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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ 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

F Name and address of principal officer
ANN T LISI
370 MAIN ST
WORCESTER, MA 016081738

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GREATERWORCESTER.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ 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 THE FOUNDATION'S MISSION IS TO BUILD HEALTHY AND VIBRANT COMMUNITIES IN CENTRAL MASSACHUSETTS. THE FOUNDATION WORKS WITH DONORS, BUILDS CHARITABLE ENDOWMENTS, AND PROVIDES SUPPORT TO NONPROFITS IN THE AREA.					
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets					
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19			
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19			
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	12			
	6	Total number of volunteers (estimate if necessary)	6	272			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0			
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0			
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year			
			3,478,256	3,411,012			
			892	1,039			
			5,805,730	5,601,181			
			0	6,200			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,284,878	9,019,432			
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,470,011	5,132,406			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	891,631	925,421			
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶207,111					
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,332,659	1,493,755			
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,694,301	7,551,582			
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,590,577	1,467,850			
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year			
			120,950,127	115,965,007			
			11,572,945	13,245,681			
	22	Net assets or fund balances. Subtract line 21 from line 20	109,377,182	102,719,326			

Part II

Signature Block

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

Sign Here

Signature of officer

2012-10-02
Date

ANN T LISI, PRESIDENT & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CARLA M MCCALL, CPA

Date 2012-10-02

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions) P00535908

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ALEXANDER ARONSON FINNING & CO, PC
21 EAST MAIN STREET
WESTBOROUGH, MA 01581

EIN ▶ 04-2571780
Phone no ▶ (508) 366-9100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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

GREATER WORCESTER COMMUNITY FOUNDATION'S MISSION IS TO BUILD HEALTHY AND VIBRANT COMMUNITIES IN CENTRAL MASSACHUSETTS THE FOUNDATION WORKS WITH DONORS, BUILDS CHARITABLE ENDOWMENTS, AND PROVIDES SUPPORT TO NONPROFITS IN THE AREA

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 3,107,654 including grants of \$ 2,237,487) (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 \$ 3,272,889 including grants of \$ 2,356,455) (Revenue \$ 789)

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 \$ 747,875 including grants of \$ 538,464) (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

\$ 7,128,418

Form 990 (2011)

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)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		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? If "Yes," complete Schedule C, Part II.		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? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
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 ? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV.		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? If "Yes," complete Schedule G, Part I.		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? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 questions 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 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	Yes	
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	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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?	1cYes
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. .	2a12
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
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 or securities 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?	8No
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9aNo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9bNo
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate 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 aggregate 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	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19
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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) R JOSEPH SALOIS CHAIR	2 00	X		X				0	0	0
(2) THOMAS J BARTHOLOMEW TREASURER	2 00	X		X				0	0	0
(3) ELLEN S DUNLAP CLERK	2 00	X		X				0	0	0
(4) WARNER S FLETCHER VICE-CHAIR	2 00	X		X				0	0	0
(5) MARY C RITTER DIRECTOR	2 00	X						0	0	0
(6) GERALD LEE GAUDETTE III DIRECTOR	2 00	X						0	0	0
(7) PAMELA K BOISVERT DIRECTOR	1 00	X						0	0	0
(8) DENNIS F GORMAN DIRECTOR	1 00	X						0	0	0
(9) DIX F DAVIS DIRECTOR	1 00	X						0	0	0
(10) MONICA E LOWELL DIRECTOR	1 00	X						0	0	0
(11) FREDERIC H MULLIGAN DIRECTOR	1 00	X						0	0	0
(12) ROBERT S ADLER DIRECTOR	1 00	X						0	0	0
(13) CARLTON A WATSON DIRECTOR	1 00	X						0	0	0
(14) GEORGE W TETLER III DIRECTOR	1 00	X						0	0	0
(15) RODNEY M GLASGOW DIRECTOR	1 00	X						0	0	0
(16) GERALD M GATES DIRECTOR	1 00	X						0	0	0
(17) DEXTER A BAILEY 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ANN K MOLLOY DIRECTOR	1 00	X						0	0	0
(19) BRIAN M CHANDLEY DIRECTOR	1 00	X						0	0	0
(20) CAROLYN J STEPLER DIRECTOR	1 00	X						0	0	0
(21) JOSEPH N STOLBERG DIRECTOR	1 00	X						0	0	0
(22) CHARLES S WEISS DIRECTOR	1 00	X						0	0	0
(23) SCOTT ROSSITER DIRECTOR	1 00	X						0	0	0
(24) ANN T LIST PRESIDENT & CEO	42 00			X				123,743	0	11,055
(25) PAMELA KEOGH DIRECTOR OF FINANCE AND ADMINISTRATION	40 00			X				79,151	0	10,730
(26) CHRISTINE R LOUIS DIRECTOR OF DONOR RELATION	36 00					X		102,874	0	16,100
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								305,768	0	37,885

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶2

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	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>	5	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ADAGE CAPITAL MANAGEMENT LP 200 CLARENDON STREET 52 FLOOR BOSTON, MA 02116	INVESTMENT MANAGEMENT FEES	131,490

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

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	3,455			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,407,557			
	g	Noncash contributions included in lines 1a-1f \$ 232,456					
	h	Total. Add lines 1a-1f		3,411,012			
Program Service Revenue	2a	PROGRAM RELATED INVEST	Business Code 900099	789	789		
	b	NON PROFIT SUPPORT CEN	900099	250	250		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,039			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,003,571		
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	22,224,543			
b		Less cost or other basis and sales expenses		19,626,933			
c		Gain or (loss)		2,597,610			
d		Net gain or (loss)		2,597,610			2,597,610
8a		Gross income from fundraising events (not including \$ 3,455 of contributions reported on line 1c) See Part IV, line 18	a	18,208			
b		Less direct expenses	b	12,008			
c		Net income or (loss) from fundraising events . .		6,200			6,200
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		9,019,432	1,039	0	5,607,381	

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

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 United States See Part IV, line 21	4,556,133	4,556,133		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	575,273	575,273		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,000	1,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	340,584	238,409	61,305	40,870
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	419,540	293,678	75,517	50,345
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,563	13,694	3,521	2,348
9	Other employee benefits	85,504	59,853	15,391	10,260
10	Payroll taxes	60,230	42,161	10,841	7,228
11	Fees for services (non-employees)				
a	Management				
b	Legal	277	194	50	33
c	Accounting	32,706	22,894	5,887	3,925
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,120,698	1,120,698		
g	Other	33,741	28,311	3,258	2,172
12	Advertising and promotion	21,837			21,837
13	Office expenses	8,132	5,692	1,464	976
14	Information technology	48,826	34,628	8,519	5,679
15	Royalties				
16	Occupancy	94,384	66,069	16,989	11,326
17	Travel	7,219	5,653	557	1,009
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,947	14,039	654	18,254
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,943	11,860	3,050	2,033
23	Insurance	5,227	3,659	941	627
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	DUES AND SUBSCRIPTIONS	29,057	20,592	4,635	3,830
b	PRINTING AND PUBLICATIO	22,198	1,567	296	20,335
c	BANK AND OTHER FEES	11,864	8,199	2,108	1,557
d	POSTAGE AND SHIPPING	7,699	4,162	1,070	2,467
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,551,582	7,128,418	216,053	207,111
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			79,109	1	446,529
	2	Savings and temporary cash investments			4,132,195	2	11,403,447
	3	Pledges and grants receivable, net			630,000	3	305,000
	4	Accounts receivable, net			4,935	4	9,436
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			10,640	7	4,480
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			57,680	9	45,137
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,613,912			
	b	Less accumulated depreciation	10b	226,178	1,199,851	10c	1,387,734
	11	Investments—publicly traded securities			54,350,715	11	54,300,539
	12	Investments—other securities See Part IV, line 11			60,472,213	12	48,060,553
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			12,789	15	2,152
	16	Total assets. Add lines 1 through 15 (must equal line 34)			120,950,127	16	115,965,007
Liabilities	17	Accounts payable and accrued expenses			62,151	17	74,095
	18	Grants payable			186,400	18	695,250
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			11,324,394	25	12,476,336
	26	Total liabilities. Add lines 17 through 25			11,572,945	26	13,245,681
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			-205,945	27	-1,226,492
	28	Temporarily restricted net assets			29,752,051	28	23,827,785
	29	Permanently restricted net assets			79,831,076	29	80,118,033
	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			109,377,182	33	102,719,326
	34	Total liabilities and net assets/fund balances			120,950,127	34	115,965,007

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	9,019,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,551,582
3	Revenue less expenses Subtract line 2 from line 1	3	1,467,850
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,377,182
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,125,706
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	102,719,326

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

2011

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 **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 Se**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									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,695,199	3,342,010	1,909,128	3,478,256	3,411,012	17,835,605
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,695,199	3,342,010	1,909,128	3,478,256	3,411,012	17,835,605
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)						1,416,632
6 Public Support. Subtract line 5 from line 4						16,418,973

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,695,199	3,342,010	1,909,128	3,478,256	3,411,012	17,835,605
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,629,461	2,965,267	2,702,553	2,598,172	3,003,571	13,899,024
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						31,734,629

12 Gross receipts from related activities, etc (See instructions)

1219,247

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 2011 (line 6 column (f) divided by line 11 column (f))	14	51 740 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	55 090 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2572276
Name: GREATER WORCESTER COMMUNITY FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number
04-2572276

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	89
2	Aggregate contributions to (during year)	847,191
3	Aggregate grants from (during year)	912,836
4	Aggregate value at end of year	14,270,555
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><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) 2011

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)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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	117,194,816	107,506,328	89,030,230	130,652,447	
b Contributions	3,760,837	2,849,148	1,926,070	3,373,030	
c Investment earnings or losses	-2,561,785	12,518,866	21,099,250	-38,400,763	
d Grants or scholarships	5,000,369	4,470,011	3,807,506	5,309,129	
e Other expenditures for facilities and programs		0	10,825	19,696	
f Administrative expenses	1,213,522	1,209,515	730,891	1,265,659	
g End of year balance	112,179,977	117,194,816	107,506,328	89,030,230	

2 Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶

1 000 %
- Permanent endowment ▶

79 000 %
- Term endowment ▶

20 000 %

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,307,129			1,307,129
b Buildings				
c Leasehold improvements		54,309	41,223	13,086
d Equipment		93,285	83,729	9,556
e Other		159,189	101,226	57,963
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,387,734

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	9,019,432
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,551,582
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,467,850
4	Net unrealized gains (losses) on investments	4	-7,042,267
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,083,439
9	Total adjustments (net) Add lines 4 - 8	9	-8,125,706
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,657,856

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	-462,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-7,042,267
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	3,375
d	Other (Describe in Part XIV)	2d	-1,182,996
e	Add lines 2a through 2d	2e	-8,221,888
3	Subtract line 2e from line 1	3	7,759,198
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	1,260,234
c	Add lines 4a and 4b	4c	1,260,234
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,019,432

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,195,166
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	6,195,166
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	1,120,698
b	Other (Describe in Part XIV)	4b	235,718
c	Add lines 4a and 4b	4c	1,356,416
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,551,582

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, 2011, 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, 2008, ARE NO LONGER SUBJECT TO EXAMINATION BY THESE TAX AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		RECOVERY OF PRIOR YEAR GRANTS 3,375. CHG IN VALUE OF SPLIT INT. AGREEMENT & REMAINDER INT. IN REAL ESTATE -62,298. AGENCY ACTIVITY GIFTS -1,655,347. AGENCY ACTIVITY GRANTS 235,718. AGENCY ACTIVITY INVESTMENTS 325,189. AGENCY ACTIVITY FEES 69,924. TOTAL TO SCHEDULE D, PART XI, LINE 8 -1,083,439.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHG IN VALUE OF SPLIT INTEREST AGREEMENT & REMAINDER INTEREST IN REAL ESTATE -62,298. INVESTMENT MANAGEMENT FEES -1,120,698.
PART XII, LINE 4B - OTHER ADJUSTMENTS		AGENCY INCOME 1,260,234.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AGENCY EXPENSE 235,718.

[illegible]

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2011

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number
04-2572276

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		LYONS ROAD RACE			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	21,663			21,663
2	Less Charitable contributions	3,455			3,455
3	Gross income (line 1 minus line 2)	18,208			18,208
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	1,047		1,047
	6	Rent/facility costs			
	7	Food and beverages	473		473
	8	Entertainment			
	9	Other direct expenses	10,488		10,488
	10	Direct expense summary Add lines 4 through 9 in column (d) ►			
	11	Net income summary Combine lines 3 and 10 in column (d). ►			
					(12,008)
					6,200

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ►			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ►			
					()

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

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

2011

Open to Public
Inspection

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

150

3

Enter total number of other organizations listed in the line 1 table ▶

3

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
See Additional Data Table					

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
		SCHEDULE I, PART I, LINE 2 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	04-2648411	501(C)3	210				CELEBRATION OF BUFFALO SOLDIERS
ABBY'S HOUSE52 HIGH STREET WORCESTER, MA 01609	04-2648411	501(C)3	29,067				OPERATING

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	04-2648411	501(C)3	5,000				RAFFERTY THRIVE FUND
ABBY'S HOUSE52 HIGH STREET WORCESTER, MA 01609	04-2648411	501(C)3	5,000				WOMEN'S CENTER

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
AFRICAN COMMUNITY EDUCATION PROGRAM24 CHATHAM ST WORCESTER,MA 01609	14-1970474	501(C)3	250				HOLIDAY GIFTS
AFRICAN COMMUNITY EDUCATION PROGRAM24 CHATHAM ST WORCESTER,MA 01609	14-1970474	501(C)3	42,000				EDUCATION

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
ALL SAINTS CHURCH CHOIR ALUMNI ASSOCIATION INC 10 IRVING STREET WORCESTER,MA 01609	20-2714157	501(C)3	10,000				ST CECILIA SCHOLARSHIP FUND
ALL SAINTS EPISCOPAL CHURCH10 IRVING STREET WORCESTER,MA 01608	31-1629166	501(C)3	2,000				FUN FRIDAYS

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
ALL SAINTS EPISCOPAL CHURCH10 IRVING STREET WORCESTER, MA 01608	31-1629166	501(C)3	6,144				UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER, MA 01609	04-2103652	501(C)3	17,768				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
AMERICAN RED CROSS OF CENTRAL MASSACHUSETTS 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)3	10,431				DISASTER RELIEF
AMERICAN RED CROSS OF CENTRAL MASSACHUSETTS 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)3	10,000				SOFTWARE UPGRADE

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 RED CROSS OF CENTRAL MASSACHUSETTS 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)3	4,850				UNRESTRICTED
ANNA MARIA COLLEGE50 SUNSET LANE PAXTON, MA 016121198	04-2002060	501(C)3	13,000				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
ANNA MARIA COLLEGE50 SUNSET LANE PAXTON, MA 016121198	04-2002060	501(C)3	15,000				NURSING SCHOLARSHIPS
ANNA MARIA COLLEGE50 SUNSET LANE PAXTON, MA 016121198	04-2002060	501(C)3	50,000				COGHLIN HALL

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
THE URBAN ARTS INSTITUTE621 HUNTINGTON AVE BOSTON,MA 02115	04-2712823	501(C)3	7,500				ART IN THE PARK
ARTSWORCESTER660 MAIN STREET WORCESTER,MA 016103100	04-2768202	501(C)3	10,000				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
ARTSWORCESTER660 MAIN STREET WORCESTER,MA 016103100	04- 2768202	501(C)3	5,000				KIRBY GALLERY SCHOLAR
AUBURN YOUTH & FAMILY SERVICES21 PHEASANT CT AUBURN,MA 015012457	04- 2658899	501(C)3	4,000				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
AUBURN YOUTH & FAMILY SERVICES 21 PHEASANT CT AUBURN,MA 015012457	04-2658899	501(C)3	16,192				YOUTH DEVELOPMENT
AUDIO JOURNAL 799 WEST BOYLSTON STREET WORCESTER,MA 01606	04-3519488	501(C)3	12,000				OPERATING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BANCROFT SCHOOL110 SHORE DRIVE WORCESTER,MA 016053198	04-2103861	501(C)3	41,000				ELM PARK PARTNERSHIP
BANCROFT SCHOOL110 SHORE DRIVE WORCESTER,MA 016053198	04-2103861	501(C)3	18,793				UNRESTRICTED

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BECKER COLLEGE 61 SEVER STREET WORCESTER, MA 016092195	04-2108346	501(C)3	1,700				UNRESTRICTED
BECKER COLLEGE 61 SEVER STREET WORCESTER, MA 016092195	04-2108346	501(C)3	500				SCHOLARSHIP FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BECKER COLLEGE 61 SEVER STREET WORCESTER,MA 016092195	04-2108346	501(C)3	20,800				CAPITAL CAMPAIGN
BECKER COLLEGE 61 SEVER STREET WORCESTER,MA 016092195	04-2108346	501(C)3	15,000				NURSING SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BIG BROTHERS BIG SISTERS OF CENTRAL MASSMETRO 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04- 2317926	501(C)3	400				UNRESTRICTED
BIG BROTHERS BIG SISTERS OF CENTRAL MASSMETRO 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04- 2317926	501(C)3	17,500				BIGS IN SCHOOLS AND SITES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BIG BROTHERS BIG SISTERS OF MASSACHUSETTS BAY1934 FALMOUTH ROAD CENTERVILLE, MA 02632	04-2074462	501(C)3	5,750				SIGNAGE AND LIGHTING
BLACKSTONE VALLEY BOYS & GIRLS CLUB PO BOX 283 115 CANAL STREET BLACKSTONE, MA 01504	04-3200499	501(C)3	6,000				SUMMER CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOTTOM LINE40 SOUTHBRIDGE STREET SUITE 500 WORCESTER, MA 01608	04-3351427	501(C)3	10,000				COLLEGE ACCESS
BOYS & GIRLS CLUB OF WEBSTER-DUDLEY55 OXFORD AVENUE DUDLEY, MA 01571	04-2238069	501(C)3	10,000				THE CHOICES PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOYS & GIRLS CLUB OF WEBSTER-DUDLEY 55 OXFORD AVENUE DUDLEY, MA 01571	04-2238069	501(C)3	7,000				JUNIOR STAFF
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)3	1,575				CAMPERSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER,MA 016102520	04-2105851	501(C)3	652				SCHOLARSHIPS
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER,MA 016102520	04-2105851	501(C)3	3,697				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)3	10,972				YOUTH DEVELOPMENT
BRIDGE OF CENTRAL MASSACHUSETTS4 MANN STREET WORCESTER, MA 016102520	04-2701581	501(C)3	16,000				SAFE HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CAMP PUTNAM INC 141 RUTHERFORD ROAD NEW BRAINTREE, MA 01531	04-6004880	501(C)3	10,000				SUMMER CAMP
CATHOLIC CHARITIES WORCESTER COUNTY10 HAMMOND STREET WORCESTER, MA 016101513	53-0196617	501(C)3	10,494				TORNADO RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CATHOLIC CHARITIES WORCESTER COUNTY 10 HAMMOND STREET WORCESTER, MA 016101513	53-0196617	501(C)3	19,000				HEALTH EDUCATION
CENTRAL MASSACHUSETTS HOUSING ALLIANCE6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)3	6,400				HOUSING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CENTRAL MASSACHUSETTS HOUSING ALLIANCE6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)3	15,000				OPERATING GRANT
CENTRO LAS AMERICAS INC11 SYCAMORE STREET WORCESTER, MA 01608	04-2714991	501(C)3	7,500				LATINO ELDER PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CENTRO LAS AMERICAS INC11 SYCAMORE STREET WORCESTER,MA 01608	04-2714991	501(C)3	7,500				INSTITUTE OF LATINO CULTURE
CHILDREN'S FRIEND INC21 CEDAR STREET WORCESTER,MA 01609	04-2105856	501(C)3	4,000				THERAPY TRAINING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHILDREN'S FRIEND INC21 CEDAR STREET WORCESTER,MA 01609	04-2105856	501(C)3	40,000				SCHOOL AGE MOTHERS
CHILDREN'S FRIEND INC21 CEDAR STREET WORCESTER,MA 01609	04-2105856	501(C)3	978				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CITY OF WORCESTER - HEALTH AND HUMAN SERVICES 128 PROVIDENCE STREET WORCESTER, MA 01604	04-6001418	WORCESTER, MA	31,000				ELDER AFFAIRS
CLARK UNIVERSITY950 MAIN STREET WORCESTER, MA 01610	04-2111203	501(C)3	6,035				LUND COMMUNITY AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610	04-2111203	501(C)3	150				GODDARD LIBRARY
CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610	04-2111203	501(C)3	100,000				HIATT CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610	04-2111203	501(C)3	3,281				CLARK FUND
COMMUNITY HARVEST PROJECT INC37 WHEELER ROAD NORTH GRAFTON, MA 01536	04-3424018	501(C)3	20,000				ENDOWMENT FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY HARVEST PROJECT INC37 WHEELER ROAD NORTH GRAFTON, MA 01536	04-3424018	501(C)3	12,500				OPERATING
COMMUNITY HEALTHLINK72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 016102480	04-2626179	501(C)3	4,000				HOMELESS OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY HEALTHLINK72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 016102480	04-2626179	501(C)3	90,000				HEALTH PROGRAMS
COMMUNITY HEALTHLINK72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 016102480	04-2626179	501(C)3	6,800				TOGETHER FOR KIDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY HEALTHLINK72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 016102480	04-2626179	501(C)3	15,000				TRIAGE CENTER
COMMUNITY HEALTHLINK72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 016102480	04-2626179	501(C)3	1,012				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)3	24,000				LEGAL AID
DEPARTMENT OF CHILDREN AND FAMILIES KIDS FUND 24 FARNSWORTH STREET BOSTON, MA 02210	04-3443890	501(C)3	25,000				GIFTS FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DISMAS HOUSE OF CENTRAL MASSACHUSETTSPO BOX 30125 WORCESTER,MA 01603	54-2075825	501(C)3	15,000				TRANSITIONAL HOUSING
DRESS FOR SUCCESS WORCESTER INCPO BOX 16115 484 MAIN STREET SUITE 110 WORCESTER,MA 01608	26-3168663	501(C)3	11,700				OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EAST DOUGLAS EVERGREEN CEMETERY COMPANY12 GROVE STREET DOUGLAS, MA 01516	04-6002475	501(C)13	12,216				HISTORIC PRESERVATION
EAST QUABBIN LAND TRUSTPO BOX 5 120 RIDGE ROAD HARDWICK, MA 01037	04-3297978	501(C)3	15,000				LANDWORKS FARM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604	04- 2105868	501(C)3	18,000				INTERNSHIPS
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604	04- 2105868	501(C)3	3,000				POND AERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ECOTARIUM222 HARRINGTON WAY WORCESTER, MA 01604	04- 2105868	501(C)3	27,350				SCHOOL PROGRAM
ECOTARIUM222 HARRINGTON WAY WORCESTER, MA 01604	04- 2105868	501(C)3	8,200				UNRESTRICTED

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EDWARD M KENNEDY COMMUNITY HEALTH CENTER 2000 CENTURY DRIVE WORCESTER, MA 01606	04-2513817	501(C)3	10,640				CLINIC SIGNAGE
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 2000 CENTURY DRIVE WORCESTER, MA 01606	04-2513817	501(C)3	1,621				REFUGEE HEALTH

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EDWARD M KENNEDY COMMUNITY HEALTH CENTER 2000 CENTURY DRIVE WORCESTER,MA 01606	04-2513817	501(C)3	24,000				VISION SERVICES
EDWARD STREET CHILD SERVICES 34 CEDAR STREET WORCESTER,MA 01609	04-2133874	501(C)3	20,375				EARLY CHILDHOOD MATTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EDWARD STREET CHILD SERVICES 34 CEDAR STREET WORCESTER,MA 01609	04-2133874	501(C)3	50,000				PILOT PROJECT
ELDER SERVICES OF WORCESTER AREA INC67 MILLBROOK STREET SUITE 100 WORCESTER,MA 01606	04-2545221	501(C)3	11,624				NUTRITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY HEALTH CENTER OF WORCESTER26 QUEEN STREET WORCESTER,MA 01610	04-2485308	501(C)3	400				UNRESTRICTED
FAMILY HEALTH CENTER OF WORCESTER26 QUEEN STREET WORCESTER,MA 01610	04-2485308	501(C)3	24,536				DENTAL CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY HEALTH CENTER OF WORCESTER26 QUEEN STREET WORCESTER,MA 01610	04-2485308	501(C)3	67,000				FAMILY NURSE PRACTITIONER
FAMILY HEALTH CENTER OF WORCESTER26 QUEEN STREET WORCESTER,MA 01610	04-2485308	501(C)3	40,000				HOMELESS FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FIRST CHURCH UNITARIAN UNIVERSALIST OF LEOMINSTER15 WEST STREET LEOMINSTER, MA 01453	04-2199870	501(C)3	14,000				YOUTH PROGRAM
FIRST NIGHT WORCESTERPO BOX 351 WORCESTER, MA 01614	04-2925272	501(C)3	10,000				OPERATING GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 016081173	04-2125013	501(C)3	26,300				UNRESTRICTED
FIRST UNITARIAN CHURCH90 MAIN STREET WORCESTER,MA 016081173	04-2125013	501(C)3	500				MUSIC PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FITCHBURG CULTURAL ALLIANCE633 MAIN STREET FITCHBURG,MA 01420	22-2571430	501(C)3	8,000				ROLLSTONE STUDIO
FITCHBURG STATE UNIVERSITY160 PEARL STREET FITCHBURG,MA 01420	04-2661048	501(C)3	150,000				NURSING EDUCATION

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FRANCIS W PARKER CHARTER ESSENTIAL SCHOOL49 ANTIETAM STREET DEVENS, MA 01434	14-1874834	501(C)3	6,000				INTERNSHIPS
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)3	24,000				HOMELESS FAMILIES

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FRIENDLY HOUSE 36 WALL STREET WORCESTER,MA 01604	04- 2104239	501(C)3	4,750				YOUTH PROGRAMS
FRIENDS OF GALE FREE LIBRARY23 HIGHLAND STREET HOLDEN,MA 01520	22- 3021983	501(C)3	12,364				BOOKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GENESIS CLUB274 LINCOLN STREET WORCESTER, MA 01605	04-2983234	501(C)3	17,500				EMPLOYMENT
GIRLS INC OF WORCESTER125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)3	2,972				YOUTH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GIRLS INC OF WORCESTER125 PROVIDENCE STREET WORCESTER,MA 01604	04-2123666	501(C)3	2,500				PROFESSIONAL DEVELOPMENT
GIRLS INC OF WORCESTER125 PROVIDENCE STREET WORCESTER,MA 01604	04-2123666	501(C)3	17,750				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
GREATER GARDNER COMMUNITY DEVELOPMENT CORPORATION246 CENTRAL STREET GARDNER, MA 01440	04-3170779	501(C)3	10,000				SMALL BUSINESS DEVELOPMENT
GREATER WORCESTER 32ND DEGREE MASONIC LEARNING CENTER FOR CHILDRENONE IONIC AVENUE WORCESTER, MA 01608	04-3169620	501(C)3	23,590				CHILDREN'S DYSLEXIA CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GREATER WORCESTER LAND TRUST4 ASH STREET APT 1 WORCESTER, MA 01608	22-2857318	501(C)3	7,500				OPERATING GRANT
HABITAT FOR HUMANITY- METROWESTGREATER WORCESTER111 PARK AVENUE WORCESTER, MA 01609	22-2583590	501(C)3	12,000				HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MILFORD REGIONAL MEDICAL CENTER INC14 PROSPECT ST HILL HEALTH CENTER 4TH FL MILFORD,MA 01757	04-2103602	501(C)3	10,000				HEALTH EDUCATION ADVOCACY FOR LATINOS
HENRY LEE WILLIS COMMUNITY CENTER119 FOREST STREET WORCESTER,MA 01609	04-3124067	501(C)3	10,000				ACADEMIC ADVISING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HENRY LEE WILLIS COMMUNITY CENTER119 FOREST STREET WORCESTER, MA 01609	04-3124067	501(C)3	3,000				RESIDENTIAL PROGRAM
HENRY LEE WILLIS COMMUNITY CENTER119 FOREST STREET WORCESTER, MA 01609	04-3124067	501(C)3	2,000				SOCIAL JUSTICE ROUNDTABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HIGGINS ARMORY MUSEUM100 BARBER AVENUE WORCESTER, MA 01606	04-2240363	501(C)3	12,750				EDUCATION
HIGGINS ARMORY MUSEUM100 BARBER AVENUE WORCESTER, MA 01606	04-2240363	501(C)3	3,991				COLLECTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HIGGINS ARMORY MUSEUM100 BARBER AVENUE WORCESTER,MA 01606	04-2240363	501(C)3	450				UNRESTRICTED
HILLSIDE SCHOOL 404 ROBIN HILL ROAD MARLBOROUGH,MA 01752	04-2111216	501(C)3	6,367				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UMASS MEMORIAL FOUNDATION INC 333 SOUTH ST 4TH FL SHREWSBURY,MA 015457807	04-3108190	501(C)3	12,500				HOPE COALITION
HORIZONS FOR HOMELESS CHILDREN1705 COLUMBUS AVENUE ROXBURY,MA 02119	22-2915188	501(C)3	8,000				CENTRAL REGION PLAYSPACES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOUSE OF PEACE AND EDUCATION 20 BARTHEL AVENUE GARDNER, MA 014402502	04-3300490	501(C)3	17,500				EDUCATION
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)3	10,000				INTERFAITH HOSPITALITY NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JEWISH FAMILY SERVICE OF WORCESTER646 SALISBURY STREET WORCESTER, MA 01609	04-2104350	501(C)3	7,500				COUNSELING
JEWISH FAMILY SERVICE OF WORCESTER646 SALISBURY STREET WORCESTER, MA 01609	04-2104350	501(C)3	1,500				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JOY OF MUSIC PROGRAM INC1 GORHAM STREET WORCESTER,MA 01605	04-3055099	501(C)3	3,000				RECITAL HALL
JOY OF MUSIC PROGRAM INC1 GORHAM STREET WORCESTER,MA 01605	04-3055099	501(C)3	38,612				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER STATE FOUNDATION INC 486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)3	55,500				LATINO EDUCATION INSTITUTE
LET'S GET READY 50 BROADWAY SUITE 806 NEW YORK, NY 10004	31-1698832	501(C)3	15,000				WORCESTER EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LITERACY PROJECT INC15 BANK ROAD SUITE C GREENFIELD, MA 01301	04-2907399	501(C)3	15,000				ADULT BASIC EDUCATION
LITERACY VOLUNTEERS OF GREATER WORCESTER WORCESTER PUBLIC LIBRARY 3 SALEM SQUARE ROOM 332 WORCESTER, MA 01608	04-2914294	501(C)3	32,000				ADULT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LMS SPORTS BOOSTERS386 STAFFORD STREET CHERRY VALLEY, MA 01611			6,000				SPORTS EQUIPMENT
LUTHERAN SOCIAL SERVICES OF NEW ENGLAND 14 EAST WORCESTER STREET SUITE 300 WORCESTER,MA 01604	04-2496563	501(C)3	27,500				IMMIGRATION LEGAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MAIN SOUTH COMMUNITY DEVELOPMENT CORPORATION875 MAIN STREET WORCESTER, MA 01610	04-2921465	501(C)3	7,500				NEIGHBORHOOD REVITALIZATION
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)3	7,705				BROAD MEADOW BROOK SANCTUARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)3	21,945				EDUCATION PARTNERSHIPS
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES 179 LONGWOOD AVENUE BOSTON, MA 02115	04-2104700	501(C)3	500				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES 179 LONGWOOD AVENUE BOSTON,MA 02115	04-2104700	501(C)3	15,000				FAIRLAWN SCHOLARS AWARD FUND
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 165 CAMBRIDGE STREET SUITE 600 BOSTON,MA 02114	04-1564655	501(C)3	500				CARDIAC CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 165 CAMBRIDGE STREET SUITE 600 BOSTON,MA 02114	04- 1564655	501(C)3	10,000				RESEARCH FUND
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 165 CAMBRIDGE STREET SUITE 600 BOSTON,MA 02114	04- 1564655	501(C)3	3,500				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MATTHEW 25 INC 52 QUEEN ST 1 WORCESTER,MA 01610	22- 2967513	501(C)3	8,466				HOUSING RENOVATION
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER,MA 016092870	04- 2105867	501(C)3	4,500				CONSERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MOHEGAN COUNCIL BOY SCOUTS OF AMERICA19 HARVARD STREET WORCESTER, MA 016092870	04- 2105867	501(C)3	1,834				UNRESTRICTED
MONTACHUSETT INTERFAITH HOSPITALITY NETWORK196 MECHANIC STREET LEOMINSTER, MA 01453	03- 0387748	501(C)3	13,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONTACHUSETT OPPORTUNITY COUNCIL133 PRICHARD STREET FITCHBURG, MA 01420	04-2401111	501(C)3	15,000				HOMEWORK CENTER
MOUNT GRACE LAND CONSERVATION TRUST1461 OLD KEENE ROAD ATHOL, MA 013319689	04-2938967	501(C)3	6,500				SERVICE LEARNING PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSIC WORCESTER323 MAIN STREET WORCESTER,MA 016081511	04- 2171207	501(C)3	500				ENDOWMENT
MUSIC WORCESTER323 MAIN STREET WORCESTER,MA 016081511	04- 2171207	501(C)3	11,259				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MY TURN156 MAIN STREET BROCKTON, MA 02301	22-2565777	501(C)3	10,000				FITCHBURG PROGRAM
NATIVITY SCHOOL OF WORCESTER67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)3	10,000				FELLOWS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NATIVITY SCHOOL OF WORCESTER67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)3	6,500				UNRESTRICTED
NEADSDOGS FOR DEAF AND DISABLED AMERICANSPO BOX 213 WEST BOYLSTON, MA 01583	23-7281887	501(C)3	33,218				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEW ENGLAND BUSINESS ASSOCIATES66 INDUSTRY AVENUE SUITE 11 SPRINGFIELD, MA 01104	04-2790394	501(C)3	7,200				WORCESTER OFFICE
NEW ENGLAND HOMES FOR THE DEAF154 WATER STREET DANVERS, MA 01923	04-2104760	501(C)3	9,812				OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEW HOPE140 PARK STREET ATTLEBORO, MA 02703	04-2681340	501(C)3	18,000				MJ LEADENHAM CENTER
NORTH BROOKFIELD YOUTH CENTERPO BOX 86 133 MAIN ST NORTH BROOKFIELD, MA 015350086	04-3497157	501(C)3	12,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTH QUABBIN CITIZEN ADVOCACYPO BOX 362 135 EAST MAIN STREET ORANGE, MA 01364	04-3218759	501(C)3	8,000				OPERATING SUPPORT
OAK HILL COMMUNITY DEVELOPMENT CORPORATION74 PROVIDENCE STREET WORCESTER, MA 01604	22-2599363	501(C)3	17,500				HOMEOWNERSHIP CENTER

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OAK HILL COMMUNITY DEVELOPMENT CORPORATION74 PROVIDENCE STREET WORCESTER, MA 01604	22-2599363	501(C)3	10,000				NEIGHBORHOOD REVITALIZATION
OLD STURBRIDGE VILLAGE1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566	04-2104809	501(C)3	15,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OLD STURBRIDGE VILLAGE1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566	04-2104809	501(C)3	15,200				UNRESTRICTED
OUR FATHER'S HOUSE INCPO BOX 7251 4 LEIGHTON STREET FITCHBURG, MA 01420	22-2515061	501(C)3	15,000				HEALTH PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PAKACHOAG CHURCH UCC203 PAKACHOAG STREET AUBURN,MA 015012567	23-7274373	501(C)3	5,265				FUND FOR HUMAN UNDERSTANDING
PAKACHOAG CHURCH UCC203 PAKACHOAG STREET AUBURN,MA 015012567	23-7274373	501(C)3	3,272				FUND FOR SACRED MUSIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER203 PAKACHOAG STREET AUBURN, MA 015012567	04- 3029253	501(C)3	6,000				OPERATING
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04- 2453851	501(C)3	1,675				CROMPTON PARK SKATING RINK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)3	12,000				HOME VISITS
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)3	16,500				UNRESTRICTED

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PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER,MA 01610	04-2453851	501(C)3	1,750				YOUTH SERVICES
PETERSHAM HISTORICAL SOCIETYPO BOX 364 PETERSHAM,MA 013660364	23-7100546	501(C)3	20,000				RENOVATION OF SCHOOLHOUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PLEASANT STREET NEIGHBORHOOD NETWORK CENTER 301 PLEASANT STREET WORCESTER,MA 01609	77- 0690887	501(C)3	12,000				OPERATING
PLEASANT STREET NEIGHBORHOOD NETWORK CENTER 301 PLEASANT STREET WORCESTER,MA 01609	77- 0690887	501(C)3	2,300				ENGLISH INSTRUCTION

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POLUS CENTER FOR SOCIAL & ECONOMIC DEVELOPMENT134 HIGH STREET CLINTON, MA 10510	04-2697866	501(C)3	6,944				EMPLOYMENT
PRESERVATION WORCESTER10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)3	2,000				DOCUMENT SCANNING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PRESERVATION WORCESTER10 CEDAR STREET WORCESTER,MA 016092520	23-7073959	501(C)3	7,000				OPERATING
QUINSIGAMOND COMMUNITY COLLEGE670 WEST BOYLSTON STREET WORCESTER,MA 01606	04-2897624	501(C)3	3,000				NURSING SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION670 WEST BOYLSTON ST WORCESTER, MA 01606	04-2897624	501(C)3	16,000				WOMEN IN TECHNOLOGY
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION670 WEST BOYLSTON ST WORCESTER, MA 01606	04-2897624	501(C)3	15,000				NURSING SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RACHEL'S TABLE OF THE JEWISH FEDERATION OF CENTRAL MASS INC 633 SALISBURY STREET WORCESTER, MA 01609	04-2104363	501(C)3	17,000				OPERATING
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)3	16,200				CHILDREN'S PROGRAM

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
RAINBOW CHILD DEVELOPMENT CENTER10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)3	200				GIFTS FOR CHILDREN
REFUGEE AND IMMIGRANT ASSISTANCE CENTER340 MAIN ST SUITE 800 WORCESTER, MA 01608	04-3430294	501(C)3	12,000				CASE MANAGEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGATTA POINT COMMUNITY SAILING PO BOX 4008 10 LAKE AVE SHREWSBURY,MA 01545	04- 2309329	501(C)3	7,500				SUMMER CAMP
REGIONAL ENVIRONMENTAL COUNCILPO BOX 255 WORCESTER,MA 01613	04- 6364350	501(C)3	3,000				COMPUTER UPGRADE

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
REGIONAL ENVIRONMENTAL COUNCILPO BOX 255 WORCESTER,MA 01613	04-6364350	501(C)3	20,500				YOUTHGROW
RURAL CEMETERY AND CREMATORY180 GROVE STREET WORCESTER,MA 016051711	04-1795920	501(C)13	12,937				HISTORIC PRESERVATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SALVATION ARMY WORCESTER CITADEL CORPS 630-640 MAIN STREET WORCESTER,MA 016082021	04- 2103624	501(C)3	8,600				SOCIAL SERVICES
SOUTH HIGH COMMUNITY SCHOOL 170 APRICOT STREET WORCESTER,MA 01603	04- 6001418	WORCESTER, MA	10,000				YOUTH PHILANTHROPY

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
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS484 MAIN STREET SUITE 400 WORCESTER, MA 01608	04-3393955	501(C)3	17,500				OPERATING
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS484 MAIN STREET SUITE 400 WORCESTER, MA 01608	04-3393955	501(C)3	40,000				ESOL CLASSES

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
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS484 MAIN STREET SUITE 400 WORCESTER, MA 01608	04-3393955	501(C)3	15,000				HEALTH ACCESS
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS484 MAIN STREET SUITE 400 WORCESTER, MA 01608	04-3393955	501(C)3	3,000				YOUTH PROGRAM

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
SPANISH AMERICAN CENTER 112 SPRUCE STREET LEOMINSTER, MA 01453	04-2761759	501(C)3	12,500				ESOL FOR ADULTS
SPECTRUM HEALTH SYSTEMS 10 MECHANIC STREET SUITE 302 WORCESTER, MA 01608	04-2478978	501(C)3	10,000				PRIMARY CARE

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
TEMPLE SINAI661 SALISBURY STREET WORCESTER,MA 01609	22-6057081	501(C)3	29,100				UNRESTRICTED
TENACITY INC38 EVERETT STREET BOSTON,MA 02134	04-3452763	501(C)3	10,000				SUMMER PROGRAM

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
THAYER MEMORIAL LIBRARY717 MAIN STREET LANCASTER,MA 01523	04- 3367852	501(C)3	6,905				ENVIRONMENTAL SERIES
THE CASA PROJECT100 GROVE STREET WORCESTER,MA 01605	04- 2711865	501(C)3	14,000				CHILDREN AT RISK

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
TOWN OF AUBURN104 CENTRAL STREET AUBURN,MA 01501	04-6001076	AUBURN, MA	71,550				RECREATION COMPLEX
TRI-VALLEY INC 10 MILL STREET DUDLEY,MA 01571	04-2594201	501(C)3	7,500				MEALS FOR SENIORS

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
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER, MA 01608	41-1568278	501(C)3	3,000				URBAN DAY CAMP
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER, MA 01608	41-1568278	501(C)3	3,214				G S PETERSON FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER,MA 01608	41-1568278	501(C)3	3,214				L H PERSON FUND
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER,MA 01608	41-1568278	501(C)3	18,777				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TWIN CITIES COMMUNITY DEVELOPMENT CORPORATION470 MAIN STREET FITCHBURG,MA 014204292	04-2690210	501(C)3	15,000				NEIGHBORHOOD REVITALIZATION
UMASS MEMORIAL FOUNDATION DEVELOPMENT OFFICE333 SOUTH STREET 4TH FLOOR SHREWSBURY,MA 015457807	04-3108190	501(C)3	16,350				CARE

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
UMASS MEMORIAL FOUNDATION DEVELOPMENT OFFICE333 SOUTH STREET 4TH FLOOR SHREWSBURY, MA 015457807	04-3108190	501(C)3	8,920				RESEARCH
UMASS MEMORIAL FOUNDATION DEVELOPMENT OFFICE333 SOUTH STREET 4TH FLOOR SHREWSBURY, MA 015457807	04-3108190	501(C)3	12,141				WACHUSETT HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of 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
UNITED NEIGHBORS OF FITCHBURG INC18 FAIRMOUNT STREET FITCHBURG,MA 01420	04-2706755	501(C)3	10,000				ADULT EDUCATION
UNITED NEIGHBORS OF FITCHBURG INC18 FAIRMOUNT STREET FITCHBURG,MA 01420	04-2706755	501(C)3	800				PROJECT SWIRL

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
UNITED WAY LEE HENDRY & GLADES 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	59-1005169	501(C)3	13,000				ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)3	153,652				ANNUAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)3	12,000				WOMEN'S INITIATIVE
UNIVERSITY OF MASSACHUSETTS GRADUATE SCHOOL OF NURSING55 LAKE AVENUE NORTH S1-853 WORCESTER, MA 01655	04-3167352	501(C)3	20,750				NURSING SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	501(C)3	10,000				UNRESTRICTED
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOLCOMMONWEALTH MEDICINE333 SOUTH STREET SHREWSBURY,MA 01545	04-3167352	501(C)3	90,000				CENTRAL MA MOLST

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
VALLEY RESIDENTS FOR IMPROVEMENT INC107 TACOMA STREET WORCESTER, MA 01605	04-2702167	501(C)3	20,000				LAKESIDE SUMMER CAMP
VNA CARE NETWORK AND HOSPICE120 THOMAS STREET WORCESTER, MA 01608	04-2103825	501(C)3	7,500				HEALTH CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WHITIN MEMORIAL COMMUNITY CENTERPO BOX 244 60 MAIN STREET WHITINSVILLE,MA 01588	04-6087769	501(C)3	10,958				YOUTH PROGRAMS
WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER,MA 01604	04-2105855	501(C)3	26,966				CHAPIN RILEY SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)3	3,100				UNRESTRICTED
WORCESTER ANIMAL RESCUE LEAGUE139 HOLDEN STREET WORCESTER, MA 01606	04-2133247	501(C)3	931				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER ANIMAL RESCUE LEAGUE139 HOLDEN STREET WORCESTER,MA 01606	04-2133247	501(C)3	15,000				VOLUNTEER COORDINATOR
WORCESTER ART MUSEUM55 SALISBURY STREET WORCESTER,MA 01609	04-1988530	501(C)3	26,966				ACQUISITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER ART MUSEUM55 SALISBURY STREET WORCESTER, MA 01609	04-1988530	501(C)3	32,388				CONSERVATION
WORCESTER ART MUSEUM55 SALISBURY STREET WORCESTER, MA 01609	04-1988530	501(C)3	82,221				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER ART MUSEUM55 SALISBURY STREET WORCESTER, MA 01609	04-1988530	501(C)3	37,038				UNRESTRICTED
WORCESTER CENTER FOR CRAFTS25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)3	12,000				YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER CENTER FOR CRAFTS25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)3	466				UNRESTRICTED
WORCESTER CHAMBER MUSIC SOCIETYPO BOX 21001 WORCESTER, MA 01602	04-2768202	501(C)3	8,500				PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER COMMON GROUND 5 PIEDMONT STREET WORCESTER, MA 01610	22- 2976657	501(C)3	15,000				AFFORDABLE HOUSING
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET SUITE 200 WORCESTER, MA 016081810	04- 2382160	501(C)3	6,000				FAMILY PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET SUITE 200 WORCESTER,MA 016081810	04-2382160	501(C)3	20,000				FUEL ASSISTANCE
WORCESTER COMMUNITY HOUSING RESOURCES11 PLEASANT STREET SUITE 300 WORCESTER,MA 01609	22-2719744	501(C)3	20,000				LOAN FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY,MA 01545	04-3071457	501(C)3	5,217				OPERATING
WORCESTER COUNTY HORTICULTURAL SOCIETY TOWER HILL BOTANIC GARDEN PO BOX 598 11 FRENCH DRIVE BOYLSTON,MA 01505	04-1988945	501(C)3	157,000				WORCESTER TREE INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDENPO BOX 598 11 FRENCH DRIVE BOYLSTON,MA 01505	04-1988945	501(C)3	1,737				UNRESTRICTED
WORCESTER COUNTY MECHANICS ASSOCIATIONMECHANICS HALL321 MAIN STREET WORCESTER,MA 01608	04-1988955	501(C)3	24,050				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER COUNTY POETRY ASSOCIATION1 EKMAN STREET WORCESTER,MA 01607	23-7157372	501(C)3	3,800				UNRESTRICTED
WORCESTER COUNTY POETRY ASSOCIATION1 EKMAN STREET WORCESTER,MA 01607	23-7157372	501(C)3	6,000				FESTIVAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 01609	04-2103652	501(C)3	15,000				WORCESTER CULTURAL COALITION
WORCESTER EAST SIDE COMMUNITY DEV CORP409 SHREWSBURY STREET WORCESTER,MA 01604	04-3280116	501(C)3	10,000				NEIGHBORHOOD REVITALIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED WAY OF CENTRAL MA484 MAIN ST STE 300 WORCESTER,MA 016081880	04-2104017	501(C)3	12,500				WORCESTER EDUCATION COLLAB
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609	04-2105858	501(C)3	22,955				EXHIBITIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609	04-2105858	501(C)3	16,363				SALISBURY MANSION
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609	04-2105858	501(C)3	86,740				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER INTERFAITH111 PARK AVENUE WORCESTER,MA 01609	04-3158699	501(C)3	7,500				PARENT ORGANIZING
WORCESTER JEWISH COMMUNITY CENTER633 SALISBURY STREET WORCESTER,MA 01609	04-2104353	501(C)3	19,298				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER POLYTECHNIC INSTITUTE100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)3	2,000				UNRESTRICTED
WORCESTER PUBLIC SCHOOLS 20 IRVING STREET WORCESTER, MA 01609	04-8001418	WORCESTER, MA	30,000				ADULT LITERACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER PUBLIC SCHOOLS 20 IRVING STREET WORCESTER, MA 01609	04-8001418	WORCESTER, MA	1,400				PUBLIC PROGRAM
WORCESTER PUBLIC SCHOOLS 20 IRVING STREET WORCESTER, MA 01609	04-8001418	WORCESTER, MA	2,911				PRESCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORCESTER REGIONAL RESEARCH BUREAU500 SALISBURY STREET WORCESTER, MA 016091265	04-2901298	501(C)3	5,000				OPERATING
WORCESTER REGIONAL RESEARCH BUREAU500 SALISBURY STREET WORCESTER, MA 016091265	04-2901298	501(C)3	2,700				HARRINGTON PUBLIC FORUMS

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 ROOTS PROJECT5 PLEASANT STREET 3RD FLOOR WORCESTER, MA 01609	05-0566468	501(C)3	12,000				YOUTH LEADERSHIP
WORCESTER STATE UNIVERSITY486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)3	20,000				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
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)3	13,750				OPERATING
YOU INC81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)3	15,000				DYNAMY

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
YOU INC81 PLANTATION STREET WORCESTER,MA 01604	23-7112665	501(C)3	15,000				EARLY CHILDHOOD MENTAL HEALTH
YOU INC81 PLANTATION STREET WORCESTER,MA 01604	23-7112665	501(C)3	4,095				OPERATING

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
YOU INC81 PLANTATION STREET WORCESTER, MA 01604	23- 7112665	501(C)3	35,000				TEEN PARENT PROGRAM
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER, MA 01610	04- 2105885	501(C)3	20,000				KIDS ON THE MOVE

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	04-2105885	501(C)3	10,000				MEN'S HEALTH
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)3	2,000				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
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER,MA 01610	04-2105885	501(C)3	12,000				MINORITY ACHIEVERS
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER,MA 01610	04-2105885	501(C)3	863				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
YMCA OF GREATER HARTFORD241 TRUMBULL STREET HARTFORD, CT 06103	06-0881325	501(C)3	34,000				PUTNAM REGIONAL YMCA
YOU INC81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)3	17,500				YOUTHNET SUMMER 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
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)3	18,000				DAYBREAK SERVICES
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)3	10,000				CHILD CARE

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
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)3	23,550				YOUNG PARENT PROGRAM

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
COLLEGE SCHOLARSHIPS TO STUDENTS FROM THE GREATER WORCESTER AREA	368	554,364	0		
AID TO VICTIMS OF 1953 CENTRAL MA TORNADO	1	7,562	0		
AWARD FOR EXEMPLARY LEADERSHIP IN GREATER WORCESTER COMMUNITIES	1	5,010	0		
AWARD TO CEO OF MA EASTER SEALS SOCIETY	1	4,100	0		
MERIT AWARDS TO STUDENT PERFORMERS FOR CLASSICAL MUSIC INSTRUCTION	3	2,000	0		
FINANCIAL ASSISTANCE FOR YOUTH HOCKEY PARTICIPANTS	10	1,237	0		
AUBURN OUTSTANDING CITIZENSHIP AWARD	1	500	0		
AWARD TO OUSTANDING MEDICAL STUDENT	1	500	0		

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number
04-2572276

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	1	5,000	ESTIMATED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	226,095	FAIR VALUE ON GIFT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (COMPUTER)	X	1	861	ESTIMATED VALUE
VENDOR				
26 Other ► (DISCOUNT)	X	1	500	DISCOUNT RECEIVED
27 Other ► ()				
28 Other ► ()				

29

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

29

1

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	GREATER WORCESTER COMMUNITY FOUNDATION REPORTS THE NUMBER OF CONTRIBUTIONS IN COLUMN B

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

2011

Open to Public Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number
04-2572276

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	GOVERNING BODY/BUSINESS RELATIONSHIPS TWO DIRECTORS HAVE A BUSINESS RELATIONSHIP AS SHAREHOLDERS IN THE SAME LAW FIRMS
	FORM 990, PART VI, SECTION A, LINE 6	GOVERNING BODY/MEMBERS THE FOUNDATION HAS 300 CORPORATORS, WHOSE RIGHTS AND RESPONSIBILITIES ARE LIMITED TO ELECTING NEW CORPORATORS AND THE BOARD OF DIRECTORS, APPROVING AMENDMENTS TO THE BY-LAWS AND THE CHARTER, AND APPROVING MAJOR CORPORATE ACTIONS SUCH AS MERGER OR DISSOLUTION THE BOARD OF DIRECTORS IS RESPONSIBLE FOR GOVERNANCE AND OVERSIGHT OF ALL OTHER BUSINESS OF THE FOUNDATION
	FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION FOR PART VI, LINE 6
	FORM 990, PART VI, SECTION A, LINE 7B	SEE EXPLANATION FOR PART VI, LINE 6
	FORM 990, PART VI, SECTION B, LINE 11	POLICIES/GOVERNANCE REVIEW OF 990 A DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	POLICIES/CONFLICT OF INTEREST THE FOUNDATION ANNUALLY REVIEWS INFORMATION FROM KEY EMPLOYEES, BOARD MEMBERS, AND MEMBERS OF KEY COMMITTEES EACH INDIVIDUAL ANNUALLY COMPLETES A DECLARATION OF AFFILIATIONS TO ENSURE THAT THE INFORMATION IS CURRENT THIS IS DONE TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW FOR THE PRESIDENT/CEO AND OTHER KEY EMPLOYEES ON AN ANNUAL BASIS AND IN 2011, THE BOARD CONDUCTS AN APPRAISAL OF THE PRESIDENT AND CEO AND ESTABLISHES COMPENSATION FOR THE PRESIDENT AND ALL KEY EMPLOYEES USING INDEPENDENT REVIEW OF COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS
	FORM 990, PART VI, SECTION C, LINE 19	DISCLOSURE GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND INFORMATIONAL RETURNS ARE DISTRIBUTED UPON REQUEST FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE THE ORGANIZATION'S TAX RETURNS ARE ALSO POSTED ON OTHERS' WEBSITES
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -7,042,267 RECOVERY OF PRIOR YEAR GRANTS 3,375 CHG IN VALUE OF SPLIT INT AGREEMENT & REMAINDER INT IN REAL ESTATE -62,298 AGENCY ACTIVITY GIFTS -1,655,347 AGENCY ACTIVITY GRANTS 235,718 AGENCY ACTIVITY INVESTMENTS 325,189 AGENCY ACTIVITY FEES 69,924 TOTAL TO FORM 990, PART XI, LINE 5 - 8,125,706
	FORM 990, PART XII, 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

2011

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) Disproportionate 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 related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

Other transfer of cash or property from related 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)			

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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