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DLN: 93493125005030

Form **990**

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)

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Fort	he 2008 c	alendar yea	r, or tax year beginning 07-01-200	8 and ending 06-30-20	09					
Check	ıf applicable	Please	C Name of organization WORCESTER STATE FOUNDATION INC			D Employer iden	tification number			
Addres	s change	use IRS label or	Doing Business As			22-3248067 E Telephone number				
_ Name	change	print or type. See	Doing Business As							
Initial	return	Specific	Number and street (or P O box if mail	I is not delivered to street addi	ress) Room/suite	(508) 793-80				
– Temır	nation	Instruc- tions.	486 CHANDLER STREET			G Gross receipts	\$ 4,938,459			
- Amend	led return		City or town, state or country, and ZIP	· + 4						
– Applica	ation pending		WORCESTER, MA 01602							
		F Nar	L ne and address of Principal Officer	r		L				
			RD L SHERR		affiliat	s a group return f tes?	or ┌Yes ✔No			
			HANDLER STREET ESTER, MA 01602							
Tax-e	xempt status	•) (3) 4 (insert no)		` '	affiliates included	•			
			, (, , , , , , , , , , , , , , , , , ,	,		o," attach a list : p Exemption Num	See instructions)			
web	site: ► N/	А				z z z z z z z z z z z z z z z z z z z				
Type o	f organizatior	Corporat	ion trust association other		L Year of For	mation 1994 M S	tate of legal domicile MA			
/ F										
Dowl	T Cum									
Part		mary	e organization's mission or most s	ignificant activities						
	•		ON IS OPERATED FOR THE PUR		ETNANCTAL AT	D TO PROSPEC	TIVEAND			
			NTS OF WORCESTER STATE CO							
	LEGAL	ACTIVITI	ES FOR THE BENEFIT OF WORC	ESTER STATE COLLEGE	E AND ITS CO	NSTITUENCY				
<u> </u>	2 Check	this box 🖵	ıf the organization discontinued its	operations or disposed	of more than 2!	5% of its assets				
	3 Numbe	r of voting r	nembers of the governing body (Pa	art VI, line 1a)		3 _	39			
\$.	4 Numbe	r of ındeper	ndent voting members of the gover	nıng body (Part VI, lıne 1	.b) 	. 4 _	38			
<u> </u>	5 Total r	umber of er	nployees (Part V , line 2a)			5 _	0			
	6 Total n	umber of vo	olunteers (estimate if necessary)			6 _	39			
ŧ	7a Total g	ross unrela	ted business revenue from Part V l		7a	0				
	b Netun	related busi	ness taxable income from Form 99	90-T, line 34		7b	0			
				Prio	r Year	Current Year				
	8 Contr	ibutions and	d grants (Part VIII, line 1h)			1,300,034	910,012			
울 .	9 Progr	am service	revenue (Part VIII, line 2g)				0			
Bayenue 1			me (Part VIII, column (A), lines 3,		51,027	-1,375,588				
# ₁	1 Other	revenue (P	art VIII, column (A), lines 5, 6d, 8			-3,502				
1	2 Total	revenue—a	dd lines 8 through 11 (must equal	Part VIII, column (A), lı	ne					
	12)					1,351,061	-469,078			
1			ar amounts paid (Part IX, column (420,413	219,630			
1		•	or for members (Part IX, column (A	_		0				
8 1	5 Salar 10)	es, other co	ompensation, employee benefits (P	5-		0				
(전) (전) (조) (조) (조)	•	ssional fund	raising fees (Part IX, column (A),		0					
₹	b (Total	fundraising ex	penses, Part IX, column (D), line 25 0	,						
۳ ₁	•	_	(Part IX, column (A), lines 11a-11		342,225	714,290				
1		•	add lines 13–17 (must equal Part			762,638	933,920			
1		•	penses Subtract line 18 from line	, , , , , , , , , , , , , , , , , , , ,		588,423	-1,402,998			
		4/1			Beainni	ng of Year	End of Year			
9 E 2	O Total	assets (Pai	rt X, line 16)			14,040,948	11,832,440			
å₫ <u>~</u>			Part X, line 26)			1,042,215	856,686			
₹ <u> </u>		•	•	line 20			<u> </u>			
Part		nature Blo	d balances Subtract line 21 from	IIIIE 20		12,998,733	10,975,754			
rait			rjury, I declare that I have examined this	return including accompanyir	ng schedules and si	tatements and to th	e hest of my knowledge			
			correct, and complete Declaration of prep							
lease		***				04-28				
Sign	Sigi	nature of office	er		Date					
40-0		VARD L SHERF								
lere			ie and title							
lere		e or print nam		716palet 5						
lere	Prepare	r's L	a E King		Check If	Preparer's PTIN (S	ee Gen Inst)			
	Тур	r's L	a E Kıng	Date 2010-04-21	Check if self-empolyed	Preparer's PTIN (S	Gee Gen Inst)			
aid	Prepare signatu	r's Barbar			self-	, ,	iee Gen Inst)			
Paid Prepare	Prepare signatu Firm's r if self-e	r's Barbar	BOLLUS LYNCH LLP		self-	Preparer's PTIN (S	see Gen Inst)			
lere Paid Prepare Jse On	Prepare signatu Firm's r if self-e	Barbar e Barbar name (or yours			self-	, ,				

Part III Statement of Program Service Accomplishments (See the instructions.)

Total program service expenses \$	933,920	Must equal Part IX,	Line 25, column (B).	
(Expenses \$	including grants of	·) (Revenue \$)
(Code) (Expenses s	181,090	including grants of \$) (Revenue \$)
		including grants of \$ RCESTER STATE COLLEGE T) (Revenue \$ O SUPPORT THE LATION EDUCATIONAL) INSTITUTE
		including grants of \$ GE FOR SCHOLARSHIPS AW	219,630) (Revenue \$ 'ARDED)
		including grants of \$ STATE COLLEGE FOR EXPEN) (Revenue \$ ISES RELATED TO THE ADMINISTRATION) N BUILDING THEATER
Section 501(c)(3) and (4) organization	ons and 4947(a)(1) t	rusts are required to re	eport the amount of grants and a	
services?				Yes ✓ No
		changes in how it con	ducts any program	
Did the organization undertake any s the prior Form 990 or 990-EZ? .	ıgnıfıcant program se	rvices during the year		Yes ☑ No
THE WORCESTER STATE FOUNDATION, INC., I OF WSC'S EXCELLENCE, PROMOTING THE IMP AS AMBASSADORS FOR THE COLLEGE	IN CONJUNCTION WITH TH ORTANCE AND VITALITY O	HE OFFICE OF INSTITUTION F THE COLLEGE, RAISING P	AL ADVANCEMENT, IS RESPONSIBLE FO RIVATE GIFTS TO SUPPORT THE COLLE	R INCREASING AWARENESS GE'S MISSION, AND SERVING
	OF WSC'S EXCELLENCE, PROMOTING THE IMPAS AMBASSADORS FOR THE COLLEGE Did the organization undertake any s the prior Form 990 or 990-EZ? If "Yes," describe these new services Did the organization cease conductin services? Dif "Yes," describe these changes on S Describe the exempt purpose achiev Section 501 (c)(3) and (4) organization others, the total expenses, and rever (Code) (Expenses S FULLER THEATER RENOVATIONS PROVIDES SCHOLARSHIPS TRANSFER OF FUNDS TO WAS ALTINO EDUCATIONAL INSTITUTE AT WSC (Code) (Expenses S LATINO EDUCATIONAL INSTITUTE AT WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S LATINO EDUCATIONAL INSTITUTE AT WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (Code) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (Expenses S CHOLARSHIPS TRANSFER OF FUNDS TO WSC (CODE) (EXPENSES TO WSC (CODE) (EXPENSES TO WSC (CODE) (E	OF WSC'S EXCELLENCE, PROMOTING THE IMPORTANCE AND VITALITY OR AS AMBASSADORS FOR THE COLLEGE Did the organization undertake any significant program se the prior Form 990 or 990-EZ?	OF WSCS EXCELLENCE, PROMOTINE AS AMBASSADORS FOR THE COLLEGE Did the organization undertake any significant program services during the year the prior Form 990 or 990-EZ?	Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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>	15		No
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? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R.	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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	0			
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 t	o vend	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
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	0			
b	If at least one is reported in 2a, did the organization file all required federal employing		ax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50		
	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
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 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Regarding Prohibited			
	Tax Shelter Transaction?	•	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
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	, nrem	uums on a nersonal			
Ū	benefit contract?	. p.c		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the	эропэ	ornig organization, nave	8		Νο
	year?				1	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		Νο
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۰ ،		9b		Νο
10	Section 501(c)(7) organizations. Enter		1			
а	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					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources					
_	against amounts due or received from them)	11b				
12-	Section 4047(a)(1) non-exempt charitable tructs. In the average files Exempt 000 in		of Form 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	eu (// OIIII 1041'	ı∠d		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing Bo	dy and Management

			res	NO			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 39						
Ь	Enter the number of voting members that are independent 1b 38						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
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? .						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?						
6	6 Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
Ь	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N			
b	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?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or 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	11		Νο			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THOMAS M MCNAMARA 486 CHANDLER STREET WORCESTER, MA 01602 (508) 929-8033

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. Use Schedule J-2 if additional space is needed

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

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

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
						-				
				_						

Part VII Continued

			(C) Position (check all that apply)							(E)		(F)	
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of otl compensation from the organization related organization		f other sation :he on and ed
											t		
											#		
											\downarrow		
											$^{+}$		
											\pm		
											\pm		
											+		
1 h	Total							 		[ol	0		0
2	Total number of individuals (includin compensation from the organization)	g those ın 1	a) who i				re thar	า \$1	O0,000 in reportab	le			
												Yes	No
3	Did the organization list any former									sated employee			
4	on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is									n from the	3		No
4	organization and related organization												
_	individual			•	•	•		•			4		No
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes										5		No
Se	ection B. Independent Contra	ctors											
1	Complete this table for your five high \$100,000 of compensation from the			ndep	ende	ent	contra	ctor	rs that received mo	re than			
	•	(A) d business add							Des	(B) cription of services		Compe	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

					(5)	(5)	(0)	(5)
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
9. 92	1a	Federated camp	paigns 1a					514
Contributions, gifts, grants and other similar amounts	ь		es . 1b					
₽₽			ents 1c	72.202				
क्र #	d		ations 1d					
ਦੁੱਛੋ		Government grants						
統	e	_						
黄豆	f	similar amounts no	ns, gifts, grants, and 1f t included above	837,620				
急ぎ	g		butions included in					
<u> </u>	h		s 1a-1f)	.	910,012			
<u> </u>	⊢"-	Total (Add lines		1				
e E				Business Code				
Wen	2a							
22	Ь							
956	C							
SE E	d							
Ē	e							
Program Serwce Revenue	f	All other progra	m service revenue					
Ě	g	Total. Add lines	2a-2f	L				
	3		ome (including dividen					
			nounts)		253,282			253,282
	4	Income from inves	tment of tax-exempt bond	proceeds				
	5	Royalties						
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	` '	me or (loss)	•				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	3,738,795					
		assets other than inventory						
	ь	Less cost or	5,367,665					
		other basis and sales expenses						
	c	Gaın or (loss)	-1,628,870					
	d		s)		-1,628,870	-1,628,870		
Other Revenue	8a	of contributions See Part IV, lin Attach Schedule	uding ,370 reported on line 1c) e 18 <i>G if total exceeds</i>					
ď			a	72,392				
her	b		penses b	39,872	-3,502	-3,502		
ರ	c 9a		loss) from fundraising rom gaming activities	events F	-3,302	-3,302		
	94	See part IV, lın						
	ь		penses b					
	С		loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of go	a pods sold b					
	С	Miscellaneous	loss) from sales of inve	Business Code				
	11a	miscenaneous	Nevellue	Dusiliess Code				
	ь							
	C							
	d	All other revenu						
	12		11a-11d		-469,078	-1,632,372	0	253,282
	12	9c, 10c, and 11	Add lines 1h, 2g, 3, 4, .e	s, 6a, /a, 8c, ▶	-405,076	1,032,372		Form 990 (2008)

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).									
		1	plete columns (B)	(B), (C), and (E)). (D)				
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	219,630	219,630						
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								
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								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal	133	133						
c	Accounting	11,000	11,000						
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other								
L2	Advertising and promotion								
L3	Office expenses								
L4	Information technology								
L 5	Royalties								
L6	Occupancy								
L 7	Travel								
L8	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings								
20	Interest	46,376	46,376						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	25,490	25,490						
23	Insurance								
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)								
а	FULLER THEATER RENOVATI	500,000	500,000						
b	LATINO EDUCATIONAL INST	33,200	33,200						
c	PROPERTY ACQUISITION	32,410	32,410						
d	A cademic Support	30,307	30,307						
e	MISCELLANEOUS	28,774	28,774						
f	All other expenses	6,600	6,600						
25	Total functional expenses. Add lines 1 through 24f	933,920	933,920	0					
26	Joint Costs. Check 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								

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			103,826	1	353,548
	2	Savings and temporary cash investments			1,462,318	2	1,364,684
	3	Pledges and grants receivable, net		787,920	3	930,047	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		nployees or		5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
20	9	Prepaid expenses and deferred charges				9	
Assets	10a	Land, buildings, and equipment cost basis	10a	895,000			
•	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	25,490	895,000	10c	869,510
	11	Investments—publicly traded securities			10,229,660		7,868,115
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	f	235,304	12	150,733	
	13	Investments—program-related See Part IV, line 11 Complete Pa			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		326,920	15	295,803	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,040,948	16	11,832,440
	17	Accounts payable and accrued expenses .	17,628	17	4,138		
	18	Grants payable			18		
	19	Deferred revenue			19		
_	20	Tax-exempt bond liabilities			20		
<u>ē</u>	21	Escrow account liability				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L	•		22		
	23	Secured mortgages and notes payable to unrelated third parties		759,536	23	744,311	
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		265,051	25	108,237	
	26	Total liabilities. Add lines 17 through 25			1,042,215	26	856,686
seo		Organizations that follow SFAS 117, check here ▶ ↓ and complethrough 29, and lines 33 and 34.	ete line	es 27			
Balance	27	Unrestricted net assets			1,908,036	27	759,474
8 8	28	Temporarily restricted net assets			2,340,144	28	1,167,792
됟	29	Permanently restricted net assets		8,750,553	29	9,048,488	
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	ete				
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other fur			32		
Net	33	Total net assets or fund balances			12,998,733	33	10,975,754
_	34	Total liabilities and net assets/fund balances			14,040,948	34	11,832,440
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a					
b	b Were the organization's financial statements audited by an independent accountant?					
c	c If "Yes" to lines 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? 2c					
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?	За		Νo		
b	If "Yes," did the organization undergo the required audit or audits?	3b				

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As Filed Data -

DLN: 93493125005030

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

WORC	ESTER	STATE FOUNDA	ATION INC									
_									22-3248067			
	rt I			harity Status (to be con					Instruct	ions)		
	organiz			ation because it is (Please								
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	<u> </u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	ı		-	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter 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	Γ	A federal, s	state, or local go	overnment or governmental	unıt descr	ibed in Se	ct ion 170((b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross	
		receipts fro	om activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)										
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ	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 that describes the type of supporting organization and complete lines 11e through 11h										
			it describes the ype I b				nes lle t nally Integ		n d	□ Type	III - Other	
e	\vdash		• •	rtify that the organization is								
	,	•		agers and other than one or			•			•	•	
		section 50			•	, , ,	J				. , ,	
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organizatio <u>n,</u>	
_		check this		as the organization accepted	d any gift i	or contrib	ition from	any of the			ı	
g		following pe		as the organization accepted	u any gni	or continu		any or the	•			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	
h				nation about the organizatio			supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of	
		orted		(described on lines 1 - 9	_	ation in	_	nızatıon		ation in .	support?	
	O rgan	ıızatıon		above or IRC section (See Instructions)	col (i) l your go		in col (i supp) of your		rganized US?		
				(See Histractions)		nent?	յ Տարբ	,011.	"" ""	03,		
							No	Yes	No	1		
										-		

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	1 lille 3, 7, 01	o or Part 1.)				
	ıblic Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	1,229,727	1,762,435	1,010,159	1,300,034		837,620	6,139,975
	ınclude 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	1 220 727	1 762 125	1 010 150	1 200 024		027.620	C 120 07F
4	Total. Add line 1-3	1,229,727	1,762,435	1,010,159	1,300,034		837,620	6,139,975
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							702,608
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
_	(f)						-	
6	Public Support subtract line 5 from line 4							5,437,367
T	otal Support	1		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a)	2008	(f) Total
	A mounts from line 4	1,229,727	273,964	1,010,159	1,300,034	(0)	837,620	6,139,975
-		1,223,727	2/3,301	1,010,133	1,500,054		- 037,020	0,133,373
8	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar	220,348	273,964	341,801	307,052		253,282	1,396,447
	sources							
9	Net income from unrelated business							
9	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)							7,536,422
12	Gross receipts from related activities, etc	(See instructions	5)	·		12	1	
13	First Five Years. If the Form 990 is for the			l fourth or fifth	 		21	
13	organization, check this box and stop here	organization's in	st, second, tillic	i, iourtii, or iiitii	lax year as a st) I (C)(▶┌
	organization, eneck this box and stop here						'	- 1
Co	omputation of Public Support Perc	entage						_
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		72.150 %
15	Public Support Percentage for 2007 Sched		-		ŀ	15		68.790 %
	33 1/3% Test - 2008. If the organization did			md lima 4.4 in 22	1/20/		<u> </u>	66.790 %
104	and stop here. The organization qualifies as				1/3% of more,	lieck	tills box	▶ ▽
h	33 1/3% Test - 2007. If the organization did				5 is 33 1/3% or	more	chack th	•
	box and stop here. The organization qualifies				J 13 JJ 1/3/0 OI	111016	, check thi	` ▶□
17a	10% Facts and Circumstances Test - 2008.				16a or 16h a	nd lin	e 14 is 1∩	•
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							▶□
ь	10% Facts and Circumstances Test - 2007.							,
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							▶ □
18	Private Foundation. If the organization did		-	•			-	•
	instructions		•					▶ ┌

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975						
С	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						
12	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 fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15							
Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g						16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 22-3248067

Name: WORCESTER STATE FOUNDATION INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
(C) Position (check all that apply)					I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
STEPHEN J BOSTIC , DIRECTOR	2 00	Х						0	0	0
GEORGE H ALBRO , DIRECTOR	2 00	X						0	0	0
MARY KALEXANDER EDD , DIRECTOR	2 00	X						0	0	0
JANELLE C ASHLEY PHD , DIRECTOR	2 00	X						0	0	0
LEE J BEAUDOIN , DIRECTOR	2 00	Х						0	0	0
DAVID E BEDARD , PRESIDENT	2 00	Х		Х				0	0	0
KEITH E BLANCHETTE CP , DIRECTOR	2 00	×						0	0	0
JEAN M BORGATTI PHD , DIRECTOR	2 00	Х						0	0	0
JOHN P BRISSETTE , DIRECTOR	2 00	Х						0	0	0
JUDY L CARMODY PHD , DIRECTOR	2 00	Х						0	0	0
JILL C DAGILIS , DIRECTOR	2 00	Х						0	0	0
ANDREW DAVIS , DIRECTOR	2 00	Х						0	0	0
GENE J DEFEUDIS , DIRECTOR	2 00	Х						0	0	0
JAMES C GARVEY , DIRECTOR	2 00	Х						0	0	0
JAMES D GLICKMAN , DIRECTOR	2 00	Х						0	0	0
LILLIAN R GOODMAN EDD , DIRECTOR	2 00	Х						0	0	0
RICHARD R GREENE EDD , DIRECTOR	2 00	Х						0	0	0
KENNETH P HEEKIN , DIRECTOR	2 00	Х						0	0	0
GREGORY O HUNTER , DIRECTOR	2 00	Х						0	0	0
BRENDAN J KING ESQ , DIRECTOR	2 00	Х						0	0	0
CHARLOTTE Z KLEIN , DIRECTOR	2 00	Х						0	0	0
GEORGE P LEASCA , DIRECTOR	2 00	Х						0	0	0
PETER M MANTEGAZZA , DIRECTOR	2 00	Х						0	0	0
ROBERT K MCCANN , DIRECTOR	2 00	Х						0	0	0
HOWARD D MCGINN , DIRECTOR	2 00	Х						0	0	0
JANET WILSON MOORE ESQ , DIRECTOR	2 00	Х						0	0	0
VINCENT V NIERODA , DIRECTOR	2 00	Х						0	0	0
WILLIAM F O'NEIL EDD , DIRECTOR	2 00	Х						0	0	0
DAVID H QUIST EDD , DIRECTOR	2 00	Х						0	0	0
MARY C RITTER , VICE PRESIDENT	2 00	Х						0	0	0

Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Ada										
	Posit	(C tion (hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
GREGG H ROSEN , VICE PRESIDENT	2 00	Х						0	0	0
EDWARD L SHERR , TREASURER	2 00	Х		Х				0	0	0
ROBERT J SPAIN JR , DIRECTOR	2 00	X						0	0	0
GEORGE W TETLER III ES , DIRECTOR	2 00	Х						0	0	0
RICHARD E THOMAS , DIRECTOR	2 00	X						0	0	0
THOMAS M MCNAMARA , CLERK	2 00	Х						0	0	0
KATHLEEN M EICHELROTH , dIRECTOR	2 00	X						0	0	0
STEVEN J WARD , DIRECTOR	2 00	Х						0	0	0
CRAIG A BOVAIRD , DIRECTOR	2 00	Х						0	0	0
JULIE DVORKO PHD MB , DIRECTOR	2 00	Х						0	0	0
MONICA ESCOBAR LOWELL , DIRECTOR	2 00	X						0	0	0

Aggregate Grants from (during year)

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

3

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
WORCESTER STATE FOUNDATION INC

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
2 Aggregate Contributions to (during year)

A ggregate value at end of year

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

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Yes No

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

Pur	Purpose(s) of conservation easements held by the organization (check all that apply)									
	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area							
\sqcap	Protection of natural habitat	\vdash	Preservation of certified historic structure							
_										

Preservation of open space

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

Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year

2a

2b

2c

2d

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

4 Number of states where property subject to conservation easement is located **\rightarrow**

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year

7 A mount of expenses incurred in monitoring, inspecting, and enforcing 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 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.

La 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

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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

►\$

(ii) Assets included in Form 990, Part X

- \$

► \$

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

Cat No 52283D

Schedule D (Form 990) 2008

Par	Organizations Maintaining Co	llections of Art,	Hist	oric	<u>cal Treasur</u>	es, or Other	r Similar Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	e foll	owing that are	a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
ь	Scholarly research		e	Γ	Other				
с	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	how	they	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Pai	t IV Trust, Escrow and Custodial					nization answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an an		•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		iary f	for c	ontributions oi	r other assets r		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following table					_		
							A moı	ınt	
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 Fo		217					Yes	No
b	If "Yes," explain the arrangement in Part XIV				-1 11)/ 11 1 - 1	000 P-	1. 1. 4. 1 4.0		
Ра	rt V Endowment Funds. Complete	if the organization (a)Current Year		vere Prior `		orm 990, Par Years Back (d)		1 Four Ye	ears Back
1a	Beginning of year balance	9,522,066	(5)		(6)	rears back [(a)	Timee rears back (e	. , ,, o a., , ,	sars Back
ь	Contributions	297,935							
С	Investment earnings or losses	-1,586,659							
d	Grants or scholarships								
e	Other expenditures for facilities	-4,872							
_	and programs	45.464							
f	Administrative expenses	-45,164 8,181,306							
g	End of year balance	, ,							
2	Provide the estimated percentage of the yea								
а	Board designated or quasi-endowment 🕨	1 000 %							
Ь	Permanent endowment 🕨 99 000 %								
С	Term endowment ►								
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	ion th	hat a	re held and ac	Iministered for	the	Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organizatio						3b		
4	Describe in Part XIV the intended uses of th								
Pai	t VI Investments—Land, Buildings	s, and Equipment	t. Se	e F	<u>orm 990, Pa</u>	rt X, line 10.	<u> </u>	I	
	Description of investment) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land					194,000	•		194,000
b	Buildings					701,000	25,490		675,510
С	Leasehold improvements								
d	Equipment		•						
е	Other			1				1	

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

869,510

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
		000101011	your market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, II			(h) Poek velve
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
Charitable Gift Annuity	23,855		
FUNDS HELD FOR THE COLLEGE	4,000		
AGENCY FUNDS HELD	80,382		
	00,502		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	108,237		

Sche	dule D (Form 990) 2008		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-469,078
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	933,920
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,402,998
4	Net unrealized gains (losses) on investments	4	-611,602
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-8,379
9	Total adjustments (net) Add lines 4 - 8	9	-619,981
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,022,979
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	-1,049,187
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-580,109
3	Subtract line 2e from line 1	3	-469,078
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-469,078
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	973,792
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	39,872
3	Subtract line 2e from line 1	3	933,920
4	A mounts 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)		
C E	Add lines 4a and 4b	4c	933.920
5	rotarexpenses Add lines 3 and 4c. (Inis snould edual Form 990, Part 1, line 18)	5	1 933.920

Part XIV Supplemental Information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The Foundation's endowment consists of approximately 175 individual funds established by donor contributions for a variety of purposes. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed or legal restrictions. The Board of Directors has interpreted state law as allowing the utilization of appreciation on permanently restricted assets unless explicit donor stipulations specify how net appreciation must be used. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by state law. The Foundation has adopted investment and spending policies for its endowment assets that attempt to provide a predictable stream of funding for its programs while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board, the Foundation shall seek to invest the endowment funds in such a manner that the investments will provide a spendable return consistent with a long-term goal of preserving the funds in real terms. Actual returns in any given year may vary from this amount. To satisfy its long-term rate-of-return objectives, the Foundation has invested in debt and equity securities that target a diversified asset allocation that places a
Part XI, Line 8 - O ther Adjustme	nts	October of 2008 and continued until the end of the fiscal year NET UNREALIZED INVESTMENT LOSS ON BENEFICIAL INT IN CHARITABLE REM TRUSTS -8379
Part XII, Line 2d - O ther A djustments		NET UNREALIZED INVESTMENT LOSS ON BENEFICIAL INT IN CHARITABLE REM TRUSTS -8379 FUNDRAISING
		EXPENSES 39872

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DLN: 93493125005030

OMB No 1545-0047

2008

2008

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

	ne of the organization RCESTER STATE FOUNDAT	TON INC						Employer ider	ntification number
WUI	RCESTER STATE FOUNDAT	TON INC						22-3248067	
Pa	rt I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on an	swered "Yes" t	to Form	າ 990, Part IV	
1	Indicate whether the organ	<u> </u>						•	<u>,</u>
	Mail solicitations	ization raiseu iunus t	.iiiougii ai	•	e 🔽	-			
a					e l	Solicitation of r	-	-	
Ь	Email solicitations				T V	Solicitation of o		-	
_	Phone solicitations				g 🗸	Special fundrais	sing eve	nts	
d	In-person solicitations								
2a b	Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	Form 990, Part VII) t paid individuals or e	or entity entities (f	in connec undraisei	tion wirs) purs	th professional f uant to agreeme	undraisi ents und	ing activities? er which the fur	
	to be compensated at least	t \$5,000 by the orga	nization r	-01111 990	- [[]	ers are not requi	rea to c	ompiete this tai	one .
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	1	Gross receipts om activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No					
									
Tota	al			>					

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

Pai	111	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, II eipts greater than \$5	ne 18, or ,000.	report	:ed
			(a) Event #1 ALUMNI GOLF TOURNAMENT	(b) Event #2 BILODEAU GOLF TOURNAMENT	(c) O ther Events (total number)	(Add col	tal Eve (a) th	
4.			(event type)	(event type)				
₹	1	Gross receipts	74,285	34,477	7		10	8,762
Revenue	2	Less Charitable contributions	52,688	19,704	1		7.	2,392
	3	Gross revenue (line 1 minus line 2)	21,597	14,773	3		3	6,370
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
	6	Rent/Facility costs	24.507	40.27	-			
Direct E	7	Other direct expenses	21,597	18,27				9,872 9,872
	8	Direct expense summary Add line	es 4 through 7 ın column	(d)			J	9,072
	9	Net income summary Combine li						3,502
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or rep	orted mo	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
	1	Gross revenue						
s ee	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
_ □	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	│ Yes <u>%</u> │ No	┌──Yes% ┌──No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		
11		es the organization operate gaming a	activities with nonmamba	rs?				
12		the organization a grantor, beneficial					1	

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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OMB No 1545-0047

DLN: 93493125005030

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion Employer identification number

WORCESTER STATE FOUNDA	TIONINC					22-3248067	
1 Does the organization ma	aintain records to s d to award the grai	nts or assistance?	t of the grants or assista		gibility for the grants or as		ר Yes Γ
Part II Grants and Ot Form 990, Part I Part IV and Sch	her Assistance IV, line 21 for ar edule I-1 if addi	e to Governments by recipient that recitional space is	and Organizations erved more than \$5,0	in the United Sta 00. Check this box	tes. Complete if the oil if no one recipient rece	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					<u> </u>		
3 Enter total number of oth	er organizations .						•
For Paperwork Reduction Act Not	ice, see the Instruct	tions for Form 990.		Cat No 50055	P	Scl	nedule I (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS & AWARDS	172	219,630			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 SCHOLARSHIPS ARE AWARDED THROUGH THE SCHOLARSHIP COMMITTEE
1		

DLN: 93493125005030

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization **Employer identification number** WORCESTER STATE FOUNDATION INC 22-3248067 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (g)Written (e) In Approved from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? amount purpose committee? Τо From Yes No Yes Yes No **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (c)A mount of grant or type of assistance (a) Name of interested person and the organization

Part IV **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

		,	, , ,		
(a) Name of Interested person	(b) Relationship between interested person and the	between interested (c) A mount of person and the transaction		organi	naring of ization's inues?
	organization			Yes	No
GREGG ROSEN	BOARD MEMBER OF FOUNDATION & SOLE MEMBER OF GHR REAL ESTATE LLC	·	GREGG ROSEN, WHO IS A BOARD MEMBER OF THE FOUNDATION, IS THE SOLE MEMBER OF GHR REAL ESTATE, LLC, AN ORGANIZATION THAT THE FOUNDATION LEASES PROPERTY FROM		No

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DLN: 93493125005030

OMB No 1545-0047

2008

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Name of the organization
WORCESTER STATE FOUNDATION INC

Employer identification number

22-3248067

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d		OTHER PROGRAM SERVICES INCLUDING FACULTY & ACADEMIC SUPPORT Expenses \$ 181090 including grants of \$ 0 Revenue \$ 0

▶ Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FOUNDATION WILL HAVE THE AUDIT COMMITTEE CHAIR REVIEW THE DRAFT OF FORM 990 BEFORE IT IS FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE BOARD OF DIRECTORS REVIEWS THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY IN ORDER TO ENSURE THAT THE ORGANIZATION'S BOARD OF DIRECTORS, OFFICERS, AND EMPLOYEES ARE REGULARLY AND CONSISTENTLY MONITORING AND ENFORCING IT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE FOUNDATION DOES NOT HAVE EMPLOYEES ONLY VOLUNTEERS WHO ARE NOT COMPENSATED AS A RESULT, THE FOUNDATION DOES NOT HAVE A PROCESS FOR DETERMINING COMPENSATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
		THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THE COMMITTEE ALSO ASSUMES RESPONSIBILITY OF THE SELECTION OF AN INDEPENDENT ACCOUNTANT

DLN: 93493125005030

OMB No 1545-0047

Open to Public

Inspection

2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

WORCESTER STATE FOUNDATION INC					
Down Talentification of Dispersanded Futition				22-3248067	
Part I Identification of Disregarded Entities	1		T		T
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
WORCESTER STATE FOUNDATION REAL ESTATE LLC 486 CHANDLER STREET WORCESTER, MA 01602 26-2781572	real estate holding entity	МА	-103,589	908,887	WORCESTER STATE FOUNDATION INC
Part II Identification of Related Tax-Exempt Organiza	itions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public charity sta (if section 501(c))	tus Direct controlling (3)) entity
WORCESTER STATE COLLEGE 486 CHANDLER STREET WORCESTER, MA01602 04-2760551	PUBLIC INSTITUTION OF HIGHER LEARNING	МА	SECTION 115		

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V Transactions with Related O	rganizations
Note Complete line 1 if any entity is listed in	n Parte II III or IV

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with oi	ne or more related organizations listed in Parts II-IV?	,				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes		
c	Gift, grant, or capital contribution from other organization(s)			1c		No	
d	Loans or loan guarantees to or for other organization(s)			1d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
g	Purchase of assets from other organization(s)			1g		No	
h	Exchange of assets			1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	k Performance of services or membership or fundraising solicitations for other organization(s)						
ı	Performance of services or membership or fundraising solicitations by other organization			11		No	
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No	
n	Sharing of paid employees			1n		No	
o	Reimbursement paid to other organization for expenses			10		No	
р	Reimbursement paid by other organization for expenses			1р		No	
q	O ther transfer of cash or property to other organization(s)			1q		No	
r	O ther transfer of cash or property from other organization(s)			1r		No	
	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete this line, including covered relationships	and transaction thresholds				
_	(A)	(B)	(C)				
	Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)	WORCESTER STATE FOUNDATION REAL ESTATE LLC	В			50,000)	
(2)							
(3)							
(5)							
(4)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			