

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 01-0	1-2009 and ending 12-31-200	9		
		pplicable		C Name of organization	•		D Employer ide	entification number
☐ Add			Please use IRS	GREATER WORCESTER COMMU	JNITY foundation inc		04-257227	6
,			label or print or	Doing Business As			E Telephone nu	
_		_	type. See				(508) 755-	0980
Init			Specific Instruc-	Number and street (or P O box 370 MAIN STREET Suite 650	r if mail is not delivered to street addre	ss) Room/suite		
Ter	mınate	d	tions.	370 MAIN STREET Suite 030				,,,
☐ Am	ended	return		City or town, state or country,	and ZIP + 4		1	
┌ App	lication	n pending		WORCESTER, MA 016081738				
			F Nan	ne and address of principal o	officer	H(a) Ta ti		- f
			ann t lis	•			nis a group returi ates?	⊤Yes ▼No
			370 Ma					·
			worces	ter, MA 016081738		1 ' '	all affiliates includ	· · · · ·
	v ovor	npt status		(3) ◀ (insert no))/1) -			(see instructions)
<u> </u>	x-exem	ipt status	Je 501(c)	(3) ¬ (Insert no) 4947(a)(1) or 52/	H(c) Gro	up exemption nu	ımber 🟲
J W	ebsite	e: 🕨 www	v greaterwo	orcester org				
K Form	n of or	ganızatıon	Corporat	ion Trust Association Otl	ner 🏲	L Year of f	ormation 1975	1 State of legal domicile MA
_	rt I	Sumi		<u>, , , , , , , , , , , , , , , , , , , </u>			I	
	1		•	e organization's mission or i	nost significant activities			
		to enha	nce our cor	nmunity, now and in the futu	re, through philanthropic leader:	ship		
Ě								
Governance								
臺	2	Checkt	hıs box ►F	If the organization discont	inued its operations or disposed	of more than	25% of its net a	assets
ŝ	3		•		dy (Part VI, line 1a)			20
26	4		_		governing body (Part VI, line 11			20
Activities &	5			nployees (Part V, line 2a)		,		
Ē	_						_	
ទូ	6			lunteers (estimate if necess	• •		6	
-		_			art VIII, column (C), line 12	•		
	ь	Net unre	elated busi	ness taxable income from F	orm 990-1, line 34	<u> </u>		
Revenue							or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)			3,342,010	1,909,128
Ĕ	9	Progra	m service	revenue (Part VIII, line 2g)			7,023	3,691
3	10				nes 3, 4, and 7d)		-5,741,248	496,559
ш	11		-	art VIII, column (A), lines 5				0
	12				equal Part VIII, column (A), lın	e	-2,392,215	2,409,378
	12				umn (A), lines 1-3)		5,309,129	3,807,506
	13 14				ımn (A), line 4)		5,309,129	3,807,500
						_		
8	15	10)	es, other co	ompensation, employee bene	fits (Part IX, column (A), lines !	9-	869,328	892,380
Expenses	16a	•	sional fund	raising fees (Part IX, colum	n (A), line 11e)			0
ě	ь			enses (Part IX, column (D), line 2				
Ш	17			, , , , , , , , , , , , , , , , , , , ,	1a-11d, 11f-24f)		1,430,256	1,309,756
	18				al Part IX, column (A), line 25)		7,608,713	6,009,642
	19				n line 12		-10,000,928	-3,600,264
	19	Reven	ue iess exp	Jenses Subtract line 16 hor	ii iiiie 12	Basinnis	· · · · · ·	-3,600,264
Net Assets or Fund Balances						_	ng of Current Year	End of Year
9 cg	20	Totala	assets (Par	t X, line 16)			91,616,745	110,601,721
A B	21			Part X, line 26)			8,424,183	10,407,695
2E	22		,	d balances Subtract line 21			83,192,562	100,194,026
Par	t II		ature Blo				00,100,000	
		_			ned this return, including accompanying	schedules and	statements, and to t	the best of my knowledge
					of preparer (other than officer) is base			
Sign Here		****	*** ature of office	Nr.		2010 Date	-05-14	
11616	5	Jr Signe	ature or ornice	:1		Date		
		ann t	t lisi executiv or print nam	e director				
		F 'ype	. Or PHILL HAITI	c and tide				
		Preparer'		M MCCALL CPA		Check If self-	Preparer's identifications	
Paid		signature	F CARLA	TI TICCALL CITA		empolyed 🕨 🦵	, (See moracions	,
Prepa			me (or yours	ALEXANDER ARONSON FINNI	NG & CO PC	<u> </u>	ETAL M.	
Use (Only		nployed), and ZIP + 4	21 EAST MAIN STREET			EIN ►	
]					Phone no 🕨 (5	508) 366-9100
	ho ID	S discus	e this ratu	rn with the preparer shown a	bove? (see instructions)			▼ Yes
N > 1								

Form **990** (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

to enhance our community, now and in the future, through philanthropic leadership

2	•	on undertake any signific 0 or 990-EZ?		•		Yes ▽ No
	If "Yes," describe	these new services on Sc	hedule O			
3	Did the organization	on cease conducting, or r	nake sıgnıfıcaı	nt changes in how it co		Yes 🗸 No
	If "Yes," describe	these changes on Sched	ıle O			
4	Section 501(c)(3)		ions and secti	on 4947(a)(1) trusts a	largest program services by ex ire required to report the amount service reported	•
4a	(Code) (Expenses \$	1,994,936	ıncludıng grants of \$	1,351,983) (Revenue \$	945,294)
	donor advised and d endowments for spe		ly structured to e	nable the donor to suggest	specific grants from funds includes fun	ds established as
4b	(Code) (Expenses \$	2,898,864	ıncludıng grants of \$	1,964,581) (Revenue \$	1,512,862)
	discretionary and fiel charitable beneficiari		retionary funds h	ave no external restrictions	on their grant purpose field of interest	funds support a class of
4c	(Code) (Expenses \$	724,416	ıncludıng grants of \$	490,942) (Revenue \$	245,334)
	scholarships grantma	akıng awards are made to coll	eges to assist ind	ıvıdual students ın obtaınıng	an education	
	Other program s	ervices (Describe in Sch	adula O)			
-tu	(Expenses \$	•	edule O) uding grants o	f\$) (Revenue \$)
4e	Total program se	ervice expenses►\$	5,618,21	16		

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuneu	ociieuuie:

			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 similar funds or 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	Yes	
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		Νο
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? <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 U S ? If "Yes," complete Schedule F, Part III	16		No
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</i> "Yes," complete Schedule G, Part I	17		No
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? 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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 ((2009)

Part V	Statements	Regarding	Other II	RS 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			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.	Yes	
2a	gaming (gambling) winnings to prize winners?	1c	res	
	return			
Ь	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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	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)?	4a		No
Ь	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?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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?	5с		
ā	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?	6a		Νo
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
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			
l1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			

370 main street worcester, MA 01608 (508) 755-0980

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

Sa	ction A. Governing Body and Management					
	ction A. Governing body and Hanagement				Yes	No
					103	140
1a	Enter the number of voting members of the governing body	1a	20			
ь	Enter the number of voting members that are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its organizational documents sfiled?		•	4		No
5	Did the organization become aware during the year of a material diversion of the organization	nızətı	ion's assets?	5		No
6	Does the organization have members or stockholders?		1 1	6	Yes	110
7a	Does the organization have members, stockholders, or other persons who may elect		r more members of the		- 03	
	governing body?			7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockhold	•	•	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	idertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched			9		No
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	•		10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done	th the	policy? If "Yes,"	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 revi independent persons, comparability data, and contemporaneous substantiation of th	iew an	d approval by			
а	The organization's CEO, Executive Director, or top management official		beration and decision.	15a	Yes	
	Other officers or key employees of the organization			15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	-			. 00	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the org participation in joint venture arrangements under applicable federal tax law, and take					
	organization's exempt status with respect to such arrangements?			16b		
Se	ction 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 Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data	-	•			
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	e orga	nızatıor	n 🕨
	ann t lisi executive director					

Part VIII 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, and current key employees 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, 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I	(D) (E) Reportable Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page 8
1b	Total	0		14,754
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 2			-
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0		0.00	\(\frac{12.000}{2}\)
		F	orm 99 0	(20

Pairt V	****	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
\$\$	1a	Federated campaigns 1a					
医与	ь	Membership dues 1b					
ਙੂ	c	Fundraising events 1c					
% हिं							
ಕ್ಷಾ≣	d	Related organizations 1d					
ક્રો,≣	e	Government grants (contributions) 1e					
<u>`</u> ≧	f		909,128		İ		
돌		similar amounts not included above					
≣ਰ	g	Noncash contributions included in 24,979 lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	1,909,128			
O m		Total. Add filles 14-11		_,,			
<u> </u>		Business	Code				
E E	2a	Non profit support cen	900,099	2,754	2,754		
Şe,	ь	program related invest	900,099	787	787		
ă.	c	scholarship administra	900,099	150	150		
ž	d						
38							
Ē	e						
Program Serwce Revenue	f	All other program service revenue					
Ě	g	Total. Add lines 2a-2f	. 🕨	3,691			
	3	Investment income (including dividends, interest		, -			
		and other similar amounts)	▶	2,702,553			2,702,553
	4	Income from investment of tax-exempt bond proceeds	▶ ⊦				
	5	Royalties	` ▶ }				
		(i) Real (ii) Pers					
	6a	Gross Rents (1) Near (11) Ters	Onai				
	ь	Less rental					
	"	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	, -				
		(i) Securities (ii) O t	her				
-	7a	Gross amount 34,129,061					
		from sales of assets other					
	_	than inventory					
	Ь	Less cost or 36,335,055 other basis and					
		sales expenses Gain or (loss) -2,205,994					
	°		-	2 205 004			2 205 004
	d	Net gain or (loss)	.•	-2,205,994			-2,205,994
Other Revenue	8a	s of contributions reported on line 1c)					
άč		See Part IV, line 18					
<u> </u>							
₹	b c	Net income or (loss) from fundraising events .	. •				
~			• •				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances .					
	b	Less cost of goods sold b Net income or (loss) from sales of inventory .	•				
	С	Miscellaneous Revenue Business					
	11a	Priscendieous Revenue Business	Coue				
	Ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			- ▶				
	12	Total revenue. See Instructions	▶	2,409,378	3,691	0	496,559

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	Il other organizations must complete column (A) but are not required to		(B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 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 $$ See Part IV , line 21 $$	3,791,438	3,791,438		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,068	16,068		
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	250,409	175,286	45,074	30,049
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	486,912	340,839	87,644	58,429
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,992	16,094	4,139	2,759
9	Other employee benefits	74,780	52,346	13,460	8,974
10	Payroll taxes	57,287	40,101	10,312	6,874
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,412	1,096	80	1,236
С	Accounting	16,631	11,642	2,993	1,996
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	955,918	955,918		
g	Other	2,358	1,651	424	283
12	Advertising and promotion	19,696			19,696
13	Office expenses	6,066	4,358	1,025	683
14	Information technology	47,103	32,934	8,468	5,701
15	Royalties				
16	Occupancy	100,351	70,246	18,063	12,042
17	Travel	2,136	1,395	10	731
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,533	14,508	477	7,548
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,518	14,363	3,693	2,462
23	Insurance	5,294	3,706	953	635
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	program consulting and	39,746	39,746		
Ь		26,829	18,723	4,500	3,606
c	printing and publicatio	21,484	2,977	535	17,972
d	bank and other fees	11,468	7,886	2,027	1,555
e	POSTAGE AND SHIPPING	9,213	4,895	1,257	3,061
f	All other expenses			· ·	· ·
25	Total functional expenses. Add lines 1 through 24f	6,009,642	5,618,216	205,134	186,292
26	Joint costs. Check here ► ☐ 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	2,303,012	-,2,-20		

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			300,522	1	171,065
	2	Savings and temporary cash investments			9,562,793	2	4,622,492
	3	Pledges and grants receivable, net		11,735	3		
	4	Accounts receivable, net	132	4			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under so persons described in section 4958(c)(3)(B) Complete Part II o	4958(f)(1)) and				
		Schedule L		6			
Assets	7	Notes and loans receivable, net			16,188	7	13,487
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			36,327	9	34,320
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,294,321			
	ь	Less accumulated depreciation	10b	195,405	649,581	10c	1,098,916
	11	Investments—publicly traded securities			30,858,023	11	54,118,669
	12	Investments—other securities See Part IV, line 11		•	50,181,444	12	50,532,833
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15	9,939		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			91,616,745	16	110,601,721
	17	Accounts payable and accrued expenses .			58,623	17	67,824
	18	Grants payable			938,700	18	447,425
	19	Deferred revenue				19	
_	20	Tax-exempt bond liabilities				20	
- Se	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	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			7,426,860	25	9,892,446
	26	Total liabilities. Add lines 17 through 25			8,424,183	26	10,407,695
è		Organizations that follow SFAS 117, check here ▶	lete li	ines 27			
Balance	27	Unrestricted net assets			895,303	27	-1,084,217
- ES	28	Temporarily restricted net assets			5,635,580	28	23,523,193
	29	Permanently restricted net assets	76,661,679	29	77,755,050		
5		Organizations that do not follow SFAS 117, check here ▶ an	d com	plete			
or Fund		lines 30 through 34.					
	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 fu	nds			32	
ĕ	33	Total net assets or fund balances			83,192,562	33	100,194,026
_	34	Total liabilities and net assets/fund balances $\ \ . \ \ . \ \ .$			91,616,745	34	110,601,721

Part XI Financial Statements and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo		
b	b Were the organization's financial statements audited by an independent accountant?					
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
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					
	▼ Separate basis					
3а	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?	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				

Form **990** (2009)

Name of the organization GREATER WORCESTER COMMUNITY foundation inc

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

Par	-4 T	Dono	on for Dul	blic Charity Stat	um /All oro	anizations	must somr	Note this no	rt \ Soo inc				
				blic Charity Stat e foundation because				·		ucuons			
1				on of churches, or as:					.)				
2	<u>'</u>			in section 170(b)(1)				<u> </u>					
3	<u>'</u>			perative hospital serv				n 170(b)(1)(A)(iii)				
4	,	-	-	organization operate	_)(A)(iii) Ent	erthe		
-	•			cy, and state	sa m conjun	ction with a	nospital desc	Tibed III See	ion 17 0 (2)(1)	,(A,(III)1	ici tiic		
5	Γ	An orga	ınızatıon ope	erated for the benefit	of a college	or universit	y owned or o	perated by a	governmenta	l unıt descril	ed in		
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)								
6		A feder	al, state, or	local government or	vernment or governmental unit described in section 170(b)(1)(A)(v).								
7	▽	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	Г			described in section		A)(vi) (Con	nplete Part II)					
9	Γ			t normally receives					utions, memb	ership fees,	and gro	ss	
		receipt	from activi	ties related to its ex	empt functio	ns—subjec	t to certain ex	xceptions, an	d (2) no more	than 331/39	% of		
		ıts supp	ort from gro	ss investment incom	ne and unrel	ated busine	ss taxable ın	come (less se	ection 511 ta	ıx) from busı	nesses		
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee section 5	509(a)(2). (C	omplete Part	III)				
10	Γ	Anorga	ınızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See section 5	i09(a)(4).				
11	Γ	one or i	nore publicly	anized and operated y supported organiza oes the type of suppo b Type II	tıons descri ortıng organı	bed in secti zation and o	on 509(a)(1)	or section 5 s 11e through	09(a)(2) See	section 509	(a)(3).	Check	
e f	ı	other th section	ian foundatio 509(a)(2) rganization r	ex, I certify that the con managers and other	er than one	or more pub	licly supporte	ed organizatio	ons described	in section 5	09(a)(1) or	
g		Since A		006, has the organiz	ation accep	ted any gıft	or contribution	on from any o	fthe				
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, eithe	ralone ort	ogether with p	persons desc	rıbed ın (ıı)		Yes	No	
		and (III)	below, the g	governing body of the	the suppor	ted organiza	ation?			11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı) a	bove?			11g(iii	i)		
h		Provide	the followin	g information about t	the supporte	d organizat	ion(s)						
(i) Name suppoi organiz		ne of (ii) orted EIN		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	Did you no organiza col (i) c	otify the tion in of your	(vi) Is th organizat col (i) org	e tion in janized	zed A mount of		
				instructions))	Yes	No	Yes	No	Yes	No			
Tota													

Part II 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.)

-	ction A. Public Support	u checked the	box on line 5,	7, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,513,24	3 7,426,291	5,695,199	3,342,010	1	,909,128	21,885,871
2	grants ") 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							
4	the organization without charge	3,513,24	3 7,426,291	5,695,199	3,342,010	1	,909,128	21,885,871
-	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	3,313,21	7,120,231	3,033,133	3,312,010		,303,120	21,003,071
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							2,328,491
6	(f) Public Support. Subtract line 5 from line 4							19,557,380
S	ection B. Total Support	1			I		<u> </u>	
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	beginning in) A mounts from line 4	3,513,243	2,192,078	5,695,199	3,342,010	1	,909,128	21,885,871
8	Gross income from interest,	, ,	, ,	, ,	, ,	·	<u> </u>	, ,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,206,172	2,192,078	2,629,461	2,965,267	2	,702,553	12,695,531
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
l1	Total support (Add lines 7 through 10)							34,581,402
12	Gross receipts from related activiti		•			12		
L3	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ıfth tax year as a !	501(c)(3	3) organız	ration, ▶ T
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2009			11 column (fi)		44		
15	Public Support Percentage for 2008	•		11 Column (1))		14 15		56 550 %
	33 1/3% support test—2009. If the			x on line 13 and l	ine 14 is 33 1/3%		checkt	60 180 %
	and stop here. The organization qua				2		,	₩V
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — 2009. If the org tion meets the "	ublicly supported janization did not facts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16b ck this box and st	and line	14 Explain	▶┌
	organization			_				► □
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza supported organization	tion meets the "	facts and circums	tances" test The	organization qual	ıfıes as a	a publicly	► □
18	Private Foundation If the organizat instructions	ion did not checl	k a box on line 13	, 16a, 16b, 17a oi	1/b, check this l	oox and	see	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493137025220

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** GREATER WORCESTER COMMUNITY foundation inc

				2572276		
art I	Organizations Maintaining Donor A		ınds	or Accoun	ts. Comple	te if th
	organization answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised funds	1	(h) Funds an	d other accou	unte
Total	number at end of year	94	+	(b) I ullus all	u other accor	
	egate contributions to (during year)	471,314	+			
55	egate contributions to (during year)	611,364	1			
	egate value at end of year	13,696,277	+			
	he organization inform all donors and donor adv					
funds	s are the organization's property, subject to the	organization's exclusive legal control?			✓ Yes	┌ No
used	he organization inform all grantees, donors, and only for charitable purposes and not for the be erring impermissible private benefit				▽ Yes	┌ No
rt II	Conservation Easements. Complete	of the organization answered "Yes" to	Forn	n 990, Part	IV, line 7.	
	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a qua	cion or pleasure) Preservation of an Preservation of a c	ertifie	d historic str	•	a
ease	ment on the last day of the tax year	г				
-				Held at t	he End of the	Year
	I number of conservation easements		2a			
	l acreage restricted by conservation easement	2b				
	ber of conservation easements on a certified hi	2c				
Numi	ber of conservation easements included in (c) a	2d				
	ber of conservation easements modified, transf axable year ►	erred, released, extinguished, or terminate	d by th	ie organizatio	on during	
Numl	ber of states where property subject to conserv	ation easement is located 🛌				
	s the organization have a written policy regardir reement of the conservation easements it holds		lling of	violations, a	nd Yes	┌ No
Staff	and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents d	uring the yea	r ►	
A mo	unt of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during	g the year ► :	\$	
	s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tıon		☐ Yes	ΓN
balar	art XIV, describe how the organization reports once sheet, and include, if applicable, the text of organization's accounting for conservation ease	the footnote to the organization's financial				
rt III	Organizations Maintaining Collectic Complete if the organization answered		or Otl	her Simila	r Assets.	
art, h	e organization elected, as permitted under SFA: nistorical treasures, or other similar assets heli ide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h ın fu			e,
hısto	e organization elected, as permitted under SFA: vrical treasures, or other similar assets held for ide the following amounts relating to these item	public exhibition, education, or research in			•	
(i) _R	evenues included in Form 990, Part VIII, line	1		► \$		
(ii) _A	ssets included in Form 990, Part X			► \$		
Ifthe	e organization received or held works of art, his wing amounts required to be reported under SFA		r fınan	cıal gaın, pro	vide the	
Paya	inues included in Form 990 Part VIII line 1			.		

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009										Page 2
Part	III Organizations Maintaining Co	llections of Art	, His	torical Tre	easu	res, or O	the	r Similar	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e following th	nat ar	e a significa	ant u	ıse of its col	llecti	on	
а	Public exhibition		d	┌ Loan o	rexcl	nange progr	ams	;			
b	Scholarly research		e	C Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	they further	the o	rganızatıon	ı's e:	xempt purpo	se in		
5	Part XIV During the year, did the organization solicit of	or receive donations	of art	historicalt	raacii	res or othe	rein	nılar			
•	assets to be sold to raise funds rather than t							illiai	Γ	Yes	┌ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to For	m 99	90,	
	Part IV, line 9, or reported an an		•	•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions c	or other ass	ets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ng table		_					
						-			A mo	ount	
С	Beginning balance					-	1 c				
d	Additions during the year					-	1d				
е	Distributions during the year						1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,									
Pai	rt V Endowment Funds. Complete										
		(a)Current Year	(b)Prior Year	+	wo Years Bac	k (d	I)Three Years E	Back	(e)Four Y	ears Back
La	Beginning of year balance	89,030,230		130,652,447	-						
b	Contributions	1,926,070		3,373,030	-		+				
с	Investment earnings or losses	21,099,250		-38,400,763	-		-				
d	Grants or scholarships	3,807,506		5,309,129							
e	Other expenditures for facilities and programs	10,825		19,696							
f	Administrative expenses	730,891		1,265,659	+						
g	End of year balance	107,506,328		89,030,230							
2	Provide the estimated percentage of the year	r end balance held a	S								
а	Board designated or quasi-endowment 🕨	1000% %									
b	Permanent endowment - 82 000 % %										
c	Term endowment ► 17 000 % %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat are held	and a	dministere	d for	the			
	organization by							Г		Yes	No
	(i) unrelated organizations						•		3a(i)		No
ь	(ii) related organizations		lan C		•		•	[3a(ii 3b	<u> </u>	No
ь 4	Describe in Part XIV the intended uses of th	•					•	[30		<u> </u>
	t VI Investments—Land, Buildings				0 Pa	art X line	10				
	Description of investment	o, una Equipino	1111 5	(a) Cost or o	other	(b)Cost or o	ther	(c) Accumul		(d) Bo	ok value
1- '	and			<u> </u>		,	-				1 024 053
	and			1,03	34,853						1,034,85
	Buildings		•			F.4	200		0 020		22.40
	Leasehold improvements		•				,309		0,829		23,480
	Equipment		•				,485		9,363		7,122
		orm 000 Part V colum		lino 10(a) \			,674		5,213		33,461
ota	I. Add lines 1a-1e (Column (d) should equal Fo	nini 990, Part X, COlun	ш (<i>В),</i>	. IIIIe 10(C).)	• •	· · ·	•			1	1,098,916 90) 200

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
O ther Equity FUnds	25,410,397	F
A bsolute return funds	15,135,457	F.
Real asset funds	8,219,313	F
colit interest paraements	1 767 666	_
split interest agreements	1,767,666	F.
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	/ /	
Part VIII Investments—Program Related. See	Form 990, Part X, line 3	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes agency endowments	5.) , line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,409,378
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,009,642
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,600,264
4	Net unrealized gains (losses) on investments	4	21,557,820
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-956,092
9	Total adjustments (net) Add lines 4 - 8	9	20,601,728
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	17,001,464
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	'n
1	Total revenue, gains, and other support per audited financial statements	1	21,852,778
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)		
е	Add lines 2a through 2d	2e	21,257,168
3	Subtract line 2e from line 1	3	595,610
4	A mounts 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 1,813,768		
С	Add lines 4a and 4b	4c	1,813,768
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,409,378
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1 1	4,851,314
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	4,851,314
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 955,918		
b	Other (Describe in Part XIV) 4b 202,410		
с	Add lines 4a and 4b	4c	1,158,328
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,009,642
c 5	Add lines 4a and 4b	_	4c

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

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, 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

Ident if ier	Ret urn Reference	Explanation
Part XI, Line 8 - O ther Adjustments		recovery of prior year grant 14038 chg in value of split interest agreement & remainder interest in real estate 641228 agency activity gifts -82966 agency activity grants 202410 agency activity investments -1780696 agency activity fees 49894
Part XII, Line 2d - Other Adjustments		chg in value of split interest agreement & remainder interest in real estate 641228 investment management fees -955918
Part XII, Line 4b - Other Adjustments		Agency Income 1813768
Part XIII, Line 4b - Other Adjustments		Agency expense 202410

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

DLN: 93493137025220

2009

Open to Public Inspection

Employer identification number

GREATER WORCESTER COMMUNIT	TER WORCESTER COMMUNITY foundation inc										
Part I General Information	on on Grants and	l Assistance				•					
 Does the organization maintain the selection criteria used to ave Describe in Part IV the organization 	ward the grants or as	sıstance?					✓ Yes N				
Form 990, Part IV, III Part IV and Schedule	ie 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use				
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 gran or assistance				
See Additional Data Table					,						

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 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
O utstanding Medical Student A ward	1	500			
Disaster Relief Fund Recipient	4	7,689			
Music Fund Recipient	3	2,150			
Young Woman of Consequence Award	2	500			
Renaissance Award Recipient	1	5,229			

Part IV Suppl	emental Information. Con	nplete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
O ther Information	Part IV	Schedule I, Part I, line 1 The foundation requires and receives written progress evaluation reports and financial audits from grant recipients and conducts site visits with funded agencies the foundation also convenes nonprofit grant recipients for peer learning and information exchange resulting in expanded awareness of community impacts and increased collaboration for public benefit

Software ID:

Software Version:

EIN: 04-2572276

Name: GREATER WORCESTER COMMUNITY foundation inc

Form 990,Schedule I, Pai	rt II, Grants a	and Other Assistance	ce to Government	s and Organization	ns in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Abby's House52 High Street Worcester, MA 01609		501(C)3	35,000	0			Housing/Homelessness
Abby's House52 High Street Worcester, MA 01609		501(C)3	7,500	0			Annette Rafferty Survive to Thrive Fund
Abby's House52 High Street Worcester, MA 01609		501(C)3	1,000	0			General
Abby's House52 High Street Worcester, MA 01609		501(C)3	940	0			Unrestricted
Abby's House52 High Street Worcester, MA 01609		501(C)3	793	0			Unrestricted
Abby's House52 High Street Worcester, MA 01609		501(C)3	221	0			Unrestricted
Abby's House52 High Street Worcester, MA 01609		501(C)3	4,428	0			Unrestricted
Abby's House52 High Street Worcester, MA 01609		501(C)3	500	0			Unrestricted
Abby's House52 High Street Worcester, MA 01609		501(C)3	500	0			Unrestricted
African Community Education Program23 N Ashland Street Worcester, MA 01609		501(C)3	10,000	0			ACE Saturday Program

Form 990,Schedule I, Par	t II, Grants ar	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AIDS Project Worcester85 Green Street Worcester, MA 01604		501(C)3	20,000	0			GLBT Services
Alternatives Unlimited50 Douglas Rd Whitinsville, MA 01588		501(C)3	5,000	0			Restricted for Valley Cast
A merican Antiquarian Society 185 Salisbury Street Worcester, MA 01609		501(C)3	1,000	0			Unrestricted
A merican Antiquarian Society 185 Salisbury Street Worcester, MA 01609		501(C)3	1,000	0			A nnual A ppeal
A merican Antiquarian Society 185 Salisbury Street Worcester, MA 01609		501(C)3	13,059	0			Unrestricted
A merican Antiquarian Society 185 Salisbury Street Worcester, MA 01609		501(C)3	1,500	0			Unrestricted
A merican Antiquarian Society 185 Salisbury Street Worcester, MA 01609		501(C)3	100	0			Unrestricted
A merican Antiquarian Society 185 Salisbury Street Worcester, MA 01609		501(C)3	500	0			Dorothy Brewer Erikson Book Fund
American Red Cross of Central Massachusetts2000 Century Drive Worcester Corporate Center Worcester, MA 01606		501(C)3	45,000	0			Donor Advised Fund Recommendation
American Red Cross of Central Massachusetts2000 Century Drive Worcester Corporate Center Worcester, MA 01606		501(C)3	3,800	0			Unrestricted Grant

Form 990,Schedule I, Part	t II, Grants a	and Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
A merican Red Cross of Central Massachusetts2000 Century Drive Worcester Corporate Center Worcester, MA 01606		501(C)3	1,250	0			Greatest need
American Red Cross of Central Massachusetts2000 Century Drive Worcester Corporate Center Worcester, MA 01606		501(C)3	2,000	0			Unrestricted
Anna Maria College50 Sunset Lane Paxton, MA 016121198		501(C)3	8,000	0			Annual Giving
Anna Maria College50 Sunset Lane Paxton, MA 016121198		501(C)3	1,000	0			Sister Irene Socquet
Apple Tree ArtsPO Box 75 Grafton, MA 01519		501(C)3	965	0			Summer Musik Garten Teacher Training
Apple Tree ArtsPO Box 75 Grafton, MA 01519		501(C)3	4,500	0			Early Childhood Music
ArtsWorcester660 Main Street Worcester, MA 016103100		501(C)3	10,000	0			O perating Support
Assabet Valley Collaborative 57 Orchard Street Marlborough, MA 01752		501(C)3	5,000	0			The Family Success Partnership
Athol Area YMCA 545 Main Street Athol, MA 01331		501(C)3	3,000	0			Match for the 2009 Camp Wiyaka Phonathon Use any remainder for Camperships at Camp Wiyaka
Athol Area YMCA 545 Main Street Athol, MA 01331		501(C)3	5,000	0			Youthreach

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Auburn Community Assistance Fundc/o Town Clerk 104 Central Street Auburn, MA 01501		501(C)3	5,000	0			Fuel Assistance
Auburn Community Assistance Fundc/o Town Clerk 104 Central Street Auburn, MA 01501		501(C)3	100	0			Fuel Assistance for a family in need
Auburn District Nursing Association191 Pakachoag Street Auburn, MA 015012567		501(C)3	5,000	0			A uburn Extended Care Low-Income Fund
Auburn District Nursing Association191 Pakachoag Street Auburn,MA 015012567		501(C)3	2,500	0			Low-Impact Strengthening Program
Auburn Youth & Family Services21 Pheasant Ct Auburn,MA 015012457		501(C)3	10,000	0			Youth Development
Auburn Youth & Family Services21 Pheasant Ct Auburn,MA 015012457		501(C)3	5,000	0			Summer Youth Development
Bancroft School110 Shore Road Worcester, MA 01605		501(C)3	10,000	0			Worcester Partnership
Bancroft School110 Shore Road Worcester, MA 01605		501(C)3	19,500	0			Unrestricted
Bancroft School110 Shore Road Worcester, MA 01605		501(C)3	100	0			Unrestricted
Becker College61 Sever Street Worcester, MA 016092195		501(C)3	100	0			The Becker Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıfapplıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(C)3 Becker College61 Sever 0 Unrestricted Street 500 Worcester, MA 016092195 501(C)3 0 90% Capital, 10% Becker College 61 Sever Annual Campaign Street 10,000 Worcester, MA 016092195 501(C)3 General (Corporator Big Brothers Big Sisters of Central MassMetrowest484 Gift) 100 Main Street Suite 360 Worcester, MA 01608 Bigs in Schools and Big Brothers Big Sisters of 501(C)3 0 Central MassMetrowest484 Sites 15,000 Main Street Suite 360 Worcester, MA 01608 Torch Club 501(C)3 Blackstone Valley Boys & Girls Club115 Canal Street 1,000 PO Box 283 Blackstone, MA 01504 Blackstone Valley Boys & 501(C)3 Summer Camperships Girls Club115 Canal Street 2010 5,000 PO Box 283 Blackstone, MA 01504 501(C)3 Worcester Office Bottom Line600 Main Street Suite 110 5,000 Worcester, MA 01608 501(C)3 0 Junior Staff Bovs & Girls Club of Webster-Dudley55 Oxford Avenue Development 7,000 Dudley, MA 01571 501(C)3 Boys & Girls Club of 0 Unrestricted Grant Worcester65 Tainter Street 1,500 Worcester, MA 016102520 Boys & Girls Club of 501(C)3 0 Work to Grow Worcester65 Tainter Street 2,500 Worcester, MA 016102520

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	15,000	0			Educational Programming
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	2,500	0			Annual Campaign Fiscal 2009
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	1,225	0			4-H's Camp Marshall Camperships for 2009 (2 boys and 2 girls)
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	500	0			Annual Fund - unrestricted
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	1,500	0			Unrestricted
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	1,013	0			Preventative programs for youth
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	681	0			Membership support for children from low- income families
Boys & Girls Club of Worcester65 Tainter Street Worcester, MA 016102520		501(C)3	136	0			Unrestricted
Bridge of Central Massachusetts4 Mann Street Worcester, MA 016020243		501(C)3	10,254	0			Safe Homes
Bridge of Central Massachusetts4 Mann Street Worcester, MA 016020243		501(C)3	11,000	0			Safe Homes

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bridge of Central Massachusetts4 Mann Street Worcester, MA 016020243		501(C)3	100	0			Unrestricted
Camp Putnam Inc141 Rutherford Road New Braintree, MA 01531		501(C)3	9,000	0			Residential Summer Camp
Catholic Charities Worcester County10 Hammond Street Worcester, MA 016101513		501(C)3	15,000	0			Health Education and O utreach
Center for Nonviolent Solutions 901 Pleasant Street Worcester, MA 01602		501(C)3	3,000	0			Center for Nonviolent Solutions in Worcester
Center for Nonviolent Solutions 901 Pleasant Street Worcester, MA 01602		501(C)3	2,000	0			Center for Nonviolent Solutions Purchase Office Equipment
Central Massachusetts Housing Alliance7-11 Bellevue Street Worcester, MA 01609		501(C)3	17,000	0			Public Education and Advocacy
Central Massachusetts Housing Alliance7-11 Bellevue Street Worcester, MA 01609		501(C)3	500	0			For the Village Shelter
Central Massachusetts Housing Alliance7-11 Bellevue Street Worcester, MA 01609		501(C)3	345	0			Clothing, Books, and Toys for Needy Children
Centro Las Americas 11 Sycamore Street Worcester, MA 01608		501(C)3	5,000	0			Institute of Latino Arts and Culture
Centro Las Americas 11 Sycamore Street Worcester, MA 01608		501(C)3	10,000	0			Latino Elder Program

Form 990, Schedule I, Par	t II, Grants a	and Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Children's Friend21 Cedar Street Worcester, MA 01609		501(C)3	25,000	0			School Age Mothers
Children's Friend21 Cedar Street Worcester, MA 01609		501(C)3	10,000	0			Carriage House
Children's Friend21 Cedar Street Worcester, MA 01609		501(C)3	329	0			Unrestricted
Children's Friend21 Cedar Street Worcester, MA 01609		501(C)3	472	0			Unrestricted
Children's Friend21 Cedar Street Worcester, MA 01609		501(C)3	15,000	0			Treatment Access Fund
City of Worcester Health and Human Services Executive Office/ Elder Affair 128 Providence Street Worcester, MA 01604		501(C)3	21,000	0			Senior Support Team
Clark University950 Main Street Worcester, MA 01610		501(C)3	6,300	0			John W Lund Community Achievement Award 2009
Clark University950 Main Street Worcester, MA 01610		501(C)3	100	0			Unrestricted for Hillel Center
Clark University950 Main Street Worcester, MA 01610		501(C)3	100	0			Friends of the Goddard Library (General Support)
Clark University950 Main Street Worcester, MA 01610		501(C)3	105,400	0			Main South Secondary School Collaborative

Form 990,Schedule I, Par	t II, Grants a	and Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Clark University950 Main Street Worcester, MA 01610		501(C)3	2,600	0	1		The Clark Fund
Cleghorn Neighborhood Center2 Fairmount Street Fitchburg, MA 01420		501(C)3	10,000	0			ESOL
Community Action393 Main Street Greenfield, MA 01301		501(C)3	12,000	0	1		Generation Q
Community Builders16 Laurel Street Worcester, MA 01609		501(C)3	5,400	0	1		Plumley Village Workforce Development
Community Harvest Project 37 Wheeler Road North Grafton, MA 01536		501(C)3	11,241	0	1		O perating Support
Community Harvest Project 37 Wheeler Road North Grafton, MA 01536		501(C)3	2,500	0	1		Unrestricted
Community Health Connections 275 Nichols Road Fitchburg, MA 01420		501(C)3	15,000	0	1		School Based Health Center
Community Healthlink72 Jaques Avenue Third Floor Worcester, MA 016102480		501(C)3	15,000	0			Medical Respite
Community Healthlink72 Jaques Avenue Third Floor Worcester, MA 016102480		501(C)3	1,055	0			Unrestricted
Community Healthlink72 Jaques Avenue Third Floor Worcester, MA 016102480		501(C)3	15,000	0			Home Again

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Community Healthlink72 Jaques Avenue Third Floor Worcester, MA 016102480		501(C)3	100	0			Unrestricted
Cornerstone Performing Arts Center914 Main Street Fitchburg, MA 014203061		501(C)3	7,644	0			O perational Support
Crawford Memorial Library1 Village Street Dudley, MA 015713306		501(C)3	11,950	0			Enhancements or Enrichment of Library Services
Culture LEAP210 Park AveSte 222 Worcester, MA 01609		501(C)3	10,405	0			Learning Through Education and Arts Partnerships
Day Kımball HospitalPO Box 632 Putnam,CT 06260		501(C)3	5,000	0			Unrestricted
Department of Children and Families Kids FundCentral Office 24 Farnsworth Street Boston, MA 02210		501(C)3	25,000	0			DCF Kids Fund
Dismas House of Central MassachusettsPO Box 30125 Worcester, MA 01603		501(C)3	11,202	0			O perating Support
Dismas House of Central MassachusettsPO Box 30125 Worcester, MA 01603		501(C)3	350	0			Unrestricted
Dynamy Inc27 Sever Street Worcester, MA 01609		501(C)3	10,000	0			Youth Academy Support
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	15,000	0			Real World Math & Science

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	5,000	0			Auburn Accessibility Program
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	500	0			Unrestricted
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	2,353	0			Invasive Plant Removal
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	1,000	0			PATRON
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	15,000	0			Internship Program
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	10,950	0			Field Trip Scholarships for under privileged students from Worcester Public School System
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	1,027	0			Unrestricted
EcoTarium222 Harrington Way Worcester, MA 01604		501(C)3	100	0			A nnual Fund
Family Health Center of Worcester26 Queen Street Worcester, MA 01610		501(C)3	28,612	0			Homeless Families Program Expansion
Family Health Center of Worcester26 Queen Street Worcester, MA 01610		501(C)3	20,000	0			Homeless Families

Form 990,Schedule I, Pai	t II, Grants a	nd Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Family Health Center of Worcester26 Queen Street Worcester, MA 01610		501(C)3	67,000	0			Family Nurse Practitioner Residency Program
Family Services of Central Massachusetts31 Harvard Street Worcester, MA 01609		501(C)3	1,000	0			Fathers and Family Network Father's Day Event
Family Services of Central Massachusetts31 Harvard Street Worcester, MA 01609		501(C)3	11,487	0			Senior Companion
Family Services of Central Massachusetts31 Harvard Street Worcester, MA 01609		501(C)3	300	0			Publicity for Auction
First Night WorcesterPO Box 351 Worcester, MA 01614		501(C)3	8,000	0			First Night 2010
First Unitarian Church90 Main Street Worcester, MA 016081173		501(C)3	1,116	0			General support
First Unitarian Church90 Main Street Worcester, MA 016081173		501(C)3	860	0			Unrestricted
First Unitarian Church90 Main Street Worcester, MA 016081173		501(C)3	2,000	0			Unrestricted
First Unitarian Church90 Main Street Worcester, MA 016081173		501(C)3	3,344	0			O perational Support
First Unitarian Church90 Main Street Worcester, MA 016081173		501(C)3	9,000	0			A nnual Fund

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Friendly House36 Wall Street Worcester, MA 01604		501(C)3	3,500	0			Gym & Swim
Friendly House36 Wall Street Worcester, MA 01604		501(C)3	21,025	0			Frances Perkins Transitional Housing
Friendly House36 Wall Street Worcester, MA 01604		501(C)3	1,500	0			Programs devoted to needy or deprived youth
Friends of Institute Park10 Tuckerman Street PO Box 20070 West Side Stat Worcester, MA 01602		501(C)3	5,000	0			Administrative Funding
Friends of Institute Park10 Tuckerman Street PO Box 20070 West Side Stat Worcester, MA 01602		501(C)3	1,000	0			O rganizational Purposes
Gale Free Library23 Highland Street Holden, MA 01520		501(C)3	904	0			Elizabeth Newell Reference Fund
Gale Free Library23 Highland Street Holden,MA 01520		501(C)3	11,900	0			To purchase library materials
Genesis Club274 Lincoln Street Worcester, MA 01605		501(C)3	25,000	0			Education Support and Training
Genesis Club274 Lincoln Street Worcester, MA 01605		501(C)3	15,000	0			Education and Support
Genesis Club274 Lincoln Street Worcester, MA 01605		501(C)3	2,000	0			Unrestricted

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Girl Scouts of Central and Western Massachusetts40 Harkness Avenue East Longmeadow, MA 01028		501(C)3	6,000	0			It's Your Planet - Love It ¹
Girl Scouts of Central and Western Massachusetts40 Harkness Avenue East Longmeadow, MA 01028		501(C)3	100	0			As Needed - In memory of Pauline Lionett
Girls Incorporated of Worcester125 Providence Street Worcester, MA 01604		501(C)3	2,200	0			Technology and Communication Upgrade
Girls Incorporated of Worcester125 Providence Street Worcester, MA 01604		501(C)3	1,013	0			Preventative programs for youth
Girls Incorporated of Worcester125 Providence Street Worcester, MA 01604		501(C)3	15,000	0			Fit Girls
Great Brook Valley Health Center2000 Century Drive Worcester, MA 01606		501(C)3	20,585	0			Immigrant & Refugee Services Coordinator
Great Brook Valley Health Center2000 Century Drive Worcester, MA 01606		501(C)3	24,000	0			Vision Services
Great Brook Valley Health Center2000 Century Drive Worcester, MA 01606		501(C)3	3,648	0			Training
Greater Gardner Community Development Corporation246 Central Street Gardner, MA 01440		501(C)3	15,000	0			A ffordable Housing Development
Greater Worcester 32 Masonic Learning Center for ChildrenO ne Ionic Avenue Worcester, MA 01608		501(C)3	3,000	0			Restricted to pay utility costs at the Greater Worcester 32 Masonic Learning Center located at 1 Ionic Ave in Worcester

Form 990,Schedule I, Part	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Greater Worcester 32 Masonic Learning Center for ChildrenOne Ionic Avenue Worcester, MA 01608		501(C)3	3,000	0			Unrestricted
Greater Worcester Habitat for Humanity MetroWest111 Park Avenue Worcester, MA 01609		501(C)3	10,000	0			O perating Support
Greater Worcester Land Trust 101 Water Street 4th Floor Worcester, MA 016045033		501(C)3	39,000	0			Land Purchase - Conservation
Greater Worcester Land Trust 101 Water Street 4th Floor Worcester, MA 016045033		501(C)3	10,000	0			Coordinator of Volunteers & Membership
Greater Worcester Land Trust 101 Water Street 4th Floor Worcester, MA 016045033		501(C)3	2,100	0			Agency Fund Closure
Greater Worcester Land Trust 101 Water Street 4th Floor Worcester, MA 016045033		501(C)3	3,500	0			Kınney Wood Project
Greater Worcester Land Trust 101 Water Street 4th Floor Worcester, MA 016045033		501(C)3	500	0			Annual Appeal
Greater Worcester Land Trust 101 Water Street 4th Floor Worcester, MA 016045033		501(C)3	250	0			General
Habitat for Humanity of Lee County1288 North Tamiami Trail North Forth Myers, FL 33903		501(C)3	6,000	0			Unrestricted
Higgins Armory Museum100 Barber Avenue Worcester, MA 01606		501(C)3	4,085	0			To support the collection

Form 990,Schedule I, Pai	rt II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Higgins Armory Museum100 Barber Avenue Worcester, MA 01606		501(C)3	10,000	0			Education department
Higgins Armory Museum100 Barber Avenue Worcester, MA 01606		501(C)3	100	0			Unrestricted
Higher Education Resource CenterChrist Tabernacle Apostolic 1189 Main Street Worcester, MA 01603		501(C)3	2,500	0			SAT Preparation Class
Higher Education Resource CenterChrist Tabernacle Apostolic 1189 Main Street Worcester, MA 01603		501(C)3	5,000	0			Programmatic Support
Hillside SchoolFinancial Aid Office 404 Robin Hill Road Marlborough, MA 01752		501(C)3	6,646	0			Unrestricted
HOPE CoalitionUMass Memorial Comm Relations 119 Belmont St Worcester, MA 01605		501(C)3	20,000	0			Mental Health Model
Horizons for Homeless Children1705 Columbus Avenue Roxbury, MA 02119		501(C)3	8,000	0			Central Region Playspace
House of Peace and Education20 Barthel Avenue Gardner, MA 014402502		501(C)3	15,000	0			HOPE for Women
Interfaith Hospitality Network of Greater Worcester114 Main Street Worcester, MA 01608		501(C)3	1,500	0			To support continued service to homeless families of Worcester County through the Interfaith Hospitality Network
Interfaith Hospitality Network of Greater Worcester114 Main Street Worcester, MA 01608		501(C)3	5,000	0			Support IHN Staff and their Mission

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 501(C)3 0 Operating Support Interfaith Hospitality Network of Greater Worcester 10,036 114 Main Street Worcester, MA 01608 501(C)3 0 As needed Interfaith Hospitality Network of Greater Worcester 200 114 Main Street Worcester, MA 01608 501(C)3 0 Program Support Jewish Family Service of Worcester646 Salisbury 1,000 Street Worcester, MA 01609 0 Child and Family Jewish Family Service of 501(C)3 Worcester646 Salisbury Counseling 15,000 Street Worcester, MA 01609 Jewish Family Service of 501(C)3 0 Unrestricted Worcester646 Salisbury 500 Street Worcester, MA 01609 Jewish Family Service of 501(C)3 0 Annual Appeal -Worcester646 Salisbury Unrestricted 1,000 Street Worcester, MA 01609 501(C)3 0 Operational Support Joy of Music Program1 Gorham Street 1,400 Worcester, MA 01605 501(C)3 0 Drumming & Singing Joy of Music Program1 for Burncoat Family Gorham Street 5,000 Worcester, MA 01605 Center Joy of Music Program1 501(C)3 0 Financial Aid Gorham Street 10,000 Worcester, MA 01605 501(C)3 0 For children Joy of Music Program1 Gorham Street 1,000 Worcester, MA 01605

Form 990,Schedule I, Par	t II, Grants a	and Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Joy of Music Program1 Gorham Street Worcester, MA 01605		501(C)3	1,500	0			Unrestricted
Jupiter Medical Center Foundation1210 South Old Dixie Hwy Jupiter,FL 33458		501(C)3	2,500	0			Unrestricted
Jupiter Medical Center Foundation1210 South Old Dixie Hwy Jupiter,FL 33458		501(C)3	2,500	0			Unrestricted
Latino Education Institute 537 Chandler Street Worcester, MA 01602		501(C)3	17,912	0			Club Education
Legal Assistance Corporation of Central Massachusetts405 Main Street 4th Floor Worcester, MA 01608		501(C)3	5,000	0			Legal Services for the Disadvantaged
Legal Assistance Corporation of Central Massachusetts405 Main Street 4th Floor Worcester, MA 01608		501(C)3	3,000	0			Reconfiguration Exploration
Legal Assistance Corporation of Central Massachusetts405 Main Street 4th Floor Worcester, MA 01608		501(C)3	10,000	0			GLBT Domestic Violence
Legal Assistance Corporation of Central Massachusetts405 Main Street 4th Floor Worcester, MA 01608		501(C)3	20,236	0			O perating Support
Let's Get ReadyFinancial Aid Office 50 Broadway Suite 806 New York, NY 10004		501(C)3	8,000	0			Worcester LGR
Liberty ChurchesPO Box 195 Shrewsbury,MA 01454		501(C)3	10,000	0			A ministry or ministries in need within mission with application determined by Pastor Will Bard

Form 990,Schedule I, Par	t II, Grants a	and Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Literacy Project Inc15 Bank Road Suite C Greenfield, MA 01301		501(C)3	10,000	0			Adult Basic Education
Literacy Volunteers of Greater WorcesterWorcester Public Library 3 Salem Square Room 332 Worcester, MA 01608		501(C)3	10,000	0			Reading and ESL Programs
Lutheran Social Services of NERefugee & Immigrant Services51 Union Street Suite 222 Worcester, MA 01608		501(C)3	20,000	0			LGBT Human Rights
Lutheran Social Services of New England888 Worcester Street Suite 160 Wellesley,MA 02482		501(C)3	15,000	0			Immigration Legal Assistance
Main South Community Development Corporation875 Main Street Worcester, MA 01610		501(C)3	17,000	0			Kilby-Gardner- Hammond Neighborhood Revitalization
Massachusetts College of Pharmacy and Health Science 179 Longwood Avenue Boston, MA 02115		501(C)3	5,000	0			MassMedLine
Massachusetts College of Pharmacy and Health Science 179 Longwood Avenue Boston, MA 02115		501(C)3	500	0			Unrestricted
Massachusetts General HospitalDevelopment Office 100 Charles River Plaza 600 Boston, MA 021142792		501(C)3	2,500	0			General Fund - In honor of Patty and Charles Ribakoff's work for hospital
Massachusetts General HospitalDevelopment Office 100 Charles River Plaza 600 Boston, MA 021142792		501(C)3	500	0			Cardiac Care - Att Dr Dec
Massachusetts General HospitalDevelopment Office 100 Charles River Plaza 600 Boston, MA 021142792		501(C)3	2,500	0			Unrestricted - General Fund

Form 990,Schedule I, Par	t II, Grants aı	nd Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Massachusetts General HospitalDevelopment Office 100 Charles River Plaza 600 Boston, MA 021142792		501(C)3	1,000	0			Bulfinch Society
Massachusetts General HospitalDevelopment Office 100 Charles River Plaza 600 Boston, MA 021142792		501(C)3	10,000	0			Newell D and Betty Hale Liver Research Fund
Massachusetts Watershed Coalition325 Lindell Avenue Leominster, MA 014535414		501(C)3	10,000	0			Greenprint Project
Matthew 25 Inc52 Queen St 1 Worcester, MA 01610		501(C)3	919	0			Unrestricted
Matthew 25 Inc52 Queen St 1 Worcester, MA 01610		501(C)3	4,923	0			Housing Rehabilitation
Matthew 25 Inc52 Queen St 1 Worcester, MA 01610		501(C)3	7,000	0			Agency Fund Closure
Matthew 25 Inc52 Queen St 1 Worcester, MA 01610		501(C)3	6,000	0			Agency Fund Closure
Mohegan Council Boy Scouts of America19 Harvard Street Worcester, MA 016092870		501(C)3	1,500	0			Unrestricted Grant
Mohegan Council Boy Scouts of America19 Harvard Street Worcester, MA 016092870		501(C)3	1,500	0			Unrestricted
Mohegan Council Boy Scouts of America19 Harvard Street Worcester, MA 016092870		501(C)3	1,014	0			Preventative programs for youth

Form 990,Schedule I, Par	rt II, Grants a	and Other Assistanc	e to Governments	and Organization	is in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mohegan Council Boy Scouts of America19 Harvard Street Worcester, MA 016092870	<u>-</u>	501(C)3	10,944	0			Scoutreach
Montachusett Interfaith Hospitality Network196 Mechanic Street Leominster, MA 01453		501(C)3	10,000	0			O perating Support
Music Worcester323 Main Street Worcester, MA 016081511		501(C)3	400	0			General Support
Music Worcester323 Main Street Worcester, MA 016081511		501(C)3	6,530	0			Unrestricted
Music Worcester323 Main Street Worcester, MA 016081511	_	501(C)3	5,500	0			Sing It ¹ Young Voices Unlimited
MY TURN156 Main Street Brockton, MA 02301		501(C)3	12,000	0			Workforce Development
Nativity School of Worcester 67 Lincoln Street Worcester, MA 01605		501(C)3		0			O perating Support
Nativity School of Worcester 67 Lincoln Street Worcester, MA 01605		501(C)3	1,500	0			School's Choice
NEADSDogs for Deaf and Disabled AmericansPO Box 213 West Boylston, MA 01583		501(C)3	8,686	0			O perational support
NeighborWorks HomeO wnership Center of Worcester674 Main Street Worcester, MA 01610		501(C)3	15,000	0			O perating Support

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
New England Homes for the Deaf154 Water Street Danvers,MA 01923		501(C)3	6,909	0			Deaf Senior Citizen Outreach
New Hope140 Park Street Attleboro, MA 02703		501(C)3	15,000	0			The MJ Leadenham Family Visitation Center of Worcester
North Brookfield Youth Center PO Box 86 North Brookfield, MA 015350086		501(C)3	10,000	0			After School Programming
Oak Hill Community Development Corporation74 Providence Street Worcester, MA 01604		501(C)3	14,000	0			O perating Support
Old Sturbridge Village1 Old Sturbridge Village Road Sturbridge, MA 01566		501(C)3	1,500	0			4-H Internship Pilot
Old Sturbridge Village1 Old Sturbridge Village Road Sturbridge, MA 01566		501(C)3	15,000	0			The Village Classroom
Old Sturbridge Village1 Old Sturbridge Village Road Sturbridge, MA 01566		501(C)3	10,000	0			Annual Fund
Pakachoag Music School of Greater Worcester203 Pakachoag Street Auburn,MA 01501		501(C)3	5,000	0			Nourishing Music for Greater Worcester
Performing Arts of Northeast ConnecticutPO Box 75 Pomfret, CT 06258		501(C)3	4,500	0			Children's Opera
Performing Arts of Northeast ConnecticutPO Box 75 Pomfret, CT 06258		501(C)3	2,000	0			Endowment

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Pernet Family Health Service 237 Millbury St Worcester, MA 01610		501(C)3	2,000	0			Homework Services Club for Green Island Neighborhood Children
Pernet Family Health Service 237 Millbury St Worcester, MA 01610		501(C)3	500	0			Unrestricted
Pernet Family Health Service 237 Millbury St Worcester, MA 01610		501(C)3	1,000	0			Unrestricted
Pernet Family Health Service 237 Millbury St Worcester, MA 01610		501(C)3	1,500	0			Children's Health Services
Pleasant Street Neighborhood Network Center301 Pleasant Street Worcester, MA 01609		501(C)3	8,479	0			O perating Support
Pregnant and Parenting Teen Program5 Sigourney Street Oxford,MA 01540		501(C)3	15,000	0			Pregnant and Parenting Teen
Quinebaug Valley Community College Foundation742 Upper Maple Street Danielson, CT 06239		501(C)3	5,000	0			Hale Scholarship Fund
Quinsigamond Community College670 West Boylston Street Worcester, MA 01606		501(C)3	3,000	0			Nursing Scholarship
Quinsigamond Community College670 West Boylston Street Worcester, MA 01606		501(C)3	10,842	0			Women in Technology
Quinsigamond Community College670 West Boylston Street Worcester, MA 01606		501(C)3	10,000	0			Fairlawn Nurse Scholars

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Rachel's Table633 Salisbury Street Worcester, MA 01609		501(C)3	5,000	0			Summer Produce
Rachel's Table633 Salisbury Street Worcester, MA 01609		501(C)3	25,000	0			Food/Hunger
Rachel's Table633 Salisbury Street Worcester, MA 01609		501(C)3	100	0			As needed
Rainbow Child Development Center10 Edwards Street Worcester, MA 01605		501(C)3	3,000	0			Dining Room Renovations
Rainbow Child Development Center10 Edwards Street Worcester, MA 01605		501(C)3	25,000	0			Early Care and Education
Rainbow Child Development Center10 Edwards Street Worcester, MA 01605		501(C)3	1,000	0			Unrestricted
Rainbow Child Development Center10 Edwards Street Worcester, MA 01605		501(C)3	300	0			General Support Toward Phase 2
Rainbow Child Development Center10 Edwards Street Worcester, MA 01605		501(C)3	1,000	0			Books, Schools Supplies, or Clothes
Redfeather Theatre Company at Holy CrossDepartment of Theatre 1 College Street Worcester, MA 01610		501(C)3	5,000	0			Much Ado About Nothing & Macbeth
Redfeather Theatre Company at Holy CrossDepartment of Theatre 1 College Street Worcester, MA 01610		501(C)3	500	0			Unrestricted for Redfeather Theatre Company

Form 990, Schedule I, Part	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Refugee & Immigrant Assistance Center340 Main St Suite 965 Worcester, MA 01608		501(C)3	10,560	0			Case Management Services in Worcester
Regatta Point Community SailingPO Box 4008 10 Lake Ave Shrewsbury,MA 01545		501(C)3	5,000	0			Sailing Instruction
Regional Environmental CouncilPO Box 255 Worcester, MA 01613		501(C)3	15,000	0			Urban Food System
Regional Environmental CouncilPO Box 255 Worcester, MA 01613		501(C)3	1,000	0			Executive Director Transition
Renaissance Award Recipient 370 Main street worcester, MA 01608		501(C)3	5,229	0			Renaissance Award Recipient
Rural Cemetery and Crematory180 Grove Street Worcester, MA 016051711		501(C)3	8,659	0			Unrestricted
Seven Hills Foundation81 Hope Avenue Worcester, MA 016032212		501(C)3	500	0			Unrestricted Grant
Seven Hills Foundation81 Hope Avenue Worcester, MA 016032212		501(C)3	500	0			Unrestricted
Seven Hills Foundation81 Hope Avenue Worcester, MA 016032212		501(C)3	28,000	0			Central Massachusetts Respite Project Pilot
Seven Hills Foundation81 Hope Avenue Worcester, MA 016032212		501(C)3	250	0			Unrestricted in Memory of Mrs Anne Tuggle

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(C)3 0 South High Community Community Service School170 Apricot Street Youth Council 8,000 Worcester, MA 01603 Southbridge Interfaith 501(C)3 0 Operating Support Hospitality Network11 Sayles 10,000 Street Southbridge, MA 01550 501(C)3 0 O rganizational Southbridge Interfaith Development Initiative Hospitality Network11 Sayles 1,500 Street Southbridge, MA 01550 501(C)3 0 Health Access Project Southeast Asian Coalition of Central Massachusetts 120 15,000 Chandler Street Worcester, MA 01609 Southeast Asian Coalition of 501(C)3 0 Operating Support Central Massachusetts 120 15,000 Chandler Street Worcester, MA 01609 501(C)3 0 Helping Ourselves Spanish American Center112 Spruce Street 15,000 Leominster, MA 01453 501(C)3 0 Child Care Support Spectrum Health Systems Corporate Office 10 Services 10,481 Mechanic Street Suite 302 Worcester, MA 01608 501(C)3 0 Leicester Food Pantry St Joseph and St Pius X Parishes 759 Main Street 5,352 Leicester, MA 01524 Temple Sinai661 Salisbury 501(C)3 0 Operating Expenses as per budget approval Street 36,500 Worcester, MA 01609 501(C)3 0 Temple Sinai661 Salisbury Rabbi's Fund Street 500 Worcester, MA 01609

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Tenacity Inc367 Western Ave 2nd Floor Brighton, MA 02135		501(C)3	10,000	0			Summer Tennis and Reading
The CASA Project100 Grove Street Worcester, MA 01605		501(C)3	14,594	0			Court Appointed Special Advocates
The CASA Project100 Grove Street Worcester, MA 01605		501(C)3	500	0			Unrestricted
Trı-Valley Inc10 Mıll Street Dudley, MA 01571		501(C)3	25,000	0			Nutrition Program
Trinity Lutheran Church73 Lancaster Street Worcester, MA 01608		501(C)3	19,588	0			Unrestricted
Trinity Lutheran Church73 Lancaster Street Worcester, MA 01608		501(C)3	3,352	0			Lillian H Person Fund (church music)
Trinity Lutheran Church73 Lancaster Street Worcester, MA 01608		501(C)3	3,352	0			Gustav Stellan Peterson Fund
Twin Cities Community Development Corporation470 Main Street Fitchburg, MA 014204292		501(C)3	15,000	0			Elm Street Initiative
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	2,500	0			Neonatal Care Unit
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury,MA 015457807		501(C)3	2,000	0			Quality and Patient Safety Fund

Form 990,Schedule I, Pa	rt II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	2,300	0			Edward R Budnitz M D Cardiovascular Research Fund for Education and Outreach
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	220	0			Umass Memorial Hospice
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	1,724	0			Unrestricted for UMass Memorial Health Care and Family Health Center
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	247	0			Unrestricted grant for UMass Memorial Health Care
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	680	0			Edward Budnitz Cardiovascular Research Fund
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	680	0			Blood Bank Research Fund
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	13,068	0			To provide health care services to residents of the Wachusett region from facilities located therein
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	904	0			UMass Memorial Health Care Neonatal Infant Care Unit
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	6,646	0			Research fellowships for the study of heart/arterial disease or arthritis at UMass Medical School
UMass Memorial Foundation 333 South Street 4th Floor Shrewsbury, MA 015457807		501(C)3	979	0			Unrstricted grant for UMass Memorial Health Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) UMass Memorial Foundation 501(C)3 0 UMass Memorial Hospice in Memory of 333 South Street 4th Floor 250 Sally Blakeslee Shrewsbury, MA 015457807 UMass Memorial Foundation 501(C)3 0 UMass Cancer Center. 333 South Street 4th Floor Alı Pierce Endowment 200 Shrewsbury, MA 015457807 Fund Professional Staff UMass Memorial Foundation 501(C)3 333 South Street 4th Floor Support for Alı & Dad's 1,598 Shrewsbury, MA 015457807 Army Pediatric Cancer Research and Programs United Way of Central 501(C)3 0 Women's Initiative Massachusetts484 Main 200 Street Ste 300 Worcester, MA 016081880 501(C)3 Distribution for United Way of Central Massachusetts484 Main previous calender year 23,430 Street Ste 300 campaign Worcester, MA 016081880 United Way of Central 501(C)3 0 Distribution for Massachusetts484 Main previous calender year 69,680 Street Ste 300 campaign Worcester, MA 016081880 501(C)3 United Way of Central Distribution for Massachusetts484 Main previous calender year 10,950 Street Ste 300 campaign Worcester, MA 016081880 United Way of Central 501(C)3 0 Distribution for Massachusetts484 Main previous calender year 16,220 Street Ste 300 campaign Worcester, MA 016081880 United Way of Central 501(C)3 Strategic Planning Massachusetts484 Main 3,000 Street Ste 300 Worcester, MA 016081880 501(C)3 0 Annual campaign United Way of Central Massachusetts484 Main 1,500 Street Ste 300

Worcester, MA 016081880

Form 990,Schedule I, Pai	rt II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United Way of Central Massachusetts484 Main Street Ste 300 Worcester, MA 016081880		501(C)3	25,009	0			Annual Campaign/Alexis de Tocqueville Society
United Way of Central Massachusetts484 Main Street Ste 300 Worcester, MA 016081880		501(C)3	5,000	0			Women's Initiative
United Way of Central Massachusetts484 Main Street Ste 300 Worcester, MA 016081880		501(C)3	2,000	0			Unrestricted
United Way of Central Massachusetts484 Main Street Ste 300 Worcester, MA 016081880		501(C)3	1,000	0			Unrestricted
United Way of Central Massachusetts484 Main Street Ste 300 Worcester, MA 016081880		501(C)3	500	0			Unrestricted
United Way of Central Massachusetts484 Main Street Ste 300 Worcester, MA 016081880		501(C)3	500	0			The Women's Initiative Fund In Honor of Lois Green
University of Massachusetts Graduate School of Nursing Graduate School of Nursing 55 Lake Avenue North S1-853 Worcester, MA 01655		501(C)3	10,000	0			Fairlawn Nurse Scholars
University of Massachusetts Graduate School of Nursing Graduate School of Nursing 55 Lake Avenue North S1-853 Worcester, MA 01655		501(C)3	500	0			Designated for a PhD student
WCUW Inc910 Main Street Worcester, MA 01610		501(C)3	10,000	0			Operating Support
Wellesley CollegeOffice for Resources 106 Central Street Wellesley Hills, MA 02481		501(C)3		0			Annual Appeal

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Wellesley CollegeOffice for 501(C)3 Unrestricted Resources 106 Central 1,000 Street Wellesley Hills, MA 02481 Wellesley CollegeOffice for 501(C)3 Marjory Boynton Rugg Scholarship Fund Resources 106 Central 1,000 Street Wellesley Hills, MA 02481 501(C)3 Whitin Memorial Community Youth Outreach Center60 Main Street PO Box 10,000 244 Whitinsville, MA 01588 Whitin Memorial Community 501(C)3 0 For operations or Center60 Main Street PO Box programs at the 564 244 discretion of the chief Whitinsville, MA 01588 executive officer Whitin Memorial Community 501(C)3 Unrestricted grant for G M Whitin Memorial Center60 Main Street PO Box 263 244 Community Whitinsville, MA 01588 Association WICN Public Radio50 501(C)3 0 Marketing Initiative Portland Street 5,186 Worcester, MA 016082013 Annual Fund/Swim 501(C)3 0 Worcester Academy81 Providence Street Program 100 Worcester, MA 01604 Worcester Academy81 501(C)3 0 Chapin Riley Providence Street Scholarship 22,143 Worcester, MA 01604 0 Worcester Academy81 501(C)3 Annual Fund Providence Street 500 Worcester, MA 01604 Worcester Academy81 501(C)3 0 Rainbow of Possibilities Providence Street 1,500 Worcester, MA 01604

Form 990,Schedule I, Pa	art II, Grants a	nd Other Assistanc	e to Governments	and Organization	ıs in the United Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Worcester Academy81 Providence Street Worcester, MA 01604		501(C)3	500	0			Unrestricted
Worcester Area Mission Society128 Central Street Auburn, MA 01501	•	501(C)3	6,000	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	10,000	0			A nnual Giving
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	49,400	0			Education and O utreach
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	1,000	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	1,820	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	1,116	0			General support for the Library
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	22,143	0			Contemporary art acquisition
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	1,500	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609	_	501(C)3	350	0	!	1	Annual Appeal (\$300), Library (\$50)

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	30,000	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	127	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	872	0			To support the Elm Park Community School/Worcester Art Museum pARTnership
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	19,500	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	471	0			Unrestricted
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	1,326	0			To support photography through studio programs
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	474	0			For conservation of the collection
Worcester Art Museum55 Salisbury Street Worcester, MA 01609		501(C)3	1,500	0			Unrestricted
Worcester Common Ground7 - 11 Bellevue Street Worcester, MA 01609		501(C)3	15,000	0			O perating Support
Worcester Community Action Council484 Main Street Suite 200 Worcester, MA 016081810		501(C)3	10,000	0			Community Connections Parent Center

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Worcester Community Action Council484 Main Street Suite 200 Worcester, MA 016081810		501(C)3	13,219	0			Collegiate Success Institute
Worcester Community Housing Resources11 Pleasant Street Suite 300 Worcester, MA 01609		501(C)3	17,000	0			Neighborhood Stabilization
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	2,000	0			For Worcester Tree Initiative Expenses
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	4,000	0			For Worcester Tree Initiative Expenses
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	70,000	0			For Worcester Tree Initiative Expenses
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	1,250	0			Unrestricted
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	1,250	0			A nnual A ppeal
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	20,000	0			For Worcester Tree Initiative Expenses
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	2,500	0			A nnual A ppeal
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	127	0			Unrestricted

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	390	0			Unrestricted
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	40,000	0			For Worcester Tree Initiative Expenses
Worcester County Horticultural SocietyTower Hill Botanic Garden11 French Drive PO Box 598 Boylston, MA 01505		501(C)3	300	0			Fall Appeal
Worcester County Mechanics AssociationMechanics Hall 321 Main Street Worcester, MA 01608		501(C)3	300	0			Membership and Annual Appeal
Worcester County Mechanics AssociationMechanics Hall 321 Main Street Worcester, MA 01608		501(C)3	25,000	0			To supplement regular operating income needed to meet operating expenses
Worcester County Mechanics AssociationMechanics Hall 321 Main Street Worcester, MA 01608		501(C)3	250	0			Mechanics Hall Annual Fund
Worcester Cultural Coalition 44 Front Street Suite 530 Worcester, MA 01608		501(C)3	9,669	0			10th Anniversary
Worcester East Side Community Development Corporation409 Shrewsbury Street Worcester, MA 01604		501(C)3	20,000	0			Revitalization Strategies
Worcester Historical Museum 30 Elm Street Worcester, MA 01609		501(C)3	100	0			General Support
Worcester Historical Museum 30 Elm Street Worcester, MA 01609		501(C)3	4,145	0			Transportation of EB Luce Collection to WHM and Library Copier

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Worcester Historical Museum 30 Elm Street Worcester, MA 01609		501(C)3	2,500	0			"Remaking Historic House Museum in the 21st Century"
Worcester Historical Museum 30 Elm Street Worcester, MA 01609		501(C)3	14,156	0			Curator operations with an emphasis on exhibitions
Worcester Historical Museum 30 Elm Street Worcester, MA 01609		501(C)3	10,120	0			Salisbury Mansion programs and curator
Worcester Historical Museum 30 Elm Street Worcester, MA 01609		501(C)3	86,500	0			Agency Fund Distribution
Worcester Historical Museum 30 Elm Street Worcester, MA 01609		501(C)3	600	0			Unrestricted
Worcester Polytechnic Institute100 Institute Road Worcester, MA 01609		501(C)3	500	0			WPI Annual Fund
Worcester Regional Research Bureau319 Main Street Worcester, MA 01608		501(C)3	2,815	0			Annual Distribution for the Harrington Public Forums on Municipal Government
Worcester Regional Research Bureau319 Main Street Worcester, MA 01608		501(C)3	5,000	0			Research & Education
Worcester State College486 Chandler Street Worcester, MA 016022597		501(C)3	10,000	0			Fairlawn Nurse Scholars
Worcester State College486 Chandler Street Worcester, MA 016022597		501(C)3	1,500	0			Craft Center Program

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Worcester Youth Center326 Chandler Street Worcester, MA 01602		501(C)3	10,278	0			O perating Support
Worcester Youth Center326 Chandler Street Worcester, MA 01602		501(C)3	1,500	0			For needy or deprived youth
Worcester Youth Center326 Chandler Street Worcester, MA 01602		501(C)3	1,000	0			Annual Campaign
YOU Inc81 Plantation Street Worcester, MA 01604		501(C)3	10,000	0			Southbridge Upward Bound Scholars
YOU Inc81 Plantation Street Worcester, MA 01604		501(C)3	500	0			Southbridge Family Center
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610		501(C)3	1,500	0			Unrestricted Grant
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610		501(C)3	13,322	0			Men's Health Initiative
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610		501(C)3	20,000	0			Kids on the Move
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610		501(C)3	300	0			Nautilus Center
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610		501(C)3	1,500	0			Unrestricted
1							

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610	_	501(C)3	11,613	0			Minority Acheivers
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610		501(C)3	500	0			Heritage Fund
YMCA of Central Massachusetts766 Main Street Worcester, MA 01610	_	501(C)3	1,000	0			Unrestricted
YouthNet125 Providence Street Worcester, MA 01604	_	501(C)3	15,000	0			Summer 2009
YWCA of Central MassachusettsOne Salem Square Worcester, MA 01608	_	501(C)3	1,500	0			Gırls C H O I C E
YWCA of Central MassachusettsOne Salem Square Worcester, MA 01608	_	501(C)3	7,500	0			Young Parent Program
YWCA of Central MassachusettsOne Salem Square Worcester, MA 01608	_	501(C)3	7,500	0			Drop-In Respite
YWCA of Central MassachusettsOne Salem Square Worcester, MA 01608	_	501(C)3	10,000	0			Daybreak Community Education
YWCA of Central MassachusettsOne Salem Square Worcester, MA 01608	_	501(C)3	10,000	0			Daybreak Community Services
YWCA of Central MassachusettsOne Salem Square Worcester, MA 01608	_	501(C)3	1,500	0			For needy or deprived youth

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization GREATER WORCESTER COMMUNITY foundation inc **Employer identification number**

04-2572276

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		two directors have a business relationship as shareholders in the same law firm
Form 990, Part VI, Section A, line 6		the foundation has a body of corporators, numbering up to 300, who are residents of the communities served by the foundation and whose powers are limited to election of other members, election of the board of directors, and approval of any amendments to the bylaws the business of the foundation is managed by the directors
Form 990, Part VI, Section A, line 7a		see explanation for part vi, line 6
Form 990, Part VI, Section A, line 7b		see explanation for part vi, line 6
Form 990, Part VI, Section B, line 11		the form 990 is reviewed by the audit committee of the board of directors, after which it is mailed to each director prior to being filed
Form 990, Part VI, Section B, line 12c		the foundation maintains a current listing of business, professional and service affiliations by members of its board of directors, committees and employees each individual annually completes a declaration of affiliations to ensure that this list remains current if an individual is affiliated with an organization that is under consideration for a grant from the foundation, the individual may not be involved in the discussion and may not vote
Form 990, Part VI, Section B, line 15		the president of the foundation conducts an annual appraisal of the executive director, with input from each board member comments are used to help the board assess and support the executive director an evaluation takes place during a special meeting for which minutes are taken and kept on file annual compensation is determined by benchmarking salary surveys supplied by the council on foundations the executive director is responsible for salary administration and uses benchmarking salary surveys supplied by local nonprofit networks and the council on foundations
Form 990, Part VI, Section C, line 19		governing documents are available upon request conflict of interest policies are disseminated to all persons who serve on any foundation committees audited financial statements are posted on the foundation's website in addition, the statement of financial position and the statement of activities are printed in the foundation's annual report form 990 is posted on the foundation's website

Identifier	Return Reference	Explanation
form 990, part xı, lıne 2c		the process has not changed from the prior year

Schedule D, Part V Greater Worcester Community Foundation invests all funds for the long term. As a result, the Endowment Funds table includes all endowment, temporarily restricted and agency funds

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

Cat No 51056K

Schedule O (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137025220

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Worcester, MA 01608 04-2983690

Name of the organization	Employer identification numbe
GREATER WORCESTER COMMUNITY foundation inc	
	04 2572276

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state or foreign country)

(d)
Total income
End-of-year assets

(f)
Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (a)
Name, address, and EIN of related organization (b) (d) Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section (if section 501(c)(3)) or foreign country) entity Fairlawn Foundation 370 Main Street Health Grantmaking MΑ 501(C)(3) Supporting Org N/A

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990	, Part IV,	line 34				
	because it had one or more related organizations treated as a partnership during the tax year.)						

(a) Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Direct controlling entity

(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)

(f) Share of total income

(g) Share of end-of-year assets

(h) Disproprtionate allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign

country)

(d) Direct controlling entity

(e) Type of entity (C corp, S corp, or trust)

(f) Share of total ıncome

(g) Share of end-of-year assets

(h) Percentage ownership

(4)

(5)

(6)

	•			
Pa	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35,	, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 0	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	b Gift, grant, or capital contribution to other organization(s)	1b		N
С	c Gift, grant, or capital contribution from other organization(s)	1c		N
d	d Loans or loan guarantees to or for other organization(s)	1d		N
е	e Loans or loan guarantees by other organization(s)	1e		N
f	f Sale of assets to other organization(s)	1f		N
g	g Purchase of assets from other organization(s)	1 g		N
h	h Exchange of assets	1h		N
i	i Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	j Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>		N
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	l Performance of services or membership or fundraising solicitations by other organization(s)	11		Ž
n	m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	N
n	n Sharing of paid employees	1n		N
0	• Reimbursement paid to other organization for expenses	10		N
р	p Reimbursement paid by other organization for expenses	1 p		Ż
q	q O ther transfer of cash or property to other organization(s)	1 q		Ž
r	r Other transfer of cash or property from other organization(s)	1r		Ý
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transa	action thresholds		
	(a) (b		(c)	
	Name of other organization type(Δmou	nt involve	ed
1)				
2)				
• •				
3)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 04-2572276

Name: GREATER WORCESTER COMMUNITY foundation inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		((tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
scott rossiter director	1 00	X						0	0	0	
pamela k boisvert director	1 00	X						0	0	0	
dennis f gorman director	1 00	X						0	0	0	
paul r rossley director	1 00	X						0	0	0	
dıx f davıs dırector	1 00	X						0	0	0	
monica e lowell director	1 00	X						0	0	0	
frederic h mulligan director	1 00	X						0	0	0	
martha r pappas director	1 00	X						0	0	0	
robert s adler director	1 00	X						0	0	0	
carlton a watson director	1 00	X						0	0	0	
george w tetler dırector	1 00	X						0	0	0	
rodney m glasgow dırector	1 00	X						0	0	0	
gerald m gates director	1 00	X						0	0	0	
dexter a bailey director	1 00	X						0	0	0	
Lee Gaudette at-large	2 00			X				0	0	0	
r joseph salois president	2 00			Х				0	0	0	
thomas j bartholomew treasurer	2 00			Х				0	0	0	
ellen s dunlap clerk	2 00			X				0	0	0	
warner s fletcher vice-president	2 00			X				0	0	0	
mary c ritter at-large	2 00			Χ				0	0	0	
ann t lisi executive director	50 00			Х				125,962	0	9,728	
Christine R Louis director of donor relati	40 00					Х		109,693	0	5,026	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
program consulting and	39,746	39,746		
dues and subscriptions	26,829	18,723	4,500	3,606
printing and publicatio	21,484	2,977	535	17,972
bank and other fees	11,468	7,886	2,027	1,555
POSTAGE AND SHIPPING	9,213	4,895	1,257	3,061