VICE PRESIDENT |
| BRIAN ALLISON<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | TREASURER |
| MICHAEL SANDERS<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | CLERK |
| NANCY GAULIN<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| JOSEPH CORAZZINI<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| HEIDI EAGLES<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| KELSEY HAMPTON<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| SETH IZEN<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| MARIE BEAM<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| ANNA CROSS<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | EXECUTIVE DIRECTOR |

| | |
|---|---|
| CONSTANZA CABELLO<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| MATTHEW PARADISE<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |
| SARA MCCABE<br>P.O. BOX 1661<br>FRAMINGHAM, MA 01701 | DIRECTOR |

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.*

| | **During the year:** | | |
|---|---|---|---|
| A. | Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party? | ☐ Yes | ☒ No |
| B. | Has your organization leased assets to or leased assets from a related party? | ☐ Yes | ☒ No |
| C. | Has your organization been indebted to a related party? | ☐ Yes | ☒ No |
| D. | Has your organization allowed a related party to be indebted to it? | ☐ Yes | ☒ No |
| E. | Has your organization made or held an investment in a related party? | ☐ Yes | ☒ No |
| F. | Has your organization furnished goods, services, or facilities to a related party? | ☐ Yes | ☒ No |
| G. | Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return? | ☐ Yes | ☒ No |
| H. | Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party? | ☐ Yes | ☒ No |
| I. | Has your organization transferred income or assets to or for use by a related party? | ☐ Yes | ☒ 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? | ☐ Yes | ☒ 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? | ☐ Yes | ☒ No |
| L. | Is any property of the organization held in the name of or commingled with the property of any other person or organization? | ☐ Yes | ☒ 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? | ☐ Yes | ☒ 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: ANNA CROSS

Title: EXECUTIVE DIRECTOR

Name of Preparer: _____

Address _____

City _____ State _____ ZIP Code _____

Phone Number _____

## 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 | X | Via the Internet | X |
| Door-to-door | | Raffle, beano, bingo or gaming event | |
| Entertainment event | | Sale of goods other than by telephone | |
| Telemarketing without sale of goods or ads | | Individual Mailings | X |
| Telemarketing with sale of goods | | Corporate solicitations | X |
| Telemarketing with sale of ads | | Grant Proposals | X |

☐ Other *(specify)*: _____

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

| | | | |
|---|---|---|---|
| Professional solicitor* | | Own employees | X |
| Professional fundraising counsel* | | Volunteers | X |
| Commercial co-venturer* | | | |

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

**Schedule A-1 ctd.**

**Solicitation Activities During Fiscal Year Covered By This Report**

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

Name and Title: SARAH BALDIGA, PRESIDENT

Address P.O. BOX 1661

City FRAMINGHAM State MA ZIP Code 01701

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

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

Name and Title: BRIAN ALLISON, TREASURER

Address P.O. BOX 1661

City FRAMINGHAM State MA ZIP Code 01701

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

## 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 | X | Via the Internet | X |
| Door-to-door | | Raffle, beano, bingo or gaming event | |
| Entertainment event | | Sale of goods other than by telephone | |
| Telemarketing without sale of goods or ads | | Individual Mailings | X |
| Telemarketing with sale of goods | | Corporate solicitations | X |
| Telemarketing with sale of ads | | Grant Proposals | X |

☐ Other *(specify)*: _____

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

| | | | |
|---|---|---|---|
| Professional solicitor* | | Own employees | X |
| Professional fundraising counsel* | | Volunteers | X |
| Commercial co-venturer* | | | |

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

**Schedule A-2 ctd.**

**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

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

Name and Title: SARAH BALDIGA, PRESIDENT

Address P.O. BOX 1661

City FRAMINGHAM State MA ZIP Code 01701

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

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

Name and Title: BRIAN ALLISON, TREASURER

Address P.O.BOX 1661

City FRAMINGHAM State MA ZIP Code 01701

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

## 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: ANNA CROSS

Title: EXECUTIVE DIRECTOR

Signature: _____ Date: _____

Printed Name: _____

Title: _____

## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. ( *If you have more than five Related Organizations, please attach a list.*)

| Name: | | Primary purpose or activity: | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| Name: | | Primary purpose or activity: | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| Name: | | Primary purpose or activity: | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| Name: | | Primary purpose or activity: | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| Name: | | Primary purpose or activity: | | |
|---|---|---|---|---|
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

## Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation ( *see instructions*). Use additional lines below to itemize by compensation source.

| Name: | | Title: | |
|---|---|---|---|
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| Name: | | Title: | |
|---|---|---|---|
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| Name: | | Title: | |
|---|---|---|---|
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| Name: | | Title: | |
|---|---|---|---|
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| Name: | | Title: | |
|---|---|---|---|
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? ☐ Yes ☒ No

Form **990-EZ**

# Short Form
# 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/Form990EZ for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

**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
METROWEST NONPROFIT NETWORK, INC.

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 1661

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

**D Employer identification number**
27-2249040

**E** Telephone number
617-807-5014

**F** Group Exemption Number ▶

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

**H** Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** **Website:** ▶ WWW.METROWESTNONPROFIT.ORG

**J** **Tax-exempt status** (check only one) — ☒ 501(c)(3) ☐ 501(c) ( )◀(insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 132,337.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 112,337. |
| | 2 | Program service revenue including government fees and contracts | | 2 | 20,000. |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events: | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe in Schedule O) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | 9 | 132,337. |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 47,810. |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 13,644. |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 1,100. |
| | 15 | Printing, publications, postage, and shipping | | 15 | |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | | 16 | 38,246. |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 100,800. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | 18 | 31,537. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 42,153. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | 0. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | 21 | 73,690. |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ..... X

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 42,153. | 22 | 81,190. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) | | 24 | |
| 25 | **Total assets** | 42,153. | 25 | 81,190. |
| 26 | **Total liabilities** (describe in Schedule O) SEE SCHEDULE O | 0. | 26 | 7,500. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 42,153. | 27 | 73,690. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $ 69,400. ) If this amount includes foreign grants, check here ▶ ☐ 28a 76,765.

29

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 76,765.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ..... X

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| SARAH BALDIGA<br>PRESIDENT | 5.00 | 0. | 0. | 0. |
| REBECCA GALLO<br>VICE PRESIDENT | 5.00 | 0. | 0. | 0. |
| BRIAN ALLISON<br>TREASURER | 5.00 | 0. | 0. | 0. |
| MICHAEL SANDERS<br>CLERK | 5.00 | 0. | 0. | 0. |
| NANCY GAULIN<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| JOSEPH CORAZZINI<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| HEIDI EAGLES<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| KELSEY HAMPTON<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| SETH IZEN<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| MARIE BEAM<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| ANNA CROSS<br>EXECUTIVE DIRECTOR | 20.00 | 47,810. | 0. | 0. |
| CONSTANZA CABELLO<br>DIRECTOR | 1.00 | 0. | 0. | 0. |

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | X |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/A | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed ▶ MA | | | |
| 42a | The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 617-807-5014 Located at ▶ P.O. BOX 1661, FRAMINGHAM, MA ZIP + 4 ▶ 01701 | | | |
| b | 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | | X |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ | 42c | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | |

| | | Yes | No |
|---|---|---|---|
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |

## Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | Yes | No |
|---|---|---|---|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II | 47 | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ [X] Yes ☐ No

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

▶ ANNA CROSS, EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self- employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

**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**
METROWEST NONPROFIT NETWORK, INC.

**Employer identification number**
27-2249040

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**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.") | | | | | | |
| 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 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

## 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 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 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 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) ..... 12

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 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 %

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

## 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.") | 34,180. | 43,260. | 42,648. | 75,391. | 112,337. | 307,816. |
| 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 | 7,240. | 10,175. | 3,000. | 17,573. | 20,000. | 57,988. |
| 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 | 41,420. | 53,435. | 45,648. | 92,964. | 132,337. | 365,804. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | 20,000. | | | | | 20,000. |
| c Add lines 7a and 7b | 20,000. | | | | | 20,000. |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 345,804. |

### 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 | 41,420. | 53,435. | 45,648. | 92,964. | 132,337. | 365,804. |
| 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.) | 41,420. | 53,435. | 45,648. | 92,964. | 132,337. | 365,804. |

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** ▶ ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 94.53 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 91.39 % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f)) | 17 | .00 % |
| 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.* | 1 | | |
| 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).* | 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.* | 3a | | |
| 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.* | 3b | | |
| 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.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| 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.* | 4b | | |
| 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.* | 4c | | |
| 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).* | 5a | | |
| 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? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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.** | 6 | | |
| 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).* | 7 | | |
| 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).* | 8 | | |
| 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.** | 9a | | |
| 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.** | 9b | | |
| 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.** | 9c | | |
| 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.* | 10a | | |
| 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.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | Yes | No |
|---|---|---|---|
| **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? | **11a** | |
| **b** | A family member of a person described in line 11a above? | **11b** | |
| **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.** | **11c** | |

**Section B. Type I Supporting Organizations**

| | | Yes | No |
|---|---|---|---|
| **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.* | **1** | |
| **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.* | **2** | |

**Section C. Type II Supporting Organizations**

| | | Yes | No |
|---|---|---|---|
| **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).* | **1** | |

**Section D. All Type III Supporting Organizations**

| | | Yes | No |
|---|---|---|---|
| **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? | **1** | |
| **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).* | **2** | |
| **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.* | **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).*

| | | Yes | No |
|---|---|---|---|
| **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.* | **2a** | |
| **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.* | **2b** | |
| **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.** | **3a** | |
| **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.* | **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 | **1** | |
| **2** | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** | Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** | Amounts paid to acquire exempt-use assets | **4** | |
| **5** | Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**) | **5** | |
| **6** | Other distributions (*describe in* **Part VI**). See instructions. | **6** | |
| **7** | **Total annual distributions.** Add lines 1 through 6. | **7** | |
| **8** | Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions. | **8** | |
| **9** | Distributable amount for 2020 from Section C, line 6 | **9** | |
| **10** | Line 8 amount divided by line 9 amount | **10** | |

| **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.)

**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
METROWEST NONPROFIT NETWORK, INC.

**Employer identification number**
27-2249040

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|---|---|
| MEETINGS | 20. |
| MEMBERSHIPS | 204. |
| FILING FEES | 53. |
| WEBSITE DESIGN | 360. |
| LIABILITY INSURANCE | 590. |
| GENERAL MARKETING | 625. |
| PAY PAL FEES | 162. |
| PAYROLL TAXES & FEES | 4,651. |
| CONTRIBUTION EXPENSE | 30,944. |
| OFFICE EXPENSES | 637. |
| TOTAL TO FORM 990-EZ, LINE 16 | 38,246. |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| PPP LOAN | 0. | 7,500. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO STRENGTHEN NONPROFIT ORGANIZATIONS BY IMPROVING COMMUNICATION, SHARING IDEAS AND INFORMATION AND PROVIDING EXPERTISE ON TOPICS OF MUTUAL INTEREST.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

DUE TO THE 2020 COVID-19 PANDEMIC IN PERSON EVENTS WERE CANCELLED AND ALL OF MWNN'S PROGRAMMING WAS MOVED TO AN ONLINE FORMAT. MWNN CONTINUED TO SERVE METROWEST

Name of the organization: METROWEST NONPROFIT NETWORK, INC.

Employer identification number: 27-2249040

NON-PROFIT PROFESSIONALS BY INCREASING ITS ONLINE PRESENCE AND DELIVERING A WEEKLY LUNCH AND LEARN SERIES, A MONTHLY AFFINITY GROUP FOR EXECUTIVE DIRECTORS. MWNN PROVIDED TECHNICAL ASSISTANCE, AND RESOURCE AND REFERRAL SERVICES TO LOCAL NONPROFITS PARTICULARY IN THE AREA OF CRISES MANAGEMENT. MWNN PIVOTED ITS WORK TO SUPPORT PANDEMIC NEEDS BY FACILITATING AND COORDINATING EFFORTS WITH MUNICIPAL, NONPROFIT AND COMMUNITY AGENCIES TO DELIVER BASIC NEEDS IN THE AREAS OF FOOD INSECURITY AND EMERGENCY RESPONSE SERVICES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization
METROWEST NONPROFIT NETWORK, INC.

Employer identification number
27-2249040

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| MATTHEW PARADISE<br>DIRECTOR | 1.00 | 0. | 0. | 0. |
| SARA MCCABE<br>DIRECTOR | 1.00 | 0. | 0. | 0. |