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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	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER WORCESTER COMMUNITY FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 370 MAIN STREET NO 650 City or town, state or country, and ZIP + 4 WORCESTER, MA 01608	D Employer identification number 04-2572276
	F Name and address of principal officer ANN T LISI 370 MAIN ST WORCESTER, MA 016081738	E Telephone number (508) 755-0980
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	G Gross receipts \$ 43,211,764
	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ WWW GREATERWORCESTER ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1975	M State of legal domicile MA

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities GREATER WORCESTER COMMUNITY FOUNDATION'S MISSION IS TO ENHANCE OUR COMMUNITY, NOW AND IN THE FUTURE, THROUGH PHILANTHROPIC LEADERSHIP GREATER WORCESTER COMMUNITY FOUNDATION IS A PROFESSIONAL AND COMPASSIONATE STEWARD OF ENDOWMENT GIFTS PROVIDED BY FAMILIES, INDIVIDUALS AND ORGANIZATIONS TO IMPROVE LIVES AND CONDITIONS IN CENTRAL MASSACHUSETTS THE FOUNDATION AWARDS GRANTS TO NON-PROFIT ORGANIZATIONS, PROVIDES COLLEGE SCHOLARSHIPS TO AREA STUDENTS AND CONVENES RESIDENTS AND LEADERS TO ADDRESS COMMUNITY CONCERNS WE ALSO PROVIDE LEARNING OPPORTUNITIES FOR NON-PROFIT MANAGERS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶202,786
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II

Signature Block

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

Sign Here		*****	2011-07-01
		Signature of officer	Date
Paid Preparer Use Only		ANN T LISI PRESIDENT & CEO	
		Type or print name and title	
	Print/Type preparer's name CARLA M MCCALL CPA	Preparer's signature CARLA M MCCALL CPA	Date
	Firm's name ▶ ALEXANDER ARONSON FINNING & CO PC		
	Firm's address ▶ 21 EAST MAIN STREET		
	WESTBOROUGH, MA 01581		
	Phone no ▶ (508) 366-9100		

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO ENHANCE OUR COMMUNITY, NOW AND IN THE FUTURE, THROUGH PHILANTHROPIC LEADERSHIP WE ACCOMPLISH THIS MISSION BY HELPING DONORS CREATE LASTING FUNDS THAT SUPPORT THE COMMUNITY FOREVER, BY AWARDING GRANTS TO NONPROFITS ENGAGED IN SERVICES IN THE ARTS, EDUCATION, ENVIRONMENT, HEALTH, HUMAN SERVICES AND COMMUNITY DEVELOPMENT, AND BY HELPING NON-PROFIT ORGANIZATIONS IMPROVE THEIR MANAGEMENT AND GOVERNANCE TO ACHIEVE EVEN GREATER IMPACT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,388,464 including grants of \$ 1,699,494) (Revenue \$)

DONOR ADVISED AND DESIGNATED GRANTMAKING FORMALLY STRUCTURED TO ENABLE THE DONOR TO SUGGEST SPECIFIC GRANTS FROM FUNDS INCLUDES FUNDS ESTABLISHED AS ENDOWMENTS FOR SPECIFIC AGENCIES

4b

(Code) (Expenses \$ 3,136,570 including grants of \$ 2,231,803) (Revenue \$ 642)

DISCRETIONARY AND FIELD OF INTEREST GRANTMAKING DISCRETIONARY FUNDS HAVE NO EXTERNAL RESTRICTIONS ON THEIR GRANT PURPOSE FIELD OF INTEREST FUNDS SUPPORT A CLASS OF CHARITABLE BENEFICIARIES

4c

(Code) (Expenses \$ 757,108 including grants of \$ 538,714) (Revenue \$ 250)

SCHOLARSHIPS GRANTMAKING AWARDS ARE MADE TO COLLEGES TO ASSIST INDIVIDUAL STUDENTS IN OBTAINING AN EDUCATION

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e
















Total program service expenses

\$ 6,282,142

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Parts II and IV.</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.? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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 "Yes," complete Schedule G, Part I (see instructions).</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 "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	
	1a12	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	
	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2bYes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4aNo
b	If "Yes," enter the name of the foreign country: See instructions for 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7 Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.		
a	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
10 Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11 Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the amount of reserves on hand.	13c
14a Did the organization receive any payments for indoor tanning services during the tax year?		
14aNo		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ANN T LISI, PRESIDENT & CEO 370 MAIN STREET WORCESTER, MA 01608 (508) 755-0980

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GERALD GAUDETTE DIRECTOR/AT-LARGE	2 00	X						0	0	0
(2) R JOSEPH SALOIS CHAIR	2 00	X		X				0	0	0
(3) THOMAS J BARTHOLOMEW TREASURER	2 00	X		X				0	0	0
(4) ELLEN S DUNLAP CLERK	2 00	X		X				0	0	0
(5) WARNER S FLETCHER VICE-PRESIDENT	2 00	X		X				0	0	0
(6) MARY C RITTER DIRECTOR/AT-LARGE	2 00	X						0	0	0
(7) SCOTT ROSSITER DIRECTOR	1 00	X						0	0	0
(8) PAMELA K BOISVERT DIRECTOR	1 00	X						0	0	0
(9) DENNIS F GORMAN DIRECTOR	1 00	X						0	0	0
(10) PAUL R ROSSLEY DIRECTOR	1 00	X						0	0	0
(11) DIX F DAVIS DIRECTOR	1 00	X						0	0	0
(12) MONICA E LOWELL DIRECTOR	1 00	X						0	0	0
(13) FREDERIC H MULLIGAN DIRECTOR	1 00	X						0	0	0
(14) MARTHA R PAPPAS DIRECTOR	1 00	X						0	0	0
(15) ROBERT S ADLER DIRECTOR	1 00	X						0	0	0
(16) CARLTON A WATSON DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) GEORGE W TETLER DIRECTOR	1 00	X						0	0	0
(18) RODNEY M GLASGOW DIRECTOR	1 00	X						0	0	0
(19) GERALD M GATES DIRECTOR	1 00	X						0	0	0
(20) DEXTER A BAILEY DIRECTOR	1 00	X						0	0	0
(21) ANN K MOLLOY DIRECTOR	1 00	X						0	0	0
(22) BRIAN M CHANDLEY DIRECTOR	1 00	X						0	0	0
(23) ANN T LIST PRESIDENT & CEO	50 00			X				123,621	0	6,572
(24) CHRISTINE R LOUIS DIRECTOR OF DONOR RELATION	40 00					X		114,419	0	6,278
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								238,040	0	12,850
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>		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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section 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) Compensation
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		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,478,256			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,478,256			
	Program Service Revenue			Business Code			
2a		PROGRAM RELATED INVEST	900099	642	642		
b		SCHOLARSHIP ADMINISTRA	900099	250	250		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		892			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,598,172		2,598,172	
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		3,207,558		3,207,558
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . . .				
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory . . .				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		9,284,878	892	0	5,805,730	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,452,773	4,452,773		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	17,238	17,238		
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	252,209	176,546	45,398	30,265
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	494,503	346,152	89,011	59,340
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,097	9,868	2,537	1,692
9	Other employee benefits	73,574	51,502	13,243	8,829
10	Payroll taxes	57,248	40,073	10,305	6,870
a	Fees for services (non-employees) Management				
b	Legal	5,874	2,240	576	3,058
c	Accounting	36,268	25,387	6,529	4,352
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	946,848	946,848		
g	Other	4,425	3,098	796	531
12	Advertising and promotion	22,963			22,963
13	Office expenses	7,997	5,643	1,412	942
14	Information technology	51,880	36,316	9,338	6,226
15	Royalties				
16	Occupancy	91,226	63,858	16,421	10,947
17	Travel	7,334	5,236	476	1,622
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,200	18,406	568	15,226
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,488	12,942	3,327	2,219
23	Insurance	5,109	3,576	920	613
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM CONSULTING AND	29,812	29,312		500
b	DUES AND SUBSCRIPTIONS	27,591	19,432	4,480	3,679
c	PRINTING AND PUBLICATIO	20,111	1,702	438	17,971
d	BANK AND OTHER FEES	13,979	9,666	2,485	1,828
e	POSTAGE AND SHIPPING	8,554	4,328	1,113	3,113
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,694,301	6,282,142	209,373	202,786
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				171,065	1	79,109
	2	Savings and temporary cash investments				4,622,492	2	4,132,195
	3	Pledges and grants receivable, net					3	630,000
	4	Accounts receivable, net					4	4,935
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L					6	
	7	Notes and loans receivable, net				13,487	7	10,640
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				34,320	9	57,680
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,410,018				
	b	Less: accumulated depreciation	10b	210,167	1,098,916	10c	1,199,851	
	11	Investments—publicly traded securities				54,118,669	11	54,350,715
	12	Investments—other securities. See Part IV, line 11				50,532,833	12	60,472,213
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				9,939	15	12,789
	16	Total assets. Add lines 1 through 15 (must equal line 34)				110,601,721	16	120,950,127
Liabilities	17	Accounts payable and accrued expenses				67,824	17	62,151
	18	Grants payable				447,425	18	186,400
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				9,892,446	25	11,324,394
	26	Total liabilities. Add lines 17 through 25				10,407,695	26	11,572,945
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				-1,084,217	27	-205,945
	28	Temporarily restricted net assets				23,523,193	28	29,752,051
	29	Permanently restricted net assets				77,755,050	29	79,831,076
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				100,194,026	33	109,377,182
	34	Total liabilities and net assets/fund balances				110,601,721	34	120,950,127

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,284,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,694,301
3	Revenue less expenses Subtract line 2 from line 1	3	2,590,577
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,194,026
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,592,579
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	109,377,182

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number
04-2572276

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i)
Name of supported organization | (ii)
EIN | (iii)
Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)
Is the organization in col (i) listed in your governing document? | | (v)
Did you notify the organization in col (i) of your support? | | (vi)
Is the organization in col (i) organized in the U S ? | | (vii)
Amount of support |
|---------------------------------------|-------------|---|---|----|--|----|---|----|----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,426,291	5,695,199	3,342,010	1,909,128	3,478,256	21,850,884
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,426,291	5,695,199	3,342,010	1,909,128	3,478,256	21,850,884
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,603,523
6 Public Support. Subtract line 5 from line 4						19,247,361

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,426,291	5,695,199	3,342,010	1,909,128	3,478,256	21,850,884
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,192,078	2,629,461	2,965,267	2,702,553	2,598,172	13,087,531
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						34,938,415
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	55 090 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	56 550 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization GREATER WORCESTER COMMUNITY FOUNDATION INC	Employer identification number 04-2572276
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	92
2	Aggregate contributions to (during year)	584,065
3	Aggregate grants from (during year)	768,904
4	Aggregate value at end of year	14,756,721
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>Yes No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div>Yes No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

Yes No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	107,506,328	89,030,230	130,652,447	
b	Contributions	2,849,148	1,926,070	3,373,030	
c	Investment earnings or losses	12,518,866	21,099,250	-38,400,763	
d	Grants or scholarships	4,470,011	3,807,506	5,309,129	
e	Other expenditures for facilities and programs	0	10,825	19,696	
f	Administrative expenses	1,209,515	730,891	1,265,659	
g	End of year balance	117,194,816	107,506,328	89,030,230	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 1 000 %

b

Permanent endowment ▶ 81 000 %

c

Term endowment ▶ 18 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,149,228			1,149,228
b Buildings				
c Leasehold improvements		54,309	36,026	18,283
d Equipment		87,805	80,189	7,616
e Other		118,676	93,952	24,724
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,199,851

Part VII

Investments—Other Securities.

See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY FUNDS	26,729,430	F
(B) ABSOLUTE RETURN FUNDS	23,769,912	F
(C) REAL ASSET FUNDS	8,212,564	F
(D) SPLIT INTEREST AGREEMENTS	1,760,307	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	60,472,213	

Part VIII

Investments—Program Related.

See Form 990, Part X, line 13.

(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, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X

Other Liabilities.

See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
AGENCY ENDOWMENTS	10,485,781
SPLIT INTEREST AGREEMENT LIABILITY	838,613
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	11,324,394

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,284,878
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,694,301
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,590,577
4	Net unrealized gains (losses) on investments	4	7,659,984
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,067,405
9	Total adjustments (net) Add lines 4 - 8	9	6,592,579
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,183,156

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,738,739
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,659,984
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	161,182
d	Other (Describe in Part XIV)	2d	-727,875
e	Add lines 2a through 2d	2e	7,093,291
3	Subtract line 2e from line 1	3	7,645,448
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,639,430
c	Add lines 4a and 4b	4c	1,639,430
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,284,878

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,555,583
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,555,583
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	946,848
b	Other (Describe in Part XIV)	4b	191,870
c	Add lines 4a and 4b	4c	1,138,718
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,694,301

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD WHICH REQUIRES THE FOUNDATION TO REPORT UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES ACCORDINGLY. AS OF DECEMBER 31, 2010, THE FOUNDATION DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT. THE FOUNDATION FILES INFORMATION RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS STATE JURISDICTIONS. RETURNS FILED FOR YEARS ENDING BEFORE DECEMBER 31, 2007, ARE NO LONGER SUBJECT TO EXAMINATION BY THESE TAX AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		RECOVERY OF PRIOR YEAR GRANTS 161,182. CHG IN VALUE OF SPLIT INTEREST AGREEMENT & REMAINDER INTEREST IN REAL ESTATE 218,973. AGENCY ACTIVITY GIFTS -578,098. AGENCY ACTIVITY GRANTS 191,870. AGENCY ACTIVITY INVESTMENTS -1,119,566. AGENCY ACTIVITY FEES 58,234.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHG IN VALUE OF SPLIT INTEREST AGREEMENT & REMAINDER INTEREST IN REAL ESTATE 218,973. INVESTMENT MANAGEMENT FEES -946,848.
PART XII, LINE 4B - OTHER ADJUSTMENTS		AGENCY INCOME 1,639,430.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AGENCY EXPENSE 191,870.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number
04-2572276

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶ 190

3

Enter total number of other organizations

▶ 190

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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TORNADO SURVIVOR FUND	1	9,885	0		SHOES, CLOTHING, MEDICATION AND PERSONAL PRODUCTS
(2) OUTSTANDING CITIZENSHIP AWARD	2	500	0		RECIPIENTS OF THE 2010 JOHN E AND ETHEL E RILEY OUTSTANDING CITIZENSHIP AWARD
(3) MUSIC SCHOLARSHIP	2	1,250	0		EDUCATION
(4) OUTSTANDING MEDICAL STUDENT AWARD	1	500	0		OUTSTANDING MEDICAL STUDENT AWARD
(5) RENAISSANCE AWARD	1	5,103	0		RENAISSANCE AWARD RECIPIENT

Part IV

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

Identifier	Return Reference	Explanation
OTHER 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, 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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	1,000				GENERAL USE
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	6,500				DIRECT AID THROUGH WYNNE CHASE INITIATIVE OF THE ANNETTE RAFFERTY SURVIVE TO THRIVE (ARST) FUND
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	20,000				HOUSING AND HOMELESSNESS
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	328				UNRESTRICTED
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	300				UNRESTRICTED
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	4,321				UNRESTRICTED
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	759				UNRESTRICTED
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	458				UNRESTRICTED
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 01609		501(C)3	500				UNRESTRICTED
AFRICAN COMMUNITY EDUCATION PROGRAM23 N ASHLAND STREET WORCESTER,MA 01609		501(C)3	20,000				OPERATING SUPPORT
AIDS PROJECT WORCESTER85 GREEN STREET WORCESTER,MA 01604		501(C)3	12,255				HIV COUNSELING AND TESTING
AKWAABA HEALTH INITIATIVE52 HARLEM STREET WORCESTER,MA 01610		501(C)3	10,000				AKWAABA HEALTH INITIATIVE

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,500				UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	12,745				UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	500				UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	250				GENERAL
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	250				UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	500				UNRESTRICTED IN HONOR OF HENRY AND JANE DEWEY
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	250				ANNUAL APPEAL
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	15,000				SUPPORT FOR BICENTENNIAL HISTORY AND OTHER BICENTENNIAL PUBLICATIONS
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,000				UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,200				UNRESTRICTED
ANNA MARIA COLLEGE50 SUNSET LANE PAXTON,MA 01612		501(C)3	8,000				ANNUAL GIVING
ANNA MARIA COLLEGE50 SUNSET LANE PAXTON,MA 01612		501(C)3	15,000				FAIRLAWN NURSING SCHOLARSHIPS

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPLE TREE ARTSPO BOX 75 GRAFTON,MA 01519		501(C)3	5,000				EARLY CHILDHOOD MUSIC
APPLE TREE ARTSPO BOX 75 GRAFTON,MA 01519		501(C)3	3,000				ELECTRONIC MEDIA VIDEO
ARTSWORCESTER660 MAIN STREET WORCESTER,MA 01610		501(C)3	10,000				OPERATING SUPPORT
ATHOL AREA YMCA545 MAIN STREET ATHOL,MA 01331		501(C)3	4,000				MATCH FOR THE 2010 CAMP WIYAKA PHONATHON
ATHOL AREA YMCA545 MAIN STREET ATHOL,MA 01331		501(C)3	5,000				YOUTHREACH
AUBURN YOUTH & FAMILY SERVICES21 PHEASANT CT AUBURN,MA 01501		501(C)3	4,500				SUMMER PROGRAMS
AUBURN YOUTH & FAMILY SERVICES21 PHEASANT CT AUBURN,MA 01501		501(C)3	10,000				YOUTH DEVELOPMENT
AUDIO JOURNAL799 WEST BOYLSTON STREET WORCESTER,MA 01606		501(C)3	1,600				VOICES OF LIGHT
AUDIO JOURNAL799 WEST BOYLSTON STREET WORCESTER,MA 01606		501(C)3	12,000				DEVELOPMENT PLAN
AUDIO JOURNAL799 WEST BOYLSTON STREET WORCESTER,MA 01606		501(C)3	1,500				LEICESTER VOICES OF LIGHT
BANCROFT SCHOOL110 SHORE ROAD WORCESTER,MA 01605		501(C)3	250				SUPPORT HERRON-DRESSER FUND FOR THE ARTS
BANCROFT SCHOOL110 SHORE ROAD WORCESTER,MA 01605		501(C)3	13,000				WORCESTER PARTNERSHIP

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANCROFT SCHOOL110 SHORE ROAD WORCESTER,MA 01605		501(C)3	19,031				UNRESTRICTED
BANCROFT SCHOOL110 SHORE ROAD WORCESTER,MA 01605		501(C)3	100				UNRESTRICTED
BECKER COLLEGE61 SEVER STREET WORCESTER,MA 01609		501(C)3	15,000				THE CAPITAL CAMPAIGN
BECKER COLLEGE61 SEVER STREET WORCESTER,MA 01609		501(C)3	11,000				90% CAPITAL, 10% ANNUAL CAMPAIGN
BECKER COLLEGE61 SEVER STREET WORCESTER,MA 01609		501(C)3	200				GENERAL FUNDS
BECKER COLLEGE61 SEVER STREET WORCESTER,MA 01609		501(C)3	15,000				FAIRLAWN NURSE SCHOLARS
BECKER COLLEGE61 SEVER STREET WORCESTER,MA 01609		501(C)3	500				UNRESTRICTED
BEST BUDDIES MASSACHUSETTS401 MAIN STREET SUITE 15 AMHERST,MA 01002		501(C)3	5,000				WORCESTER COUNTY HIGH SCHOOL/COLLEGE PROJECT
BIG BROTHERSBIG SISTERS OF CENTRAL MASSMETRO WEST484 MAIN STREET SUITE 360 WORCESTER,MA 01608		501(C)3	17,500				BIGS IN SCHOOLS AND SITES
BLACKSTONE RIVER COALITIONPO BOX 70477 WORCESTER,MA 01607		501(C)3	5,000				BI-STATE APPROACH TO NUTRIENT REDUCTION
BLACKSTONE VALLEY BOYS & GIRLS CLUB115 CANAL STREET BLACKSTONE,MA 01504		501(C)3	1,500				TORCH CLUB
BLACKSTONE VALLEY BOYS & GIRLS CLUB115 CANAL STREET BLACKSTONE,MA 01504		501(C)3	6,000				SUMMER CAMPERSHIPS 2011

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOTHBAY REGION YMCA P O BOX 500 BOOTHBAY HARBOR, ME 04538		501(C)3	10,000				CAPITAL CAMPAIGN
BOSLER HUMANE SOCIETY 300 ROYALSTON ROAD BALDWINVILLE, MA 01436		501(C)3	2,004				OPERATIONAL SUPPORT
BOSLER HUMANE SOCIETY 300 ROYALSTON ROAD BALDWINVILLE, MA 01436		501(C)3	5,000				TO SUPPORT THE NO-KILL ANIMAL SHELTER OPERATIONS
BOTTOM LINE600 MAIN STREET SUITE 110 WORCESTER, MA 01608		501(C)3	10,000				WORCESTER OFFICE
BOYS & GIRLS CLUB OF WEBSTER-DUDLEY55 OXFORD AVENUE DUDLEY, MA 01571		501(C)3	13,150				JUNIOR STAFF DEVELOPMENT
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 01610		501(C)3	974				UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 01610		501(C)3	1,500				UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 01610		501(C)3	1,569				CAMPERSHIPS FOR TWO OR MORE YOUNG PEOPLE
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 01610		501(C)3	10,000				SUMMER TIME LEARNING
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 01610		501(C)3	500				ANNUAL FUND UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 01610		501(C)3	664				MEMBERSHIP SUPPORT FOR CHILDREN FROM LOW-INCOME FAMILIES
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 01610		501(C)3	318				UNRESTRICTED

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER,MA 01610		501(C)3	989				PREVENTATIVE PROGRAMS FOR YOUTH
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER,MA 01610		501(C)3	2,000				ANNUAL CAMPAIGN DECEMBER 2010
BRIDGE OF CENTRAL MASSACHUSETTS4 MANN STREET WORCESTER,MA 01602		501(C)3	16,000				SAFE HOMES
BRIDGE OF CENTRAL MASSACHUSETTS4 MANN STREET WORCESTER,MA 01602		501(C)3	1,000				UNRESTRICTED/STAR SPONSOR
BRITNEY GENDEL'S POOREST OF THE POOR FUND INCPO BOX 355 RUTLAND,MA 01543		501(C)3	5,000				FOR THE HAITIAN ORPHANAGE
BRITNEY GENDEL'S POOREST OF THE POOR FUND INCPO BOX 355 RUTLAND,MA 01543		501(C)3	500				GENERAL CONSTRUCTION OF A FACILITY TO HELP CHILDREN IN HAITI
CAMP PUTNAM INC141 RUTHERFORD ROAD NEW BRAINTREE,MA 01531		501(C)3	10,454				RESIDENTIAL SUMMER CAMP
CATHOLIC CHARITIES WORCESTER COUNTY10 HAMMOND STREET WORCESTER,MA 01610		501(C)3	19,885				HEALTH OUTREACH AND EDUCATION
CENTER FOR NONVIOLENT SOLUTIONS901 PLEASANT STREET WORCESTER,MA 01602		501(C)3	2,000				UNRESTRICTED FOR CENTER FOR NONVIOLENT SOLUTIONS IN WORCESTER
CENTER FOR NONVIOLENT SOLUTIONS901 PLEASANT STREET WORCESTER,MA 01602		501(C)3	300				UNRESTRICTED
CENTER FOR NONVIOLENT SOLUTIONS901 PLEASANT STREET WORCESTER,MA 01602		501(C)3	3,000				UNRESTRICTED
CENTRAL MASSACHUSETTS AREA HEALTH EDUCATION CENTER35 HARVARD STREET SUITE 300 WORCESTER,MA 01609		501(C)3	20,000				LANGUAGE LINK BILINGUAL YOUTH IN HEALTH CARE

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CENTRAL MASSACHUSETTS HOUSING ALLIANCE7-11 BELLEVUE STREET WORCESTER,MA 01609		501(C)3	15,000				PUBLIC EDUCATION AND ADVOCACY
CENTRAL MASSACHUSETTS HOUSING ALLIANCE7-11 BELLEVUE STREET WORCESTER,MA 01609		501(C)3	200				UNRESTRICTED GRANT
CENTRO LAS AMERICAS11 SYCAMORE STREET WORCESTER,MA 01608		501(C)3	10,000				LATINO ELDER PROGRAM
CENTRO LAS AMERICAS11 SYCAMORE STREET WORCESTER,MA 01608		501(C)3	10,000				INSTITUTE OF LATINO ARTS AND CULTURE
CHILDREN'S FRIEND21 CEDAR STREET WORCESTER,MA 01609		501(C)3	1,500				UNRESTRICTED
CHILDREN'S FRIEND21 CEDAR STREET WORCESTER,MA 01609		501(C)3	20,000				SCHOOL AGE MOTHERS
CHILDREN'S FRIEND21 CEDAR STREET WORCESTER,MA 01609		501(C)3	20,000				SCHOOL AGE MOTHERS
CHILDREN'S FRIEND21 CEDAR STREET WORCESTER,MA 01609		501(C)3	472				UNRESTRICTED
CHILDREN'S FRIEND21 CEDAR STREET WORCESTER,MA 01609		501(C)3	520				UNRESTRICTED
CITY OF WORCESTER HEALTH AND HUMAN SERVICESEXECUTIVE OFFICE/ ELDER AFFAIR 128 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	14,198				FALL PREVENTION PROJECT
CITY OF WORCESTER HEALTH AND HUMAN SERVICESEXECUTIVE OFFICE/ ELDER AFFAIR 128 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	21,000				SENIOR SUPPORT TEAM
CLAFLIN HILL MUSIC PERFORMANCE FOUNDATION54 CLAFLIN STREET MILFORD,MA 01757		501(C)3	5,000				SUSTAINING THE MUSIC

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CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610		501(C)3	100,000				MAIN SOUTH SECONDARY SCHOOL COLLABORATIVE
CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610		501(C)3	2,600				THE CLARK FUND
CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610		501(C)3	6,148				JOHN W LUND COMMUNITY ACHIEVEMENT AWARD 2010
CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610		501(C)3	100				FRIENDS OF THE GODDARD LIBRARY (GENERAL SUPPORT)
CLEGHORN NEIGHBORHOOD CENTER 18 FAIRMOUNT STREET FITCHBURG,MA 01420		501(C)3	10,000				ADULT EDUCATION
COLLEGES OF WORCESTER CONSORTIUM484 MAIN STREET SUITE 500 WORCESTER,MA 01608		501(C)3	3,000				FOR THE CSI COLLEGIATE SUCCESS INSTITUTE TO ENGAGE WORCESTER HIGH SCHOOL STUDENTS IN FINANCIAL LITERACY AND CAREER EXPLORATION
COLLEGES OF WORCESTER CONSORTIUM484 MAIN STREET SUITE 500 WORCESTER,MA 01608		501(C)3	10,000				COLLEGIATE SUCCESS INSTITUTE (CSI)
COMMUNITY HARVEST PROJECT37 WHEELER ROAD NORTH GRAFTON,MA 01536		501(C)3	12,500				OPERATING SUPPORT
COMMUNITY HARVEST PROJECT37 WHEELER ROAD NORTH GRAFTON,MA 01536		501(C)3	20,000				TO START ENDOWMENT FUND
COMMUNITY HEALTH CONNECTIONS275 NICHOLS ROAD FITCHBURG,MA 01420		501(C)3	5,000				FITCHBURG HIGH SCHOOL, SCHOOL-BASED HEALTH CENTER
COMMUNITY HEALTHLINK 72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 01610		501(C)3	15,000				MEDICAL RESPITE
COMMUNITY HEALTHLINK 72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 01610		501(C)3	1,031				UNRESTRICTED

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COMMUNITY HEALTHLINK 72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 01610		501(C)3	15,000				TOGETHER FOR KIDS (TFK)
CRAWFORD MEMORIAL LIBRARY40 SCHOFIELD AVENUE DUDLEY,MA 01571		501(C)3	17,630				FOR LIBRARY ENHANCEMENTS OR ENRICHMENT OF SERVICES
CULTURE LEAP210 PARK AVESTE 222 WORCESTER,MA 01609		501(C)3	1,250				BONUS FOR EXECUTIVE DIRECTOR
CULTURE LEAP210 PARK AVESTE 222 WORCESTER,MA 01609		501(C)3	12,875				LEARNING THROUGH EDUCATION AND ARTS PARTNERSHIPS
DEPARTMENT OF CHILDREN AND FAMILIES KIDS FUNDCENTRAL OFFICE 24 FARNSWORTH STREET BOSTON,MA 02210		501(C)3	30,000				DCF KIDS FUND
DISMAS HOUSE OF CENTRAL MASSACHUSETTSPO BOX 30125 WORCESTER,MA 01603		501(C)3	15,000				OPERATING SUPPORT
DISMAS HOUSE OF CENTRAL MASSACHUSETTSPO BOX 30125 WORCESTER,MA 01603		501(C)3	3,000				CRAFT CENTER
DRESS FOR SUCCESS WORCESTER INCPO BOX 16115 WORCESTER,MA 01608		501(C)3	7,500				OPERATING SUPPORT
DYNAMY INC27 SEVER STREET WORCESTER,MA 01609		501(C)3	3,000				RESTRICTED FOR YOUTH ACADEMY TO ENGAGE WORCESTER HIGH SCHOOL STUDENTS IN FINANCIAL LITERACY AND CAREER EXPLORATION
DYNAMY INC27 SEVER STREET WORCESTER,MA 01609		501(C)3	12,142				YOUTH ACADEMY
EAST DOUGLAS EVERGREEN CEMETERY COMPANY12 GROVE STREET DOUGLAS,MA 01516		501(C)3	400				OPERATIONAL SUPPORT
EAST DOUGLAS EVERGREEN CEMETERY COMPANY12 GROVE STREET DOUGLAS,MA 01516		501(C)3	3,191				OPERATIONAL SUPPORT

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EAST DOUGLAS EVERGREEN CEMETERY COMPANY12 GROVE STREET DOUGLAS,MA 01516		501(C)3	5,000				MAINTENANCE OF EVERGREEN CEMETERY
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	100				ANNUAL FUND
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	11,550				WORCESTER PUBLIC SCHOOL FIELD TRIP SCHOLARSHIP PROGRAM
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	500				UNRESTRICTED
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	15,000				REAL WORLD MATH AND SCIENCE
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	1,800				INVASIVE PLANT REMOVAL PHASE 2
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	2,902				COMPUTER REPLACEMENT
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	3,750				AUBURN SCHOOL ACCESSIBILITY
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	18,000				INTERNSHIP PROGRAM
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604		501(C)3	500				1825 SOCIETY
EDWARD M KENNEDY COMMUNITY HEALTH CENTER2000 CENTURY DRIVE WORCESTER,MA 01606		501(C)3	24,000				VISION SERVICES
EDWARD M KENNEDY COMMUNITY HEALTH CENTER2000 CENTURY DRIVE WORCESTER,MA 01606		501(C)3	1,500				NEEDY AND DEPRIVED YOUTH

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EDWARD STREET CHILD SERVICES34 CEDAR STREET WORCESTER, MA 01609		501(C)3	9,462				EARLY CHILDHOOD MATTERS
ELDER SERVICES OF WORCESTER AREA411 CHANDLER ST 2 WORCESTER, MA 01602		501(C)3	500				UNRESTRICTED GRANT
ELDER SERVICES OF WORCESTER AREA411 CHANDLER ST 2 WORCESTER, MA 01602		501(C)3	15,000				NUTRITION PROGRAM
ELDER SERVICES OF WORCESTER AREA411 CHANDLER ST 2 WORCESTER, MA 01602		501(C)3	956				UNRESTRICTED
ELDER SERVICES OF WORCESTER AREA411 CHANDLER ST 2 WORCESTER, MA 01602		501(C)3	3,242				CONGREGATE MEAL PROGRAM
ELDER SERVICES OF WORCESTER AREA411 CHANDLER ST 2 WORCESTER, MA 01602		501(C)3	20,000				LGBT AGING PROJECT
FAMILY HEALTH CENTER OF WORCESTER26 QUEEN STREET WORCESTER, MA 01610		501(C)3	28,612				HOMELESS FAMILIES
FAMILY HEALTH CENTER OF WORCESTER26 QUEEN STREET WORCESTER, MA 01610		501(C)3	25,000				HOMELESS FAMILIES
FAMILY PROMISE OF SOUTHERN WORCESTER COUNTY INC11 SAYLES STREET SOUTHBRIDGE, MA 01550		501(C)3	10,000				GRACE HOUSE SHELTER
FIRST CHURCH LEOMINSTER15 WEST STREET LEOMINSTER, MA 01453		501(C)3	20,000				NORTH CENTRAL GLBT ALLIANCE
FIRST NIGHT WORCESTER PO BOX 351 WORCESTER, MA 01614		501(C)3	10,000				FIRST NIGHT 2011
FIRST NIGHT WORCESTER PO BOX 351 WORCESTER, MA 01614		501(C)3	1,000				UNRESTRICTED

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FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 01608		501(C)3	9,000				ANNUAL FUND
FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 01608		501(C)3	3,966				FOR OPERATIONAL SUPPORT
FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 01608		501(C)3	1,500				UNRESTRICTED
FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 01608		501(C)3	839				UNRESTRICTED
FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 01608		501(C)3	100				ANNUAL FUND
FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 01608		501(C)3	1,662				GENERAL SUPPORT
FITCHBURG CULTURAL ALLIANCE633 MAIN STREET FITCHBURG,MA 01420		501(C)3	8,000				ROLLSTONE STUDIOS
FITCHBURG STATE UNIVERSITYFINANCIAL AID OFFICE 160 PEARL STREET FITCHBURG,MA 01420		501(C)3	19,700				PATHWAY TO NURSING
FRIENDLY HOUSE36 WALL STREET WORCESTER,MA 01604		501(C)3	3,000				PROGRAM ASSESSMENT AND PLANNING PROJECT
FRIENDLY HOUSE36 WALL STREET WORCESTER,MA 01604		501(C)3	20,000				FRANCES PERKINS TRANSITIONAL HOUSING
FRIENDS OF GALE FREE LIBRARY23 HIGHLAND STREET HOLDEN,MA 01520		501(C)3	12,054				TO PURCHASE LIBRARY MATERIALS
FRIENDS OF INSTITUTE PARK10 TUCKERMAN STREET WORCESTER,MA 01602		501(C)3	2,200				PADDLE BOAT INITIATIVE

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FRIENDS OF INSTITUTE PARK10 TUCKERMAN STREET WORCESTER,MA 01602		501(C)3	5,000				ADMINISTRATIVE SUPPORT
FRUITLANDS MUSEUM102 PROSPECT HILL ROAD HARVARD,MA 01451		501(C)3	3,879				NATIVITY SCHOOL EDUCATION PROGRAM
FRUITLANDS MUSEUM102 PROSPECT HILL ROAD HARVARD,MA 01451		501(C)3	2,000				NATIVE AMERICAN LONGHOUSE
GENESIS CLUB274 LINCOLN STREET WORCESTER,MA 01605		501(C)3	1,500				TO ASSIST INDIVIDUALS WITH A MENTAL ILLNESS TO ATTAIN EMPLOYMENT, HOUSING, WELLNESS, AND FRIENDSHIPS
GENESIS CLUB274 LINCOLN STREET WORCESTER,MA 01605		501(C)3	17,500				EDUCATION AND SUPPORT
GIRLS INCORPORATED OF WORCESTER125 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	17,500				OPERATING SUPPORT
GIRLS INCORPORATED OF WORCESTER125 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	990				PREVENTATIVE PROGRAMS FOR YOUTH
GIRLS INCORPORATED OF WORCESTER125 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	1,500				UNRESTRICTED
GREATER GARDNER COMMUNITY DEVELOPMENT CORPORATION246 CENTRAL STREET GARDNER,MA 01440		501(C)3	15,000				AFFORDABLE HOUSING DEVELOPMENT
GREATER WORCESTER LAND TRUST101 WATER STREET WORCESTER,MA 01604		501(C)3	250				GENERAL OPERATING
GREATER WORCESTER LAND TRUST101 WATER STREET WORCESTER,MA 01604		501(C)3	2,500				SOUTHWICK BROOK ACCESS & WATER PROTECTION PROJECT
GREATER WORCESTER LAND TRUST101 WATER STREET WORCESTER,MA 01604		501(C)3	15,000				COORDINATOR OF VOLUNTEERS & MEMBERSHIP

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GREATER WORCESTER LAND TRUST101 WATER STREET WORCESTER,MA 01604		501(C)3	12,500				UNRESTRICTED
HABITAT FOR HUMANITY OF LEE COUNTY1288 NORTH TAMIAMI TRAIL NORTH FORTH MYERS,FL 33903		501(C)3	5,000				UNRESTRICTED
HABITAT FOR HUMANITY-METROWESTGREATER WORCESTER111 PARK AVENUE WORCESTER,MA 01609		501(C)3	10,000				OPERATING EXPENSES
HENRY LEE WILLIS COMMUNITY CENTER119 FOREST STREET WORCESTER,MA 01609		501(C)3	15,000				ACADEMIC ADVISEMENT
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER,MA 01606		501(C)3	3,000				ACADEMY OF THE SWORD
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER,MA 01606		501(C)3	10,000				EDUCATION PROGRAMS
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER,MA 01606		501(C)3	100				GENERAL FUNDS
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER,MA 01606		501(C)3	250				ANNUAL GIVING
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER,MA 01606		501(C)3	200				UNRESTRICTED
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER,MA 01606		501(C)3	4,011				TO SUPPORT THE COLLECTION
HILLSIDE SCHOOL404 ROBIN HILL ROAD MARLBOROUGH,MA 01752		501(C)3	6,485				UNRESTRICTED
HOPE COALITION26 QUEEN STREET WORCESTER,MA 01610		501(C)3	3,000				HOPE COALITION THEATER ART INCORPORATION INTO PEER LEADERSHIP

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HOPE COALITION26 QUEEN STREET WORCESTER,MA 01610		501(C)3	20,000				MENTAL HEALTH MODEL FOR HOPE COALITION
HORIZONS FOR HOMELESS CHILDREN1705 COLUMBUS AVENUE ROXBURY,MA 02119		501(C)3	8,000				CENTRAL REGION PLAYSPACE
HOUSE OF PEACE AND EDUCATION20 BARTHEL AVENUE GARDNER,MA 01440		501(C)3	15,000				OPERATING SUPPORT
HOUSE OF PEACE AND EDUCATION20 BARTHEL AVENUE GARDNER,MA 01440		501(C)3	1,885				RISE
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER114 MAIN STREET WORCESTER,MA 01608		501(C)3	10,000				OPERATING SUPPORT
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER114 MAIN STREET WORCESTER,MA 01608		501(C)3	500				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	100				UNRESTRICTED
JOY OF MUSIC PROGRAM1 GORHAM STREET WORCESTER,MA 01605		501(C)3	1,500				UNRESTRICTED
JOY OF MUSIC PROGRAM1 GORHAM STREET WORCESTER,MA 01605		501(C)3	11,000				FINANCIAL AID
JOY OF MUSIC PROGRAM1 GORHAM STREET WORCESTER,MA 01605		501(C)3	269				UNRESTRICTED
JOY OF MUSIC PROGRAM1 GORHAM STREET WORCESTER,MA 01605		501(C)3	1,376				OPERATIONAL SUPPORT
JOY OF MUSIC PROGRAM1 GORHAM STREET WORCESTER,MA 01605		501(C)3	1,000				FOR CHILDREN

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JUPITER MEDICAL CENTER FOUNDATION1210 SOUTH OLD DIXIE HWY JUPITER,FL 33458		501(C)3	5,000				UNRESTRICTED
LATIN AMERICAN HEALTH ALLIANCE OF CENTRAL MA 27 VERNON STREET WORCESTER,MA 01604		501(C)3	10,000				HECTOR REYES HOUSE
LATINO EDUCATION INSTITUTE486 CHANDLER STREET WORCESTER,MA 01602		501(C)3	17,500				CLUB EDUCATION
LEGAL ASSISTANCE CORPORATION OF CENTRAL MASSACHUSETTS 405 MAIN STREET 4TH FLOOR WORCESTER,MA 01608		501(C)3	14,000				OPERATING SUPPORT
LEGAL ASSISTANCE CORPORATION OF CENTRAL MASSACHUSETTS 405 MAIN STREET 4TH FLOOR WORCESTER,MA 01608		501(C)3	3,000				AMERICORPS LEGAL ADVOCACY
LEICESTER COUNCIL ON AGING40 WINSLOW AVENUE LEICESTER,MA 01524		501(C)3	5,000				OUTREACH COORDINATOR
LEICESTER HIGH SCHOOL ATHLETIC BOOSTER CLUB 174 PAXTON STREET LEICESTER,MA 01524		501(C)3	5,000				ATHLETIC FIELD UPGRADES
LET'S GET READY50 BROADWAY SUITE 806 NEW YORK,NY 10004		501(C)3	15,000				WORCESTER PROGRAM
LITERACY PROJECT INC15 BANK ROAD SUITE C GREENFIELD,MA 01301		501(C)3	15,000				ADULT BASIC EDUCATION
LITERACY VOLUNTEERS OF GREATER WORCESTER WORCESTER PUBLIC LIBRARY WORCESTER,MA 01608		501(C)3	12,000				READING AND ESL PROGRAMS
LUTHERAN HEALTHCARE CENTER26 HARVARD STREET WORCESTER,MA 01609		501(C)3	50,000				RENOVATION
LUTHERAN SOCIAL SERVICES OF NEW ENGLAND888 WORCESTER STREET SUITE 160 WELLESLEY,MA 02482		501(C)3	17,500				IMMIGRATION LEGAL ASSISTANCE

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LUTHERAN SOCIAL SERVICES OF NEW ENGLAND888 WORCESTER STREET SUITE 160 WELLESLEY,MA 02482		501(C)3	18,000				LGBT HUMAN RIGHTS PROTECTION PROJECT
MARTIN LUTHER KING JR BUSINESS EMPOWERMENT 237 CHANDLER STREET WORCESTER,MA 01609		501(C)3	20,000				MEDICAL OFFICE ASSISTANT PROGRAM (MOAP)
MASSACHUSETTS AUDUBON SOCIETY208 SOUTH GREAT ROAD LINCOLN,MA 01773		501(C)3	2,400				LEICESTER EDUCATION PROGRAM
MASSACHUSETTS AUDUBON SOCIETY208 SOUTH GREAT ROAD LINCOLN,MA 01773		501(C)3	8,600				BROAD MEADOW BROOK WILDLIFE SANCTUARY ENVIRONMENTAL EDUCATION PROGRAMMING
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCE179 LONGWOOD AVENUE BOSTON,MA 02115		501(C)3	500				UNRESTRICTED
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCE179 LONGWOOD AVENUE BOSTON,MA 02115		501(C)3	15,000				WORCESTER NURSING SCHOOL FAIRLAWN SCHOLARS
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCE179 LONGWOOD AVENUE BOSTON,MA 02115		501(C)3	125,000				WORCESTER NURSING DEPARTMENT MSN BRIDGE PROGRAM
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE BOSTON,MA 02114		501(C)3	500				CARDIAC CARE- ATT DR DEC
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE BOSTON,MA 02114		501(C)3	2,500				UNRESTRICTED
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE BOSTON,MA 02114		501(C)3	1,000				BULFINCH SOCIETY
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE BOSTON,MA 02114		501(C)3	10,000				BETTY & NEWELL HALE LIVER RESEARCH FUND
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER,MA 01609		501(C)3	2,000				ANNUAL OPERATING FUND OR SPONSORING TREASURE VALLEY CAMPERS (PER DESIGNATION BY ALISON SPECTER)

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MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER,MA 01609		501(C)3	989				PREVENTATIVE PROGRAMS FOR YOUTH
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER,MA 01609		501(C)3	2,500				DONATION
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER,MA 01609		501(C)3	12,500				SCOUTREACH
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER,MA 01609		501(C)3	974				UNRESTRICTED
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER,MA 01609		501(C)3	250				CAMP SCHOLARSHIP/GENERAL
MONTACHUSETT INTERFAITH HOSPITALITY NETWORK196 MECHANIC STREET LEOMINSTER,MA 01453		501(C)3	13,000				EMERGENCY AND TRANSITIONAL HOUSING
MONTACHUSETT OPPORTUNITY COUNCIL 133 PRICHARD STREET FITCHBURG,MA 01420		501(C)3	15,000				GREEN ACRES VILLAGE INITIATIVE
MUSIC WORCESTER323 MAIN STREET WORCESTER,MA 01608		501(C)3	100				SUPPORTER
MUSIC WORCESTER323 MAIN STREET WORCESTER,MA 01608		501(C)3	6,372				UNRESTRICTED
MUSIC WORCESTER323 MAIN STREET WORCESTER,MA 01608		501(C)3	2,000				UNRESTRICTED
MY TURN156 MAIN STREET BROCKTON,MA 02301		501(C)3	15,000				FITCHBURG CENTER FOR OUT-OF-SCHOOL YOUTH
NATIVITY SCHOOL OF WORCESTER67 LINCOLN STREET WORCESTER,MA 01605		501(C)3	10,000				NATIVITY FELLOWS

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NATIVITY SCHOOL OF WORCESTER67 LINCOLN STREET WORCESTER,MA 01605		501(C)3	1,000				TO HELP PAY TEACHING FELLOWS
NEADSDOGS FOR DEAF AND DISABLED AMERICANSPO BOX 213 WEST BOYLSTON,MA 01583		501(C)3	9,051				OPERATIONAL SUPPORT
NEADSDOGS FOR DEAF AND DISABLED AMERICANSPO BOX 213 WEST BOYLSTON,MA 01583		501(C)3	4,000				ASSISTANCE DOG TRAINING PROGRAM (CLASSROOM DOG)
NEADSDOGS FOR DEAF AND DISABLED AMERICANSPO BOX 213 WEST BOYLSTON,MA 01583		501(C)3	5,000				GENERAL SUPPORT
NEADSDOGS FOR DEAF AND DISABLED AMERICANSPO BOX 213 WEST BOYLSTON,MA 01583		501(C)3	1,000				UNRESTRICTED
NEIGHBORWORKS HOMEOWNERSHIP CENTER OF WORCESTER674 MAIN STREET WORCESTER,MA 01610		501(C)3	17,500				OPERATING SUPPORT
NORTH QUABBIN CITIZEN ADVOCACYPO BOX 362 ORANGE,MA 01364		501(C)3	8,000				RELATIONSHIP PROGRAM
NORTHBRIDGE COUNCIL ON AGING20 HIGHLAND STREET WHITINSVILLE,MA 01588		501(C)3	5,616				TRANSPORTATION COORDINATOR
OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE,MA 01566		501(C)3	10,000				ANNUAL FUND
OUR FATHER'S HOUSE INC 4 LEIGHTON STREET FITCHBURG,MA 01420		501(C)3	15,000				ENSURING WELLNESS IN HOMELESS CHILDREN
PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER203 PAKACHOAG STREET AUBURN,MA 01501		501(C)3	6,000				NOURISHING MUSIC
PERFORMING ARTS OF NORTHEAST CONNECTICUTPO BOX 75 POMFRET,CT 06258		501(C)3	4,500				CHILDREN'S OPERA

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PERFORMING ARTS OF NORTHEAST CONNECTICUTPO BOX 75 POMFRET,CT 06258		501(C)3	1,000				ENDOWMENT
PRESERVATION WORCESTER10 CEDAR STREET WORCESTER,MA 01609		501(C)3	350				SUPPORT ANNUAL UPKEEP OF JOHN & FRANCES HERRON PARK (CROWN HILL)
PRESERVATION WORCESTER10 CEDAR STREET WORCESTER,MA 01609		501(C)3	5,000				ADVOCACY AND EDUCATION
QUINEBAUG VALLEY COMMUNITY COLLEGE FOUNDATION742 UPPER MAPLE STREET DANIELSON,CT 06239		501(C)3	5,000				UNRESTRICTED
QUINSIGAMOND COMMUNITY COLLEGE670 WEST BOYLSTON STREET WORCESTER,MA 01606		501(C)3	3,000				NURSING SCHOLARSHIP
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION670 WEST BOYLSTON STREET WORCESTER,MA 01606		501(C)3	42,422				NURSE EDUCATION DEPARTMENT FAIRLAWN FOUNDATION INFORMATICS TECHNOLOGY
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION670 WEST BOYLSTON STREET WORCESTER,MA 01606		501(C)3	16,058				WOMEN IN TECHNOLOGY
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION670 WEST BOYLSTON STREET WORCESTER,MA 01606		501(C)3	15,000				FAIRLAWN SCHOLARS QCC NURSING DEPARTMENT
RACHEL'S TABLE633 SALISBURY STREET WORCESTER,MA 01609		501(C)3	300				UNRESTRICTED
RACHEL'S TABLE633 SALISBURY STREET WORCESTER,MA 01609		501(C)3	12,000				OPERATING SUPPORT
RACHEL'S TABLE633 SALISBURY STREET WORCESTER,MA 01609		501(C)3	4,000				SUMMER PRODUCE PROGRAM
RAINBOW CHILD DEVELOPMENT CENTER10 EDWARD STREET WORCESTER,MA 01605		501(C)3	1,000				UNRESTRICTED

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RAINBOW CHILD DEVELOPMENT CENTER10 EDWARD STREET WORCESTER,MA 01605		501(C)3	15,000				SPEECH AND LANGUAGE DEVELOPMENT
RAINBOW CHILD DEVELOPMENT CENTER10 EDWARD STREET WORCESTER,MA 01605		501(C)3	200				UNRESTRICTED GRANT
REFUGEE & IMMIGRANT ASSISTANCE CENTER340 MAIN ST SUITE 800 WORCESTER,MA 01608		501(C)3	12,750				CASE MANAGEMENT SERVICES IN WORCESTER
REGIONAL ENVIRONMENTAL COUNCILPO BOX 255 WORCESTER,MA 01613		501(C)3	17,500				OPERATING SUPPORT
RURAL CEMETERY AND CREMATORY180 GROVE STREET WORCESTER,MA 01605		501(C)3	12,784				UNRESTRICTED
SHREWSBURY PUBLIC LIBRARY609 MAIN STREET SHREWSBURY,MA 01545		501(C)3	1,000				BUILDING FUND
SHREWSBURY PUBLIC LIBRARY609 MAIN STREET SHREWSBURY,MA 01545		501(C)3	2,000				UNRESTRICTED
SHREWSBURY PUBLIC LIBRARY609 MAIN STREET SHREWSBURY,MA 01545		501(C)3	15,000				NAMING OPPORTUNITY LARGE CONFERENCE ROOM IN MEMORY OF GEORGE D AND SALLY B BLAKESLEE
SOUTH HIGH COMMUNITY SCHOOL170 APRICOT STREET WORCESTER,MA 01603		501(C)3	10,000				STRENGTHENING YOUTH LEADERSHIP AND PHILANTHROPY
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS120 CHANDLER STREET WORCESTER,MA 01609		501(C)3	15,000				HEALTH ACCESS PROJECT
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS120 CHANDLER STREET WORCESTER,MA 01609		501(C)3	17,500				OPERATING SUPPORT
SPANISH AMERICAN CENTER112 SPRUCE STREET LEOMINSTER,MA 01453		501(C)3	12,500				HELPING OURSELVES

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ST JOSEPH AND ST PIUS X PARISHES759 MAIN STREET LEICESTER,MA 01524		501(C)3	5,000				LEICESTER FOOD PANTRY
TEMPLE SINAI661 SALISBURY STREET WORCESTER,MA 01609		501(C)3	30,000				ANNUAL DRAWAS APPROVED BY ENDOWMENT COMMITTEE AND BOARD OF TRUSTEES
TENACITY INC38 EVERETT STREET BOSTON,MA 02134		501(C)3	10,000				SUMMER 2010
THAYER MEMORIAL LIBRARY717 MAIN STREET LANCASTER,MA 01523		501(C)3	2,825				WILDLIFE LECTURE SERIES
THAYER MEMORIAL LIBRARY717 MAIN STREET LANCASTER,MA 01523		501(C)3	5,000				2011 ENVIRONMENTAL SERIES AT THE LIBRARY
THE CASA PROJECT100 GROVE STREET WORCESTER,MA 01605		501(C)3	14,500				COURT APPOINTED SPECIAL ADVOCATES
THE CASA PROJECT100 GROVE STREET WORCESTER,MA 01605		501(C)3	500				UNRESTRICTED
TRI-VALLEY INC10 MILL STREET DUDLEY,MA 01571		501(C)3	10,000				NUTRITION PROGRAM
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER,MA 01608		501(C)3	3,273				LILLIAN H PERSON FUND (CHURCH MUSIC)
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER,MA 01608		501(C)3	3,273				GUSTAV STELLAN PETERSON FUND
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER,MA 01608		501(C)3	19,117				UNRESTRICTED
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER,MA 01608		501(C)3	5,000				ELM PARK MINISTRIES URBAN DAY CAMP

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TWIN CITIES COMMUNITY DEVELOPMENT CORPORATION470 MAIN STREET FITCHBURG,MA 01420		501(C)3	15,000				ELM STREET COMB AND CARRIAGE INITIATIVES
UMASS DARTMOUTH FOUNDATION285 OLD WESTPORT ROAD NORTH DARTMOUTH,MA 02747		501(C)3	6,400				FOR A TERM SCHOLARSHIP FOR STUDENTS AT UMASS DARTMOUTH, COLLEGE OF NURSING
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	250				UMASS MEMORIAL HEALTH CARE ANNUAL FUND
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	250				UMASS MEMORIAL HOSPICE IN MEMORY OF SALLY BLAKESLEE
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	200				UMASS CANCER CENTER, ALI PIERCE ENDOWMENT FUND
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	955				UNRESTRICTED GRANT FOR UMASS MEMORIAL HEALTH CARE
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	393				UNRESTRICTED GRANT FOR UMASS MEMORIAL HEALTH CARE
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	663				EDWARD BUDNITZ CARDIOVASCULAR RESEARCH FUND
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	663				BLOOD BANK RESEARCH FUND
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	12,335				TO PROVIDE HEALTH CARE SERVICES TO RESIDENTS OF THE WACHUSETT REGION FROM FACILITIES LOCATED THEREIN
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	1,424				UMASS MEMORIAL HEALTH CARE NEONATAL INFANT CARE UNIT
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	6,485				RESEARCH FELLOWSHIPS FOR THE STUDY OF HEART/ARTERIAL DISEASE OR ARTHRITIS AT UMASS MEDICAL SCHOOL

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UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	1,680				UNRESTRICTED FOR UMASS MEMORIAL HEALTH CARE AND FAMILY HEALTH CENTER (ORIGINALLY MEMORIAL HOSPICE & HAHNEMANN HOSPITAL)
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	1,389				EDWARD R BUDNITZ, MD CARDIOVASCULAR RESEARCH FUND
UMASS MEMORIAL FOUNDATION333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 01545		501(C)3	329				UMASS MEMORIAL HOSPICE
UMASS MEMORIAL HEALTH CAREONE BIOTECH WORCESTER,MA 01605		501(C)3	10,000				MOBILE SAFETY STREETS
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	1,500				ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	22,838				DISTRIBUTION FOR PREVIOUS CALENDAR YEAR CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	26,421				DISTRIBUTION FOR PREVIOUS CALENDAR YEAR CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	13,368				DISTRIBUTION FOR PREVIOUS CALENDAR YEAR CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	85,123				DISTRIBUTION FOR PREVIOUS CALENDAR YEAR CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	1,000				UNRESTRICTED
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	1,500				UNRESTRICTED
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 01608		501(C)3	24,371				ANNUAL CAMPAIGN/ALEXIS DE TOCQUEVILLE SOCIETY

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UNIVERSITY OF MASSACHUSETTS GRADUATE SCHOOL OF NURSINGGRADUATE SCHOOL OF NURSING WORCESTER,MA 01655		501(C)3	1,000				RESTRICTED GRANT
UNIVERSITY OF MASSACHUSETTS GRADUATE SCHOOL OF NURSINGGRADUATE SCHOOL OF NURSING WORCESTER,MA 01655		501(C)3	15,000				FAIRLAWN SCHOLARS PROGRAM GRADUATE SCHOOL OF NURSING
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL55 LAKE AVENUE NORTH WORCESTER,MA 01655		501(C)3	5,000				ANNUAL FUND - DEVELOPMENT COUNCIL
VANGUARD CHARITABLE ENDOWMENTPO BOX 55766 BOSTON,MA 02205		501(C)3	93,000				TO INCREASE PHILANTHROPY IN THE UNITED STATES
VNA CARE NETWORK AND HOSPICE120 THOMAS STREET WORCESTER,MA 01608		501(C)3	7,500				ELDER WELLNESS CLINICS
VSA ARTS OF MASSACHUSETTS89 SOUTH STREET BOSTON,MA 02111		501(C)3	2,500				SAORI WORCESTER, SHEEP TO SHAWL LLAMA TO PAJAMA AT GREENHILL PARK
VSA ARTS OF MASSACHUSETTS89 SOUTH STREET BOSTON,MA 02111		501(C)3	5,000				GREATER WORCESTER ARTS FOR INCLUSION
WCUW INC910 MAIN STREET WORCESTER,MA 01610		501(C)3	10,000				OPERATING SUPPORT
WHITIN MEMORIAL COMMUNITY CENTER60 MAIN STREET WHITINSVILLE,MA 01588		501(C)3	556				FOR OPERATIONS OR PROGRAMS AT THE DISCRETION OF THE CHIEF EXECUTIVE OFFICER
WHITIN MEMORIAL COMMUNITY CENTER60 MAIN STREET WHITINSVILLE,MA 01588		501(C)3	421				UNRESTRICTED GRANT FO G M WHITIN MEMORIAL COMMUNITY ASSOCIATION
WHITIN MEMORIAL COMMUNITY CENTER60 MAIN STREET WHITINSVILLE,MA 01588		501(C)3	5,500				AQUATIC PROGRAM
WHITIN MEMORIAL COMMUNITY CENTER60 MAIN STREET WHITINSVILLE,MA 01588		501(C)3	10,000				YOUTH OUTREACH

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WICN PUBLIC RADIO 50 PORTLAND STREET WORCESTER,MA 01608		501(C)3	1,500				MEMBERSHIP DATABASE TRAINING
WICN PUBLIC RADIO 50 PORTLAND STREET WORCESTER,MA 01608		501(C)3	9,092				NEW ENGLAND JAZZ HALL OF FAME
WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	500				UNRESTRICTED
WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	1,500				ANNUAL FUND CLASS OF '55
WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	500				ANNUAL FUND
WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	21,890				CHAPIN RILEY SCHOLARSHIP
WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	100				ANNUAL FUND
WORCESTER ANIMAL RESCUE LEAGUE139 HOLDEN STREET WORCESTER,MA 01606		501(C)3	6,000				TO REPAIR KENNELS
WORCESTER ANIMAL RESCUE LEAGUE139 HOLDEN STREET WORCESTER,MA 01606		501(C)3	408				UNRESTRICTED
WORCESTER AREA MISSION SOCIETY128 CENTRAL STREET AUBURN,MA 01501		501(C)3	6,000				UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	867				TO SUPPORT ELM PARK COMMUNITY SCHOOL/WORCESTER ART MUSEUM PARTNERSHIP
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,500				UNRESTRICTED

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WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	471				UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	2,082				TO SUPPORT THE STUDY OF PHOTOGRAPHY THROUGH STUDIO PROGRAMS
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,223				FOR CONSERVATION OF THE COLLECTION
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	250				ANNUAL FUND
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	19,031				UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,000				UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,662				GENERAL SUPPORT
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	21,890				CONTEMPORARY ART ACQUISITION
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	200				GENERAL SUPPORT
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,831				UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	1,500				UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	10,000				UNRESTRICTED

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WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	200				UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	30,000				CURATORIAL SERVICES
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER,MA 01609		501(C)3	82,879				FOR EDUCATION AND OUTREACH
WORCESTER COMMON GROUND5 PIEDMONT STREET WORCESTER,MA 01610		501(C)3	15,000				AFFORDABLE HOUSING
WORCESTER COMMUNITY HOUSING RESOURCES11 PLEASANT STREET SUITE 300 WORCESTER,MA 01609		501(C)3	20,000				NEIGHBORHOOD STABILIZATION
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	15,000				WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	10,000				WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	10,000				FOR WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	300				FALL APPEAL
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	383				UNRESTRICTED
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	974				UNRESTRICTED
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	200				UNRESTRICTED

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	20,000				FOR WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	1,250				GENERAL FUNDS
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505		501(C)3	40,000				FOR WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY MECHANICS ASSOCIATIONMECHANICS HALL321 MAIN STREET WORCESTER,MA 01608		501(C)3	300				ANNUAL APPEAL
WORCESTER COUNTY MECHANICS ASSOCIATIONMECHANICS HALL321 MAIN STREET WORCESTER,MA 01608		501(C)3	25,000				TO SUPPLEMENT REGULAR OPERATING INCOME NEEDED TO MEET OPERATING EXPENSES
WORCESTER COUNTY MECHANICS ASSOCIATIONMECHANICS HALL321 MAIN STREET WORCESTER,MA 01608		501(C)3	250				MECHANICS HALL ANNUAL FUND
WORCESTER EAST SIDE COMMUNITY DEVELOPMENT CORPORATION409 SHREWSBURY STREET WORCESTER,MA 01604		501(C)3	15,000				REVITALIZATION STRATEGIES
WORCESTER EVENING FREE MEDICAL SVC PROGRAMC/O EPWORTH UNITED METHODIST CHURCH WORCESTER,MA 01609		501(C)3	5,114				THE WORCESTER EVENING FREE MEDICAL SERVICE PROGRAM
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609		501(C)3	600				UNRESTRICTED
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609		501(C)3	79,000				OPERATING EXPENSES
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609		501(C)3	17,106				SALISBURY MANSION PROGRAMS AND CURATOR
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609		501(C)3	500				UNRESTRICTED

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609		501(C)3	4,390				INTUIT QUICKBOOKS AND AAM ANNUAL MEETING EXPENSE FOR WILLIAM WALLACE
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609		501(C)3	19,856				CURATOR OPERATIONS WITH AN EMPHASIS ON EXHIBITIONS
WORCESTER HOUSING AUTHORITY40 BELMONT STREET WORCESTER,MA 01605		501(C)3	25,000				VALLEY RESIDENTS FOR IMPROVEMENT Y-CAMP
WORCESTER INTERFAITH 111 PARK AVENUE WORCESTER,MA 01609		501(C)3	7,500				YOUTH EDUCATION INITIATIVES
WORCESTER REGIONAL RESEARCH BUREAU319 MAIN STREET WORCESTER,MA 01608		501(C)3	5,000				RESEARCH AND EDUCATION
WORCESTER REGIONAL RESEARCH BUREAU319 MAIN STREET WORCESTER,MA 01608		501(C)3	2,755				ANNUAL DISTRIBUTION FOR HARRINGTON PUBLIC FORUMS ON MUNICIPAL GOVERNMENT
WORCESTER ROOTS PROJECT4 KING STREET WORCESTER,MA 01610		501(C)3	2,028				VISUAL ASSESSMENT AND MAPPING
WORCESTER ROOTS PROJECT4 KING STREET WORCESTER,MA 01610		501(C)3	8,500				PEER LEADERSHIP
WORCESTER STATE UNIVERSITY486 CHANDLER STREET WORCESTER,MA 01602		501(C)3	112,000				MASTER OF SCIENCE IN NURSING
WORCESTER STATE UNIVERSITY486 CHANDLER STREET WORCESTER,MA 01602		501(C)3	1,000				WORCESTER STATE UNIVERSITY GALLERY FOR WORKSHOP INSTRUCTOR
WORCESTER STATE UNIVERSITY486 CHANDLER STREET WORCESTER,MA 01602		501(C)3	15,000				DEPARTMENT OF NURSING FAIRLAWN NURSING SCHOLARSHIPS
WORCESTER YOUTH CENTER326 CHANDLER STREET WORCESTER,MA 01602		501(C)3	10,000				EDUCATIONAL ASSISTANCE

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER YOUTH CENTER326 CHANDLER STREET WORCESTER, MA 01602		501(C)3	1,000				ANNUAL APPEAL DECEMBER 2010
WORCESTER YOUTH CENTER326 CHANDLER STREET WORCESTER, MA 01602		501(C)3	12,500				LEADERSHIP, ENTREPRENEURSHIP, AND PREPARATION (LEAP)
YOU INC81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	3,000				UNRESTRICTED
YOU INC81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	200				GENERAL SUPPORT
YOU INC81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	550				SOUTHBRIDGE FAMILY CENTER
YOU INC81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	10,000				EARLY CHILDHOOD MENTAL HEALTH
YOU INC81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	15,000				PREGNANT AND PARENTING TEEN
YOU INC81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	15,000				EARLY CHILDHOOD MENTAL HEALTH CONSULTATION
YOU INC81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	10,000				SOUTHBRIDGE UPWARDBOUND SCHOLARS
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER, MA 01610		501(C)3	20,000				KIDS ON THE MOVE
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER, MA 01610		501(C)3	25,000				MEN'S HEALTH INITIATIVE
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER, MA 01610		501(C)3	2,000				ANNUAL STRONG KIDS CAMPAIGN

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER,MA 01610		501(C)3	974				UNRESTRICTED
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER,MA 01610		501(C)3	12,000				MINORITY ACHEIVERS
YMCA OF GREATER HARTFORD241 TRUMBULL STREET HARTFORD,CT 06103		501(C)3	25,000				REGIONAL COMMUNITY YMCA
YMCA OF GREATER HARTFORD241 TRUMBULL STREET HARTFORD,CT 06103		501(C)3	21,500				FOR REGIONAL COMMUNITY YMCA IN PUTNAM
YOUTHNET125 PROVIDENCE STREET WORCESTER,MA 01604		501(C)3	15,000				SUMMER 2010
YWCA OF CENTRAL MASSACHUSETTSONE SALEM SQUARE WORCESTER,MA 01608		501(C)3	10,000				YOUNG PARENT PROGRAM
YWCA OF CENTRAL MASSACHUSETTSONE SALEM SQUARE WORCESTER,MA 01608		501(C)3	7,500				DROP-IN RESPITE
YWCA OF CENTRAL MASSACHUSETTSONE SALEM SQUARE WORCESTER,MA 01608		501(C)3	672				FOR HOLIDAY GIFTS AND CELEBRATIONS FOR FAMILIES IN YWCA CHILD CARE, WOMEN'S HEALTH, OR TEEN PARENT PROGRAMS
YWCA OF CENTRAL MASSACHUSETTSONE SALEM SQUARE WORCESTER,MA 01608		501(C)3	10,750				DAYBREAK COMMUNITY EDUCATION
YWCA OF CENTRAL MASSACHUSETTSONE SALEM SQUARE WORCESTER,MA 01608		501(C)3	250				UNRESTRICTED
YWCA OF CENTRAL MASSACHUSETTSONE SALEM SQUARE WORCESTER,MA 01608		501(C)3	10,000				DAYBREAK COMMUNITY SERVICES

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization GREATER WORCESTER COMMUNITY FOUNDATION INC	Employer identification number 04-2572276
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TWO DIRECTORS HAVE A BUSINESS RELATIONSHIP AS SHAREHOLDERS IN THE SAME LAW FIRM

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		SEE EXPLANATION FOR PART VI, LINE 6

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		SEE EXPLANATION FOR PART VI, LINE 6

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,659,984 RECOVERY OF PRIOR YEAR GRANTS 161,182 CHG IN VALUE OF SPLIT INTEREST AGREEMENT & REMAINDER INTEREST IN REAL ESTAT 218,973 AGENCY ACTIVITY GIFTS -578,098 AGENCY ACTIVITY GRANTS 191,870 AGENCY ACTIVITY INVESTMENTS -1,119,566 AGENCY ACTIVITY FEES 58,234 TOTAL TO FORM 990, PART XI, LINE 5 6,592,579

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number

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	(e) End-of-year assets	(f) Direct controlling entity

Part II 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) FAIRLAWN FOUNDATION 370 MAIN STREET WORCESTER, MA 01608 04-2983690	HEALTH GRANTMAKING	MA	501(C)(3)	LINE 11D, III-O	N/A		No

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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 income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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 transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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