

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2009** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FOUNDATION FOR METROWEST, INC. FORMERLY CROSSROADS COMMUNITY FOUNDATION	D Employer identification number 04-3266789
		Doing Business As	E Telephone number 508-647-2260
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 21 ELIOT STREET	G Gross receipts \$ 8,853,365.
		City or town, state or country, and ZIP + 4 NATICK, MA 01760	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: JUDY SALERNO SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.FOUNDATIONFORMETROWEST.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		L Year of formation: 1995	M State of legal domicile: MA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR METROWEST CONNECTS PHILANTHROPIC OPPORTUNITY WITH DEMONSTRATED NEED IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	48
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	697,785.	690,766.
	9 Program service revenue (Part VIII, line 2g)	17,235.	7,573.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<9,704.>	<493,648.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	705,316.	204,691.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000,621.	548,963.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	238,249.	258,482.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 194,487.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	212,010.	352,028.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,450,880.	1,159,473.	
19 Revenue less expenses. Subtract line 18 from line 12	<745,564.>	<954,782.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,410,591.	End of Year 8,915,180.
	21 Total liabilities (Part X, line 26)	697,394.	547,089.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,713,197.	8,368,091.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date		
	JUDY SALERNO, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ RICHARD B. DIONNE	Date 03/31/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ANSTISS & CO., P.C. 21 GEORGE STREET LOWELL, MA 01852	EIN ▶	Phone no. ▶ (978) 452-2500	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE FOUNDATION FOR METROWEST CONNECTS PHILANTHROPIC OPPORTUNITY WITH DEMONSTRATED NEED IN METROWEST. WE PROMOTE PHILANTHROPY IN THE REGION, HELP DONORS MAXIMIZE THE IMPACT OF THEIR LOCAL GIVING, SERVE AS A RESOURCE FOR LOCAL NON-PROFIT ORGANIZATIONS, AND ENHANCE THE

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 744,266. including grants of \$ 548,963.) (Revenue \$ 197,118.) TO ATTRACT FUNDS TO DISTRIBUTE GRANTS AND LOANS TO LOCAL AGENCIES BY CREATING AWARENESS AMONG COMMUNITY BUSINESSES AND THE GENERAL PUBLIC FOR CHARITABLE GIVING

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

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

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 744,266.

FOUNDATION FOR METROWEST, INC.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

FOUNDATION FOR METROWEST, INC.

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JUDY SALERNO - 508-647-2260**
21 ELLIOT STREET, NATICK, MA 01760

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT D. RANDS TRUSTEE	5.00	X					0.	0.	0.	
ROBERT B. BRACK TRUSTEE	5.00	X					0.	0.	0.	
LAURIE KRIGMAN TREASURER	5.00	X		X			0.	0.	0.	
JANET PATTILLO SECRETARY	5.00	X		X			0.	0.	0.	
WOOLSEY S. CONOVER TRUSTEE	5.00	X					0.	0.	0.	
KENNETH J. VACOVEC, ESQ. CHAIRMAN	5.00	X		X			0.	0.	0.	
KATHAN TRACY TRUSTEE	5.00	X					0.	0.	0.	
MARGARET RAMSEY TRUSTEE	5.00	X					0.	0.	0.	
KENNETH VONA VICE CHAIRMAN	5.00	X		X			0.	0.	0.	
PAMELA LESSER TRUSTEE	5.00	X					0.	0.	0.	
GARRY HOLMES TRUSTEE	5.00	X					0.	0.	0.	
JOHN STEIGER TRUSTEE	5.00	X					0.	0.	0.	
DEIRDRE MARTIN TRUSTEE	5.00	X					0.	0.	0.	
RUDMAN HAM TRUSTEE	5.00	X					0.	0.	0.	
JUDITH SALERNO EXECUTIVE DIRECTOR	20.00			X			95,000.	0.	8,751.	

FOUNDATION FOR METROWEST, INC.
FORMERLY CROSSROADS COMMUNITY FOUNDATION

Form 990 (2009)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	690,766.			
	g Noncash contributions included in lines 1a-1f: \$		136,337.			
	h Total. Add lines 1a-1f		690,766.			
	Program Service Revenue	2 a ADMINISTRATIVE FEE REV	Business Code 523000	7,573.	7,573.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			7,573.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		185,383.		185,383.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7969643.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	8648674.			
		c Gain or (loss)	<679031.>			
	d Net gain or (loss)		<679,031.>		<679,031.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		204,691.	7,573.	0.	<493,648.>	

932009
02-04-10

Form 990 (2009)

FOUNDATION FOR METROWEST, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	548,963.	548,963.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	103,751.		103,751.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	133,714.	97,714.	22,500.	13,500.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,520.	1,250.	169.	101.
9 Other employee benefits	353.	147.	186.	20.
10 Payroll taxes	19,144.	7,973.	10,069.	1,102.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,310.		24,310.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,876.	66,876.		
g Other	33,595.		9,595.	24,000.
12 Advertising and promotion				
13 Office expenses	18,554.	5,222.	12,612.	720.
14 Information technology	6,459.			6,459.
15 Royalties				
16 Occupancy	40,200.	15,993.	21,997.	2,210.
17 Travel	308.	128.	162.	18.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,756.			4,756.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,312.		7,312.	
23 Insurance	2,482.		2,482.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DEVELOPMENT EXPENSES	121,120.			121,120.
b SPECIAL EVENTS	18,372.			18,372.
c MISCELLANEOUS	5,103.		5,103.	
d ANNUAL REPORT	2,109.			2,109.
e DUES & SUBSCRIPTIONS	412.		412.	
f All other expenses	60.		60.	
25 Total functional expenses. Add lines 1 through 24f	1,159,473.	744,266.	220,720.	194,487.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

FOUNDATION FOR METROWEST, INC.

FORMERLY CROSSROADS COMMUNITY FOUNDATION

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	42,032.	1	32,475.	
	2 Savings and temporary cash investments	1,587,396.	2	765,056.	
	3 Pledges and grants receivable, net	172,818.	3	103,187.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	7,415.	9	7,894.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,457.			
	b Less: accumulated depreciation	10b 50,139.	37,630.	10c 30,318.	
	11 Investments - publicly traded securities	6,563,300.	11	7,976,250.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,410,591.	16	8,915,180.		
Liabilities	17 Accounts payable and accrued expenses	12,665.	17	13,454.	
	18 Grants payable	5,000.	18	1,000.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	679,729.	25	532,635.	
	26 Total liabilities. Add lines 17 through 25	697,394.	26	547,089.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,977,136.	27	3,500,318.	
	28 Temporarily restricted net assets	2,624,186.	28	2,755,840.	
	29 Permanently restricted net assets	2,111,875.	29	2,111,933.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	7,713,197.	33	8,368,091.	
34 Total liabilities and net assets/fund balances	8,410,591.	34	8,915,180.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

FOUNDATION FOR METROWEST, INC.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2027888.	2714760.	1138709.	697,785.	690,766.	7269908.
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	2027888.	2714760.	1138709.	697,785.	690,766.	7269908.
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)						391,386.
6 Public support. Subtract line 5 from line 4.						6878522.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2027888.	2714760.	1138709.	697,785.	690,766.	7269908.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,909.	135,856.	224,247.	256,640.	185,383.	982,035.
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 IV.)						
11 Total support. Add lines 7 through 10						8251943.
12 Gross receipts from related activities, etc. (see instructions)					12	234,095.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	83.36	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	82.50	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **FOUNDATION FOR METROWEST, INC.**
FORMERLY CROSSROADS COMMUNITY FOUNDATION Employer identification number **04-3266789**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	48	
2 Aggregate contributions to (during year)	307,755.	
3 Aggregate grants from (during year)	249,083.	
4 Aggregate value at end of year	4,026,517.	

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,519,119.	4,695,884.			
b Contributions	65,612.	352,011.			
c Net investment earnings, gains, and losses	334,824.	<373,634.>			
d Grants or scholarships	145,732.	110,367.			
e Other expenditures for facilities and programs	27,961.	37,872.			
f Administrative expenses	5,355.	6,903.			
g End of year balance	4,740,507.	4,519,119.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 22.00 %
 - b Permanent endowment 44.00 %
 - c Term endowment 34.00 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		33,104.	8,000.	25,104.
d Equipment		45,672.	40,458.	5,214.
e Other		1,681.	1,681.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				30,318.

FOUNDATION FOR METROWEST, INC.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	204,691.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,159,473.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<954,782.>
4	Net unrealized gains (losses) on investments	4	1,609,676.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,609,676.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	654,894.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,888,458.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,609,676.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	74,091.
e	Add lines 2a through 2d	2e	1,683,767.
3	Subtract line 2e from line 1	3	204,691.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	204,691.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,233,564.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	74,091.
e	Add lines 2a through 2d	2e	74,091.
3	Subtract line 2e from line 1	3	1,159,473.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,159,473.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO BE

USED FOR MAKING GRANTS TO OTHER NON-PROFIT ORGANIZATIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMIN FEE EXPENSES NETTED AGAINST ADMIN FEE REVENUE

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ADMIN FEE EXPENSES NETTED AGAINST ADMIN FEE REVENUE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **FOUNDATION FOR METROWEST, INC.
FORMERLY CROSSROADS COMMUNITY FOUNDATION** Employer identification number **04-3266789**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PARISH WAYLAND 50 COCHITUATE ROAD, PO BOX 397 WAYLAND, MA 01778	04-2103733		7,000.	0.		GENERAL SUPPORT	OPERATING SUPPORT
MASSACHUSETTS COLLEGE OF ART FOUNDATION - 621 HUNTINGTON AVENUE - BOSTON, MA 02115	04-2742359	501(C)(3)	20,000.	0.		GENERAL SUPPORT	EDUCATIONAL SUPPORT
CONGREGATION DORSHEI TZEDEK 1326 WASHINGTON STREET WEST NEWTON, MA 02465	04-3124781		7,500.	0.			OPERATIONAL SUPPORT
FRAMINGHAM ADULT ESL PROGRAM FUND P.O. BOX 4860 FRAMINGHAM, MA 01704	04-2720385	501(C)(3)	29,330.	0.			TO SUPPORT FRAMINGHAM ADULT ESL PROGRAM
BOYS AND GIRLS CLUBS OF METROWEST, INC - 169 PLEASANT STREET - MARLBOROUGH, MA 01752	04-2387225	501(C)(3)	7,000.	0.			TO FUND AFTER SCHOOL TRANSPORTATION AND TEEN LEADERSHIP
NATICK COMMUNITY ORGANIC FARM 117 ELIOT STREET NATICK, MA 01760	04-2573248	501(C)(3)	27,567.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **39.**
- 3** Enter total number of other organizations ▶ **3.**

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

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

FOUNDATION FOR METROWEST, INC.
 FORMERLY CROSSROADS COMMUNITY FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTEES ARE REQUIRED TO REPORT GRANT PROGRAM RESULTS TO THE COMMUNITY FOUNDATION WITHIN EIGHT MONTHS OF RECEIVING THEIR GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES OF METROWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPLOYMENT, MEDICAL, HOUSING, HEATING, NUTRITION AND TRANSPORTATION SERVICES FOR LOW INCOME FAMILIES

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **FOUNDATION FOR METROWEST, INC.
FORMERLY CROSSROADS COMMUNITY FOUNDATION** Employer identification number
04-3266789

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES, INC 1 CLARKS HILL SUITE 305 FRAMINGHAM, MA 01702	23-7451423	501(C)(3)	20,544.	0.			GENERAL SUPPORT, EMERGENCY HOUSING, AND LEGAL SERVICES PROGRAM
EMPLOYMENT OPTIONS 82 BRIGHAM STREET MARLBOROUGH, MA 01752	23-7089596	501(C)(3)	10,000.	0.			CAPACITY BUILDING IN THE FURNISHING OPTIONS PROGRAM
METROWEST OUTREACH CONNECTION 87 EDGELL ROAD FRAMINGHAM, MA 01701	41-2117174	501(C)(3)	10,000.	0.			HOUSING ASSISTANCE
ADOLESCENT CONSULTATION SERVICES 40 THORNDIKE STREET CAMBRIDGE, MA 02141	04-3263996	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JEWISH FAMILY SERVICES OF METROWEST - 475 FRANKLIN STREET SUITE 101 - FRAMINGHAM, MA 01702	04-2730898	501(C)(3)	25,000.	0.			EMPLOYMENT, MEDICAL, HOUSING, HEATING, NUTRITION AND TRANSPORTATION SERVICES
PROGRAMS FOR PEOPLE 98 LINCOLN STREET FRAMINGHAM, MA 01702	04-2609789	501(C)(3)	12,500.	0.			CAPITAL EXPENDITURES AND GENERAL SUPPORT
COMMUNITY THERAPEUTIC DAY SCHOOL 187 SPRING STREET LEXINGTON, MA 02421	22-2725934	501(C)(3)	11,000.	0.			SIBLING PROGRAM
FRAMINGHAM HISTORY CENTER PO BOX 2032 FRAMINGHAM, MA 01703	04-6121840	501(C)(3)	5,000.	0.			SUPPORT FOR PART-TIME MUSEUM EDUCATOR

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Name of the organization **FOUNDATION FOR METROWEST, INC.
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04-3266789

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZING THINGS ART CENTER 160 HOLLIS STREET FRAMINGHAM, MA 01702	20-1332310	501(C)(3)	7,000.	0.			CAPITAL EXPENDITURES
CAMBRIDGE SCHOOL OF WESTON GEORGIAN ROAD WESTON, MA 02493	04-2103964	501(C)(3)	25,000.	0.			DEVELOPMENT
CAMP STARFISH, INC 31 HEATH STREET JAMAICA PLAIN, MA 02130	04-3454511	501(C)(3)	5,000.	0.			TUITION ASSISTANCE FOR STUDENTS WITH SEVERE PSYCHOLOGICAL AND LEARNING DISABILITIES
COMMUNITIES UNITED, INC. 573-B WASHINGTON STREET NEWTON, MA 02458	04-2465684	501(C)(3)	6,000.	0.			PORTABLE LIBRARY FOR TEMPORARY HOUSING SHELTERS
COMPASS FOR KIDS 4 MILITIA DRIVE STE 7 LEXINGTON, MA 02421	04-3291813	501(C)(3)	10,000.	0.			COMMUNITY COLLEGE COLLABORATIVE PROGRAM
DECORDOVA SCULPTURE PARK AND MUSEUM - 51 SANDY POND ROAD - LINCOLN, MA 01773	04-2067315	501(C)(3)	5,000.	0.			SUPPORT FOR FREE FRIDAY NIGHT PROGRAM
THE DISCOVERY MUSEUMS 177 MAIN STREET ACTON, MA 01720	04-2741645	501(C)(3)	7,745.	0.			TEEN EDUCATION AND MUSEUM TRAINING PROGRAM
FAMILY TO FAMILY PROJECT 14 BEACON STREET STE 202 BOSTON, MA 02108	04-3206596	501(C)(3)	5,000.	0.			HOUSING ASSISTANCE

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

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Inspection**

Name of the organization **FOUNDATION FOR METROWEST, INC.
FORMERLY CROSSROADS COMMUNITY FOUNDATION** Employer identification number
04-3266789

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRAMINGHAM COURT MEDIATION SERVICES - 600 CONCORD STREET - FRAMINGHAM, MA 01702	04-2710084	501(C)(3)	10,000.	0.			FREE MEDIATION SERVICES
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	5,500.	0.			FUND STUDY OF ECOLOGICAL MANAGEMENT LAND USE, INVASIVE CONTROL, RESTORATION OF NATIVE
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	04-2281530	501(C)(3)	5,000.	0.			PROGRAMS FOR AT-RISK TEENS
MINUTEMAN SENIOR SERVICES 24 THIRD AVENUE BURLINGTON, MA 01803	04-2587212	501(C)(3)	5,000.	0.			ELDER ABUSE PREVENTION TRAINING
MORE THAN WORDS 376 MOODY STREET WALTHAM, MA 02453	04-2573248	501(C)(3)	27,567.	0.			CASE MANAGEMENT
NATICK VISITING NURSE ASSN 209 WEST CENTRAL STREET NATICK, MA 01760	04-2105918	501(C)(3)	7,500.	0.			TO PURCHASE WOUND CARE SUPPLIES
NEW ENGLAND WILD FLOWER SOCIETY 180 HEMENWAY ROAD FRAMINGHAM, MA 01701	04-2104768	501(C)(3)	10,000.	0.			FOR CREATION OF TWO MULTI-MEDIA TOURS FOR VISITORS
PROJECT JUST BECAUSE, INC. 45 SOUTH STREET UNIT G HOPKINTON, MA 01748	06-1728553	501(C)(3)	5,000.	0.			SUPPORT FOR FOOD FOR LOW INCOME FAMILIES PROGRAM

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **FOUNDATION FOR METROWEST, INC.
FORMERLY CROSSROADS COMMUNITY FOUNDATION** Employer identification number
04-3266789

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACH BEYOND DOMESTIC VIOLENCE PO BOX 540024 WALTHAM, MA 02454	04-2735449	501(C)(3)	8,500.	0.			GENERAL PROGRAM SUPPORT
REAGLE PLAYERS 617 LEXINGTON STREET WALTHAM, MA 02454	51-0213270	501(C)(3)	5,000.	0.			SUPPORT FOR ANNUAL PRODUCTION
RESILIENCY FOR LIFE FRAMINGHAM HIGH SCHOOL 225 A STREET FRAMINGHAM, MA 01701	04-3266789	501(C)(3)	5,000.	0.			SUPPORT SERVICES FOR AT-RISK STUDENTS
THE SECOND STEP, INC PO BOX 600213 NEWTONVILLE, MA 02460	22-2868513	501(C)(3)	5,000.	0.			COUNSELING FOR SURVIVORS OF DOMESTIC ABUSE
SOUTHBOROUGH OPEN LAND FOUNDATION, INC. - PO BOX 345 - SOUTHBOROUGH, MA 01772	22-3002718	501(C)(3)	7,000.	0.			STEWARDSHIP AND OUTREACH PROGRAM SUPPORT
SPRINGWELL, INC 125 WALNUT STREET WATERTOWN, MA 02472	04-2616064	501(C)(3)	5,000.	0.			MATERIALS AND TRAININGS FOR OUTREACH WORKERS
WALTHAM FIELDS COMMUNITY FARM 240 BEAVER ST WALTHAM, MA 02452	04-3261186	501(C)(3)	5,000.	0.			FREE FRESH PRODUCE STAND FOR LOW INCOME FAMILIES
WALTHAM LAND TRUST PO BOX 54-1120 WALTHAM, MA 02454	04-3492978	501(C)(3)	7,000.	0.			MAINTENANCE OF EXISTING TRAILS

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

Schedule I-1 (Form 990) 2009

Name of the organization **FOUNDATION FOR METROWEST, INC.
FORMERLY CROSSROADS COMMUNITY FOUNDATION** Employer identification number
04-3266789

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATCH, INC 517 MOODY STREET WALTHAM, MA 02453	22-2918528	501(C)(3)	10,000.	0.			ENGLISH LESSONS AND TUTORING PROGRAMS
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK - 1 FREDERICK ABBOTT WAY - FRAMINGHAM, MA 01701	04-2630450	501(C)(3)	7,500.	0.			EDUCATIONAL LIAISON FOR 60 HOMELESS STUDENTS
WELLESLEY COUNCIL ON AGING 219 WASHINGTON STREET WELLESLEY, MA 02482	04-2105815	501(C)(3)	20,000.	0.			VOLUNTEER SERVICES PROGRAM
WELLESLEY HEALTH DEPARTMENT 90 WASHINGTON STREET WELLESLEY, MA 02482			15,000.	0.			SUPPORT FOR THE MENTAL HEALTH STEERING COMMITTEE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS AUDUBON SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND STUDY OF ECOLOGICAL MANAGEMENT

LAND USE, INVASIVE CONTROL, RESTORATION OF NATIVE HABITAT

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **FOUNDATION FOR METROWEST, INC.
FORMERLY CROSSROADS COMMUNITY FOUNDATION**

Employer identification number
04-3266789

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	136,337.	QUOTED STOCK PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: STOCK CONTRIBUTIONS ARE SOLD BY INVESTMENT

MANAGERS IMMEDIATELY UPON NOTIFICATION OF RECEIPT THEN THEY ARE

REINVESTED IN ACCORDANCE WITH THE FOUNDATION'S INVESTMENT POLICY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	FOUNDATION FOR METROWEST, INC. FORMERLY CROSSROADS COMMUNITY FOUNDATION	Employer identification number	04-3266789
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

METROWEST WE PROMOTE PHILNTHROPY IN THE REGION, HELP DONORS MAXIMIZE
THE IMPACT OF THEIR LOCAL GIVING, SERVE AS A RESOURCE FOR LOCAL
NON-PROFIT ORGANIZATIONS, AND ENHANCE THE QUALITY OF LIFE FOR ALL OF
OUR CITIZENS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY OF LIFE FOR ALL OF OUR CITIZENS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE AUDIT
COMMITTEE WITH THE AUDITORS, THEN COPIES ARE PROVIDED TO ALL TRUSTEES FOR
REVIEW AT THE NEXT FULL BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST DISCLOSURES
MUST BE SIGNED BY ALL STAFF, TRUSTEES AND COMMITTEE MEMBERS, DISCLOSURES
ARE SENT TO ALL TRUSTEES AS PART OF THE ANNUAL AUDIT PROCESS, COMMITTEE
MEMBERS RECEIVE DISCLOSURES FOLLOWING THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMPENSATION IS
DETERMINED BASED ON: 360 PERFORMANCE REVIEW CONTAINING FEEDBACK FROM STAFF,
TRUSTEES AND INDEPENDENT PERSONS, REVIEW OF OTHER LOCAL COMMUNITY
FOUNDATION SALARIES

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORMS 990 AND
FORM 1023 ARE AVAILABLE ON THE ORGANIZATION'S WEB SITE, ON GUIDESTAR AND
UPON REQUEST AT THE ORGANIZATION'S OFFICE.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	FOUNDATION FOR METROWEST, INC. FORMERLY CROSSROADS COMMUNITY FOUNDATION	Employer identification number 04-3266789
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FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEB SITE.

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
	CONFERENCE ROOM											
3	DESK	052302	SL	7.00	16	1,681.			1,681.	1,601.		80.
	* 990 PAGE 10 TOTAL					1,681.		0.	1,681.	1,601.	0.	80.
	FURNITURE & FIXTUR											
	MACHINERY & EQUIPMENT											
1	FIMS SOFTWARE	070100	SL	5.00	17	24,975.			24,975.	24,975.		0.
	DELL COMPUTER FOR											
2	FRONT OFFICE	052302	SL	3.00	16	1,088.			1,088.	1,088.		0.
	TELEPHONE-AVAYA											
4	PARTNER	122904	SL	5.00	16	2,528.			2,528.	2,022.		506.
	LAN BEAR											
5	TECHNOLOGY'S NEW SE	122004	SL	5.00	16	3,989.			3,989.	3,191.		798.
	DELL OPTIPLEX GX520											
6	WORKSTATION WITH 1	120905	SL	5.00	16	1,080.			1,080.	666.		216.
	DELL OPTIPLEX GX520											
7	WORKSTATION WITH 1	120905	SL	5.00	16	1,065.			1,065.	657.		213.
	DELL LATITUDE D510											
8	NOTEBOOK	120905	SL	5.00	16	1,570.			1,570.	968.		314.
	DELL POWEREDGE											
9	SERVER	051807	SL	5.00	16	4,297.			4,297.	1,361.		859.
	DELL OPTIPLEX 320											
10	(3)	051807	SL	5.00	16	2,685.			2,685.	850.		537.
	DELL POWER CONNECT											
11	WIRELESS ACCESS	051807	SL	5.00	16	2,395.			2,395.	758.		479.
	* 990 PAGE 10 TOTAL					45,672.		0.	45,672.	36,536.	0.	3,922.
	MACHINERY & EQUIPM											
	MANAGEMENT AND											
	GENERAL											
	LEASEHOLD											
12	IMPROVEMENTS NEW OF	080607	SL	10.00	16	33,104.			33,104.	4,690.		3,310.
	* 990 PAGE 10 TOTAL					33,104.		0.	33,104.	4,690.	0.	3,310.
	MANAGEMENT AND GEN											

