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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 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 \$ 3,345,009 including grants of \$ 2,461,675) (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 \$ 3,148,648 including grants of \$ 2,317,168) (Revenue \$ 138)

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 \$ 735,522 including grants of \$ 541,289) (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

7,229,179

Form 990 (2012)

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a 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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV 	14b 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 United States? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 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 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	21	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	12
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).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
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?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
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 as charitable contributions?		6a	No
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?		7a	No
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?		7c	No
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?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	No
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	No
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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
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	21	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	21	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
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 (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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) ROBERT S ADLER DIRECTOR	1.00	X						0	0	0
(6) BRIAN M CHANDLEY DIRECTOR	1.00	X						0	0	0
(7) TRACY A CRAIG DIRECTOR	1.00	X						0	0	0
(8) GERALD M GATES DIRECTOR	1.00	X						0	0	0
(9) GERALD LEE GAUDETTE III DIRECTOR	1.00	X						0	0	0
(10) DENNIS F GORMAN DIRECTOR	1.00	X						0	0	0
(11) ALISON C KENARY DIRECTOR	1.00	X						0	0	0
(12) LINDA C LOOFT DIRECTOR	1.00	X						0	0	0
(13) MONICA LOWELL DIRECTOR	1.00	X						0	0	0
(14) ANN K MOLLOY DIRECTOR	1.00	X						0	0	0
(15) FREDERIC H MULLIGAN FORMER DIRECTOR	1.00	X						0	0	0
(16) MARY C RITTER DIRECTOR	1.00	X						0	0	0
(17) SCOTT ROSSITER DIRECTOR	1.00	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	133,132	0	11,400

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. ▶1

		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	174,932

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

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

			(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	1,583			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,506,347			
	g	Noncash contributions included in lines 1a-1f \$		414,645			
	h	Total. Add lines 1a-1f		3,507,930			
Program Service Revenue	2a	NON PROFIT SUPPORT CEN	Business Code				
			900099	250	250		
	b	PROGRAM RELATED INVESTMENT	900099	138	138		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		388			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,380,040		3,380,040	
	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			
			43,071,758	1,337,391			
		b	Less cost or other basis and sales expenses		1,307,129		
		c	Gain or (loss)	3,153,303	30,262		
	d	Net gain or (loss)		3,183,565		3,183,565	
	8a	Gross income from fundraising events (not including \$ 1,583 of contributions reported on line 1c) See Part IV, line 18					
		a	27,780				
		b	Less direct expenses	b	13,145		
	c	Net income or (loss) from fundraising events . . .		14,635		14,635	
	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			10,086,558	388	0	6,578,240

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).

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.	4,734,567	4,734,567		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	585,565	585,565		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	144,738	101,318	26,052	17,368
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.	549,238	384,466	98,863	65,909
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,325	16,327	4,199	2,799
9	Other employee benefits.	107,068	74,947	19,272	12,849
10	Payroll taxes.	57,167	40,017	10,290	6,860
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,465	1,725	444	296
c	Accounting.	38,778	27,145	6,980	4,653
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,069,990	1,069,990		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	25,029	22,826	722	1,481
12	Advertising and promotion.	25,240			25,240
13	Office expenses.	10,258	7,181	1,846	1,231
14	Information technology.	54,863	39,503	9,216	6,144
15	Royalties.				
16	Occupancy.	92,105	64,473	16,579	11,053
17	Travel.	9,661	6,914	466	2,281
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	36,508	18,158	603	17,747
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	27,929		27,929	
23	Insurance.	7,942	5,559	1,430	953
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	DUES AND SUBSCRIPTIONS	30,894	6,874	1,008	23,012
b	PRINTING AND PUBLICATIO	20,841	3,190	732	16,919
c	BANK AND OTHER FEES	19,918	13,611	3,500	2,807
d	POSTAGE AND SHIPPING	9,964	4,823	1,228	3,913
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	7,684,053	7,229,179	231,359	223,515
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		446,529	1	100,637
	2	Savings and temporary cash investments		11,403,447	2	9,296,461
	3	Pledges and grants receivable, net		305,000	3	305,000
	4	Accounts receivable, net		9,436	4	6,362
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		4,480	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		45,137	9	54,716
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a312,888			
	b	Less: accumulated depreciation	10b251,455	1,387,734	10c	61,433
	11	Investments—publicly traded securities		54,300,539	11	68,849,158
	12	Investments—other securities. See Part IV, line 11.		48,060,553	12	46,011,351
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		2,152	15	5,150
	16	Total assets. Add lines 1 through 15 (must equal line 34).		115,965,007	16	124,690,268
Liabilities	17	Accounts payable and accrued expenses		74,095	17	78,154
	18	Grants payable		695,250	18	169,900
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other 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.		12,476,336	25	13,852,681
	26	Total liabilities. Add lines 17 through 25.		13,245,681	26	14,100,735
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-1,226,492	27	393,515
	28	Temporarily restricted net assets		23,827,785	28	28,332,785
	29	Permanently restricted net assets		80,118,033	29	81,863,233
	Organizations that do not follow SFAS 117 (ASC 958), 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		102,719,326	33	110,589,533
	34	Total liabilities and net assets/fund balances		115,965,007	34	124,690,268

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	10,086,558
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,684,053
3	Revenue less expenses Subtract line 2 from line 1	3	2,402,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,719,326
5	Net unrealized gains (losses) on investments	5	6,738,318
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,270,616
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,589,533

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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.

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION INC

Employer identification number
04-2572276

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,342,010	1,909,128	3,478,256	3,411,012	3,507,930	15,648,336
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	3,342,010	1,909,128	3,478,256	3,411,012	3,507,930	15,648,336
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)						1,273,677
6 Public support. Subtract line 5 from line 4						14,374,659

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	3,342,010	1,909,128	3,478,256	3,411,012	3,507,930	15,648,336
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,965,267	2,702,553	2,598,172	3,003,571	3,380,040	14,649,603
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						30,297,939
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	47 440 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	51 740 %
16a	33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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	92
2	Aggregate contributions to (during year)	1,128,374
3	Aggregate grants from (during year)	1,079,707
4	Aggregate value at end of year	15,565,535
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?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	88,887,649	95,745,404	87,971,420	73,296,791	108,710,179
b Contributions	1,668,460	349,253	1,857,053	452,143	1,338,296
c Net investment earnings, gains, and losses	9,792,151	-2,180,762	10,379,608	17,902,485	-32,249,760
d Grants or scholarships	3,621,132	3,946,800	2,700,905	2,134,008	3,586,942
e Other expenditures for facilities and programs					
f Administrative expenses	1,036,576	1,079,446	1,761,772	1,545,991	914,982
g End of year balance	95,690,552	88,887,649	95,745,404	87,971,420	73,296,791

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

1 000 %

b

Permanent endowment

79 000 %

c

Temporarily restricted endowment

20 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 54,309 | 46,420 | 7,889 |
| d Equipment | | 220,484 | 193,477 | 27,007 |
| e Other | | 38,095 | 11,558 | 26,537 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 61,433 |
- Schedule D (Form 990) 2012

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		
(A)EQUITY FUNDS	19,762,448	F
(B) ABSOLUTE RETURN FUNDS	12,740,426	F
(C) REAL ASSET FUNDS	5,369,950	F
(D) SPLIT INTEREST AGREEMENTS	1,504,260	F
(E) COMMODITIES	5,577,107	F
(F) CREDIT HEDGES	1,057,160	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	46,011,351	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value	
Federal income taxes		
AGENCY ENDOWMENTS	12,905,677	
SPLIT INTEREST AGREEMENT LIABILITY	947,004	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	13,852,681	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII



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

1	Total revenue, gains, and other support per audited financial statements	1	14,244,966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	6,738,318
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	1,086
d	Other (Describe in Part XIII)	2d	-946,312
e	Add lines 2a through 2d	2e	5,793,092
3	Subtract line 2e from line 1	3	8,451,874
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 XIII)	4b	1,634,684
c	Add lines 4a and 4b	4c	1,634,684
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,086,558

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

1	Total expenses and losses per audited financial statements	1	6,374,759
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,374,759
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	1,069,990
b	Other (Describe in Part XIII)	4b	239,304
c	Add lines 4a and 4b	4c	1,309,294
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,684,053

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2012, 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, 2009, ARE NO LONGER SUBJECT TO EXAMINATION BY THESE TAX AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHG IN VALUE OF SPLIT INTEREST AGREEMENT 123,678 INVESTMENT EXPENSES -1,069,990
PART XI, LINE 4B - OTHER ADJUSTMENTS		AGENCY INCOME 1,634,684
PART XII, LINE 4B - OTHER ADJUSTMENTS		AGENCY EXPENSE 239,304

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2012

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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LYONS ROAD RACE (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	28,663		28,663
	2	Less Contributions . . .	1,583		1,583
	3	Gross income (line 1 minus line 2)	27,080		27,080
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .	1,051		1,051
	6	Rent/facility costs . . .			
	7	Food and beverages .	1,093		1,093
	8	Entertainment			
	9	Other direct expenses .	11,001		11,001
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(13,145)
					13,935

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
04-2572276

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. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	167
3	Enter total number of other organizations listed in the line 1 table	7

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS AND MERIT AWARDS	387	585,565			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

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
15-40 CONNECTIONPO BOX 1153 WESTBOROUGH,MA 01581	26-2873903	501(C)(3)	12,500				OPERATING SUPPORT
ABBY'S HOUSE52 HIGH STREET WORCESTER,MA 016092195	04-2648411	501(C)(3)	40,322				PROGRAM SUPPORT
AFRICAN COMMUNITY EDUCATION PROGRAM24 CHATHAM ST WORCESTER,MA 016092195	14-1970474	501(C)(3)	35,246				PROGRAM SUPPORT
AIDS PROJECT WORCESTER85 GREEN STREET WORCESTER,MA 01604	04-2970467	501(C)(3)	10,325				PROGRAM SUPPORT
ALTERNATIVES UNLIMITED 50 DOUGLAS RD WHITINSVILLE,MA 01588	04-2587863	501(C)(3)	5,000				VALLEYCAST
AMERICAN ANTIQUARIAN SOCIETY185 SALISBURY STREET WORCESTER,MA 016092195	04-2103652	501(C)(3)	18,100				OPERATING SUPPORT
AMERICAN RED CROSS OF CENTRAL MASSACHUSETTS2000 CENTURY DRIVE WORCESTER,MA 01606	53-0196605	501(C)(3)	22,750				UNRESTRICTED
ANNA MARIA COLLEGE50 SUNSET LANE PAXTON,MA 016121198	04-2002060	501(C)(3)	23,500				NURSING SCHOLARSHIP
APPLE TREE ARTS1 GRAFTON COMMON STE 23 GRAFTON,MA 01519	04-3267088	501(C)(3)	16,000				CAPITAL CAMPAIGN
ARTSWORCESTER660 MAIN STREET WORCESTER,MA 016103100	04-2768202	501(C)(3)	20,445				PROGRAM SUPPORT
ASSOCIATED GRANT MAKERS55 COURT STREET SUITE 520 BOSTON,MA 02108	04-2457605	501(C)(3)	8,300				PROGRAM SUPPORT
AUBURN YOUTH & FAMILY SERVICES21 PHEASANT CT AUBURN,MA 015012457	04-2658899	501(C)(3)	18,000				PROGRAM SUPPORT
BANCROFT SCHOOL110 SHORE DRIVE WORCESTER,MA 016053198	04-2103861	501(C)(3)	55,302				ANNUAL FUND
BECKER COLLEGE61 SEVER STREET WORCESTER,MA 016092195	04-2108346	501(C)(3)	24,500				NURSING SCHOLARSHIP
BEST BUDDIES MASSACHUSETTS401 MAIN STREET SUITE 15 AMHERST,MA 01002	52-1614576	501(C)(3)	9,000				PROGRAM SUPPORT
BIG BROTHERSBIG SISTERS OF CENTRAL MASSMETRO WEST484 MAIN STREET SUITE 360 WORCESTER,MA 016081173	04-2317926	501(C)(3)	36,500				PROGRAM SUPPORT
BLACKSTONE VALLEY BOYS & GIRLS CLUB115 CANAL STREET BLACKSTONE,MA 01504	04-3200499	501(C)(3)	6,000				PROGRAM SUPPORT
BOTTOM LINE40 SOUTHBRIDGE STREET SUITE 500 WORCESTER,MA 01608	04-3351427	501(C)(3)	10,000				PROGRAM SUPPORT
BOYS & GIRLS CLUB OF WEBSTER-DUDLEY55 OXFORD AVENUE DUDLEY,MA 01571	04-2238069	501(C)(3)	7,000				PROGRAM SUPPORT
BOYS & GIRLS CLUB OF WORCESTER65 TAINTER STREET WORCESTER,MA 016102520	04-2105851	501(C)(3)	16,840				PROGRAM SUPPORT
BRIDGE OF CENTRAL MASSACHUSETTS4 MANN STREET WORCESTER,MA 016020243	04-2701581	501(C)(3)	18,000				SAFE HOMES
CAMP PUTNAM INC141 RUTHERFORD ROAD NEW BRAINTREE,MA 01531	04-6004880	501(C)(3)	10,000				RESIDENTIAL SUMMER CAMP
CATHOLIC CHARITIES WORCESTER COUNTY10 HAMMOND STREET WORCESTER,MA 016101513	04-2103979	501(C)(3)	16,500				PROGRAM SUPPORT
CENTER FOR NONVIOLENT SOLUTIONS901 PLEASANT STREET WORCESTER,MA 01602	90-0581384	501(C)(3)	5,000				PROGRAM SUPPORT
CENTRAL MASSACHUSETTS AREA HEALTH EDUCATION CENTER35 HARVARD STREET SUITE 300 WORCESTER,MA 016092828	04-2775264	501(C)(3)	35,000				PROGRAM SUPPORT
CENTRAL MASSACHUSETTS HOUSING ALLIANCE6 INSTITUTE ROAD WORCESTER,MA 01609	04-2791448	501(C)(3)	21,531				PROGRAM SUPPORT
CENTRO LAS AMERICAS INC11 SYCAMORE STREET WORCESTER,MA 01608	04-2714991	501(C)(3)	10,000				LATINO ELDER PROGRAM
CHILDREN'S FRIEND INC21 CEDAR STREET WORCESTER,MA 01609	04-2105856	501(C)(3)	50,957				UNRESTRICTED
CITY OF WORCESTER HEALTH AND HUMAN SERVICESEXECUTIVE OFFICE/ ELDER AFFAIR WORCESTER,MA 01604	04-6001418	GOVT ENTITY	35,000				PROGRAM SUPPORT
CLAFLIN HILL MUSIC PERFORMANCE FOUNDATION54 CLAFLIN STREET MILFORD,MA 01757	04-3392231	501(C)(3)	5,000				PROGRAM SUPPORT

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
CLARK UNIVERSITY950 MAIN STREET WORCESTER,MA 01610	04-2111203	501(C)(3)	64,294				ANNUAL FUND
COLLEGES OF WORCESTER CONSORTIUM484 MAIN STREET SUITE 500 WORCESTER,MA 01608	23-7055676	501(C)(3)	12,500				COLLEGE SUCCESS INITIATIVE
COMMUNITY HARVEST PROJECT INC37 WHEELER ROAD NORTH GRAFTON,MA 01536	04-3424018	501(C)(3)	44,000				UNRESTRICTED
COMMUNITY HEALTHLINK 72 JAQUES AVENUE THIRD FLOOR WORCESTER,MA 016102480	04-2626179	501(C)(3)	29,988				PROGRAM SUPPORT
COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER,MA 01608	04-2446242	501(C)(3)	23,426				PROGRAM SUPPORT
COMMUNITY SERVINGS INC18 MARBURY TERRACE JAMAICA PLAIN,MA 02130	22-3154028	501(C)(3)	7,840				PROGRAM SUPPORT
COUNCIL ON FOUNDATIONS2121 CRYSTAL DRIVE ARLINGTON,VA 22202	13-6068327	501(C)(3)	12,160				PROGRAM SUPPORT
CRAWFORD MEMORIAL LIBRARY40 SCHOFIELD AVENUE DUDLEY,MA 01571	04-6001134	GOVT ENTITY	9,687				PROGRAM SUPPORT
DEPARTMENT OF CHILDREN AND FAMILIES KIDS FUNDCENTRAL OFFICE BOSTON,MA 02210	04-3443890	501(C)(3)	25,000				PROGRAM SUPPORT
DISMAS HOUSE OF CENTRAL MASSACHUSETTSPO BOX 30125 WORCESTER,MA 01603	54-2075825	501(C)(3)	15,900				OPERATING SUPPORT
DRESS FOR SUCCESS WORCESTER INCPO BOX 16115 WORCESTER,MA 01608	26-3168663	501(C)(3)	9,000				GENERAL OPERATING SUPPORT
DYNAMY INC27 SEVER STREET WORCESTER,MA 01609	04-2621500	501(C)(3)	15,000				YOUTH ACADEMY
EAST DOUGLAS EVERGREEN CEMETERY COMPANY12 GROVE STREET DOUGLAS,MA 01516	04-6002475	501(C)13	13,274				MAINTENANCE OF EVERGREEN CEMETERY
EASTER SEALS OF MASSACHUSETTS484 MAIN STREET 6TH FLOOR WORCESTER,MA 01608	04-2103867	501(C)(3)	5,805				OPERATING SUPPORT
ECOTARIUM222 HARRINGTON WAY WORCESTER,MA 01604	04-2105868	501(C)(3)	51,750				UNRESTRICTED
EDWARD M KENNEDY COMMUNITY HEALTH CENTER2000 CENTURY DRIVE WORCESTER,MA 01606	04-2513817	501(C)(3)	24,448				PROGRAM SUPPORT
EDWARD STREET CHILD SERVICES INC50 PORTLAND STREET WORCESTER,MA 01608	04-2133874	501(C)(3)	78,756				PROGRAM SUPPORT
ELDER SERVICES OF WORCESTER AREA INC67 MILLBROOK STREET SUITE 100 WORCESTER,MA 01606	04-2545221	501(C)(3)	11,525				PROGRAM SUPPORT
FAMILY HEALTH CENTER OF WORCESTER26 QUEEN STREET WORCESTER,MA 01610	04-2485308	501(C)(3)	78,202				PROGRAM SUPPORT
FIRST NIGHT WORCESTER PO BOX 351 WORCESTER,MA 01614	04-2925272	501(C)(3)	8,000				OPERATING SUPPORT
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER,MA 016081173	04-2125013	501(C)(3)	24,952				OPERATING SUPPORT
FITCHBURG CULTURAL ALLIANCE633 MAIN STREET FITCHBURG,MA 01420	22-2571430	501(C)(3)	8,000				PROGRAM SUPPORT
FRANCIS W PARKER CHARTER ESSENTIAL SCHOOL49 ANTIETAM STREET DEVENS,MA 01434	14-1874834	501(C)(3)	6,000				PROGRAM SUPPORT
FRIENDLY HOUSE36 WALL STREET WORCESTER,MA 01604	04-2104239	501(C)(3)	27,500				PROGRAM SUPPORT
FRIENDS OF GALE FREE LIBRARY23 HIGHLAND STREET HOLDEN,MA 01520	22-3021983	501(C)(3)	12,640				PROGRAM SUPPORT
FRIENDS OF THE WORCESTER PUBLIC LIBRARY3 SALEM SQUARE WORCESTER,MA 01608	04-2608388	501(C)(3)	6,000				PROGRAM SUPPORT
GENESIS CLUB274 LINCOLN STREET WORCESTER,MA 01605	04-2983234	501(C)(3)	5,000				PROGRAM SUPPORT
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER,MA 01604	04-2123666	501(C)(3)	23,049				OPERATING SUPPORT
GREATER WORCESTER LAND TRUST4 ASH STREET APT 1 WORCESTER,MA 01608	22-2857318	501(C)(3)	8,407				OPERATING SUPPORT
GROWING PLACES GARDEN PROJECT INC500 MAIN STREET STE 209 CLINTON,MA 01510	10-0004885	501(C)(3)	10,000				PROGRAM SUPPORT

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
HABITAT FOR HUMANITY NORTH CENTRAL MASSACHUSETTS ONE OAK HILL ROAD FITCHBURG, MA 01420	04-2999854	501(C)(3)	10,000				PROGRAM SUPPORT
HABITAT FOR HUMANITY-METROWEST GREATER WORCESTER 11 DISTRIBUTOR ROAD WORCESTER, MA 01605	22-2583590	501(C)(3)	16,900				PROGRAM SUPPORT
HEARTS FOR HEAT LEICESTER CHAPTER 325 AUBURN STREET CHERRY VALLEY, MA 01611	26-4796836	501(C)(3)	6,243				PROGRAM SUPPORT
HEYWOOD HOSPITAL 242 GREEN STREET GARDNER, MA 01440	04-2103581	501(C)(3)	30,000				PROGRAM SUPPORT
HILLSIDE SCHOOL 404 ROBIN HILL ROAD MARLBOROUGH, MA 01752	04-2111216	501(C)(3)	6,216				OPERATING SUPPORT
HOPE COALITION 26 QUEEN STREET WORCESTER, MA 01610	04-3108190	501(C)(3)	12,500				PROGRAM SUPPORT
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	22-2915188	501(C)(3)	8,000				PROGRAM SUPPORT
HOUSE OF PEACE AND EDUCATION 20 BARTHEL AVENUE GARDNER, MA 01440 2502	04-3300490	501(C)(3)	17,000				OPERATING SUPPORT
HOUSEHOLD GOODS RECYLING OF MASSACHUSETTS 530 MAIN STREET ACTON, MA 01720	04-3468139	501(C)(3)	7,000				PROGRAM SUPPORT
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER 91 JUNE STREET WORCESTER, MA 01602	04-2104239	501(C)(3)	10,000				OPERATING SUPPORT
JERICO ROAD PROJECT 20 LEXINGTON ROAD CONCORD, MA 01742	82-0553404	501(C)(3)	5,000				PROGRAM SUPPORT
JEWISH FAMILY SERVICE OF WORCESTER 646 SALISBURY STREET WORCESTER, MA 01609	04-2104350	501(C)(3)	9,500				OPERATING SUPPORT
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 01605	04-3055099	501(C)(3)	25,159				PROGRAM SUPPORT
LATINO EDUCATION INSTITUTE 486 CHANDLER STREET WORCESTER, MA 01602	22-3248067	501(C)(3)	30,000				PROGRAM SUPPORT
LEICESTER COUNCIL ON AGING LEICESTER SENIOR CENTER LEICESTER, MA 01524 1113	04-6001197	GOVT ENTITY	6,295				TECHNOLOGY UPGRADE
LEICESTER POLICE DEPARTMENT 90 SOUTH MAIN ST LEICESTER, MA 01524	04-6001197	501(C)(3)	5,095				PROGRAM SUPPORT
LEICESTER SUMMER CONCERT SERIES COMMITTEE 130 PLEASANT STREET LEICESTER, MA 01524	04-3484292	501(C)(3)	5,000				OPERATING SUPPORT
LITERACY VOLUNTEERS OF GREATER WORCESTER WORCESTER PUBLIC LIBRARY WORCESTER, MA 01608	04-2914294	501(C)(3)	22,395				PROGRAM SUPPORT
LUCKY HORSE EQUINE RESCUE 185 CENTURY MILL ROAD BOLTON, MA 01740	27-0250028	501(C)(3)	5,000				PROGRAM SUPPORT
LUK CRISIS CENTER 545 WESTMINSTER STREET FITCHBURG, MA 01420	04-2483679	501(C)(3)	5,400				PROGRAM SUPPORT
LUTHERAN SOCIAL SERVICES OF NEW ENGLAND 14 EAST WORCESTER STREET SUITE 300 WORCESTER, MA 01604	04-2496563	501(C)(3)	34,000				PROGRAM SUPPORT
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	54,934				PROGRAM SUPPORT
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES 179 LONGWOOD AVENUE BOSTON, MA 02115	04-2104700	501(C)(3)	15,500				UNRESTRICTED
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE BOSTON, MA 02114	04-1564655	501(C)(3)	11,500				PROGRAM SUPPORT
MASSACHUSETTS MEDICAL SOCIETY AND ALLIANCE CHARITABLE FOUNDATION C/O MASS MEDICAL SOCIETY WALTHAM, MA 02451	22-3199624	501(C)(3)	6,000				PROGRAM SUPPORT
MATTHEW 25 INC 52 QUEEN ST 1 WORCESTER, MA 01610	22-2967513	501(C)(3)	11,334				PROGRAM SUPPORT
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA 19 HARVARD STREET WORCESTER, MA 01609 2870	04-2105867	501(C)(3)	14,778				PROGRAM SUPPORT
MONTACHUSETT INTERFAITH HOSPITALITY NETWORK 923 MAIN STREET LEOMINSTER, MA 01453	03-0387748	501(C)(3)	15,000				PROGRAM SUPPORT
MOUNT GRACE LAND CONSERVATION TRUST 1461 OLD KEENE ROAD ATHOL, MA 01331 9689	04-2938967	501(C)(3)	6,500				PROGRAM SUPPORT
MSPCA-ANGELL 350 SOUTH HUNTINGTON AVENUE JAMAICA PLAIN, MA 02130	04-2103597	501(C)(3)	5,000				OPERATING SUPPORT

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MSPCC99 SUMMER STREET BOSTON,MA 02110	04-2103596	501(C)(3)	8,000				PROGRAM SUPPORT
MUSIC WORCESTER323 MAIN STREET WORCESTER,MA 016081511	04-2171207	501(C)(3)	12,585				OPERATING SUPPORT
NATIVITY SCHOOL OF WORCESTER67 LINCOLN STREET WORCESTER,MA 01605	03-0385377	501(C)(3)	16,500				UNRESTRICTED
NEADSDOGS FOR DEAF AND DISABLED AMERICANSPO BOX 213 WEST BOYLSTON,MA 01583	23-7281887	501(C)(3)	33,687				OPERATING SUPPORT
NORMAN ROCKWELL MUSEUMPO BOX 308 RTE 183 STOCKBRIDGE,MA 01262	04-2450813	501(C)(3)	25,000				CAPITAL
NORTH BROOKFIELD YOUTH CENTERPO BOX 86 NORTH BROOKFIELD,MA 015350086	04-3497157	501(C)(3)	14,000				PROGRAM SUPPORT
NORTH QUABBIN CITIZEN ADVOCACYPO BOX 362 ORANGE,MA 01364	04-3218759	501(C)(3)	8,000				OPERATING SUPPORT
NORTHBRIDGE COUNCIL ON AGING20 HIGHLAND STREET WHITINSVILLE,MA 01588	04-6001250	501(C)(3)	5,000				TRANSPORTATION COORDINATOR
OAK HILL COMMUNITY DEVELOPMENT CORPORATION74 PROVIDENCE STREET WORCESTER,MA 01604	22-2599363	501(C)(3)	30,000				PROGRAM SUPPORT
OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE,MA 01566	04-2104809	501(C)(3)	210,500				CAMPAIGN
OUR FATHER'S HOUSE INC 199 SUMMER STREET FITCHBURG,MA 01420	22-2515061	501(C)(3)	24,208				PROGRAM SUPPORT
PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER203 PAKACHOAG STREET AUBURN,MA 01501	04-3029253	501(C)(3)	5,000				PROGRAM SUPPORT
PATHWAYS FOR CHANGE 588 MAIN STREET WORCESTER,MA 01608	04-2734584	501(C)(3)	15,500				PROGRAM SUPPORT
PERNET FAMILY HEALTH SERVICE237 MILLBURY STREET WORCESTER,MA 01610	04-2453851	501(C)(3)	6,500				OPERATING SUPPORT
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS1055 COMMONWEALTH AVENUE BOSTON,MA 022151001	04-2698497	501(C)(3)	5,000				OPERATING SUPPORT
PLEASANT STREET NEIGHBORHOOD NETWORK CENTER301 PLEASANT STREET WORCESTER,MA 01609	77-0690887	501(C)(3)	8,000				ORGANIZATIONAL SUPPORT
POMFRET SCHOOLPO BOX 128 POMFRET,CT 06258	06-0646784	501(C)(3)	53,900				PROGRAM SUPPORT
PRESERVATION WORCESTER10 CEDAR STREET WORCESTER,MA 016092520	23-7073959	501(C)(3)	11,250				OPERATING SUPPORT
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION670 WEST BOYLSTON ST WORCESTER,MA 01606	04-2897624	501(C)(3)	33,365				NURSING SCHOLARSHIP
RACHEL'S TABLE OF THE JEWISH FEDERATION OF CENTRAL MASS INC633 SALISBURY STREET WORCESTER,MA 01609	04-2104363	501(C)(3)	18,788				PROGRAM SUPPORT
RAINBOW CHILD DEVELOPMENT CENTER10 EDWARD STREET WORCESTER,MA 01605	04-2507815	501(C)(3)	22,500				PROGRAM SUPPORT
REACH OUT AND READ56 ROLAND STREET SUITE 100 D BOSTON,MA 02129	04-3481253	501(C)(3)	5,000				PROGRAM SUPPORT
RECTORY SCHOOL DEVELOPMENT OFFICE POMFRET,CT 06258	06-0646805	501(C)(3)	5,000				UNRESTRICTED
REFUGEE AND IMMIGRANT ASSISTANCE CENTER340 MAIN ST SUITE 800 WORCESTER,MA 01608	04-3430294	501(C)(3)	13,331				CASE MANAGEMENT
REGIONAL ENVIRONMENTAL COUNCILPO BOX 255 WORCESTER,MA 01613	04-6364350	501(C)(3)	20,500				PROGRAM SUPPORT
REHABILITATIVE RESOURCES INC1 PICKER ROAD STURBRIDGE,MA 01566	04-2593315	501(C)(3)	7,500				PROGRAM SUPPORT
RISE ABOVE FOUNDATION PO BOX 174 NORTHBRIDGE,MA 01534	27-1409946	501(C)(3)	5,000				PROGRAM SUPPORT
RURAL CEMETERY AND CREMATORY (PROPRIETORS OF RURAL CEMETERY)180 GROVE STREET WORCESTER,MA 016051711	04-1795920	501(C)13	12,970				OPERATING SUPPORT
SALVATION ARMY WORCESTER CITADEL CORPS WORCESTER,MA 016082021	04-2103624	501(C)(3)	11,200				OPERATING SUPPORT
SHREWSBURY PUBLIC LIBRARY609 MAIN STREET SHREWSBURY,MA 01545	04-6001300	GOVT ENTITY	6,685				PROGRAM SUPPORT

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SOUTH HIGH COMMUNITY SCHOOL170 APRICOT STREET WORCESTER,MA 01603	04-6001418	GOVT ENTITY	12,000				PROGRAM SUPPORT
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS484 MAIN STREET WORCESTER,MA 01608	04-3393955	501(C)(3)	62,787				PROGRAM SUPPORT
SPANISH AMERICAN CENTER112 SPRUCE STREET LEOMINSTER,MA 01453	04-2761759	501(C)(3)	6,000				PROGRAM SUPPORT
ST JOSEPH AND ST PIUS X PARISHES759 MAIN STREET LEICESTER,MA 01524	53-0196617	501(C)(3)	5,000				FOOD PANTRY
STAND FOR CHILDREN LEADERSHIP CENTER38 CHAUNCY STREET SUITE 700 BOSTON,MA 02110	52-1957214	501(C)(3)	7,500				WORCESTER PROGRAM
STRAIGHT AHEAD MINISTRIES INC791 MAIN STREET WORCESTER,MA 01610	04-3103694	501(C)(3)	15,000				WORCESTER PROGRAM
TEMPLE SINAI661 SALISBURY STREET WORCESTER,MA 01609	22-6057081	501(C)(3)	40,000				OPERATING EXPENSES
TENACITY INC38 EVERETT STREET SUITE 50 BOSTON,MA 02134	04-3452763	501(C)(3)	9,000				WORCESTER PROGRAM
THE CASA PROJECT100 GROVE STREET WORCESTER,MA 01605	04-2711865	501(C)(3)	18,000				OPERATING SUPPORT
THE DISCOVERY MUSEUMS 177 MAIN STREET ACTON,MA 01720	04-2741645	501(C)(3)	7,500				PROGRAM SUPPORT
TOWN OF AUBURNTOWN HALL AUBURN,MA 01501	04-6001076	GOVT ENTITY	460,083				RECREATION CENTER
TRINITY LUTHERAN CHURCH73 LANCASTER STREET WORCESTER,MA 01608	41-1568278	501(C)(3)	25,572				OPERATING SUPPORT
TUFTS UNIVERSITY CUMMINGS SCHOOL OF VETERINARY MEDICINE 200 WESTBORO STREET NORTH GRAFTON,MA 01536	04-2103634	501(C)(3)	7,500				WILDLIFE CLINIC
TWIN CITIES COMMUNITY DEVELOPMENT CORPORATION470 MAIN STREET FITCHBURG,MA 014204292	04-2690210	501(C)(3)	12,500				OPERATING SUPPORT
UMASS MEMORIAL FOUNDATION DEVELOPMENT OFFICE SHREWSBURY,MA 015457807	04-3108190	501(C)(3)	46,755				HEALTH PROGRAMS
UMASS MEMORIAL HEALTH CAREONE BIOTECH WORCESTER,MA 016052192	04-3358564	501(C)(3)	10,000				PROGRAM SUPPORT
UNITED NEIGHBORS OF FITCHBURG INCDBA CLEGHORN NEIGHBORHOOD CENTER FITCHBURG,MA 01420	04-2706755	501(C)(3)	11,500				PROGRAM SUPPORT
UNITED WAY LEE HENDRY & GLADES7273 CONOURSE DRIVE FORT MYERS,FL 33908	59-1005169	501(C)(3)	10,000				COMMUNITY CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS484 MAIN STREET STE 300 WORCESTER,MA 016081880	04-2104017	501(C)(3)	165,001				UNRESTRICTED
UNIVERSITY OF MASSACHUSETTS GRADUATE SCHOOL OF NURSINGGRADUATE SCHOOL OF NURSING WORCESTER,MA 01655	04-3167352	501(C)(3)	20,950				NURSING SCHOLARSHIP
VALLEY RESIDENTS FOR IMPROVEMENT INC107 TACOMA STREET WORCESTER,MA 01605	04-2702167	501(C)(3)	18,000				SUMMER PROGRAM
VETERANS INC69 GROVE STREET WORCESTER,MA 01605	04-3098024	501(C)(3)	20,640				PROGRAM SUPPORT
VNA CARE NETWORK AND HOSPICE120 THOMAS STREET WORCESTER,MA 01608	04-2103825	501(C)(3)	7,500				HEALTH PROGRAMS
VSA ARTS OF MASSACHUSETTS89 SOUTH STREET SUITE 101 BOSTON,MA 02111	04-2699540	501(C)(3)	5,000				WORCESTER PROGRAMS
WCUW INC910 MAIN STREET WORCESTER,MA 01610	23-7247980	501(C)(3)	10,000				OPERATING SUPPORT
WEBSTER EDUCATION FOUNDATION41 EAST MAIN STREET WEBSTER,MA 01570	41-2277668	501(C)(3)	7,000				PROGRAM SUPPORT
WHITIN MEMORIAL COMMUNITY CENTER60 MAIN STREET WHITINSVILLE,MA 01588	04-6087769	501(C)(3)	10,929				YOUTH OUTREACH PROGRAMS
WILDLIFE REHABILITATORS ASSOCIATION OF MASSACHUSETTS62 COMMON STREET GROTON,MA 01450	04-3174534	501(C)(3)	6,000				PROGRAM SUPPORT
WINDHAM COUNTY 4-H FOUNDATION326 TAFT POND ROAD POMFRET CENTER,CT 06259	06-6044157	501(C)(3)	6,000				UNRESTRICTED
WING MEMORIAL HOSPITAL40 WRIGHT STREET PALMER,MA 01069	04-2105839	501(C)(3)	100,000				EMERGENCY CARE CENTER

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WORCESTER ACADEMY81 PROVIDENCE STREET WORCESTER,MA 01604	04-2105855	501(C)(3)	36,214				OPERATING SUPPORT
WORCESTER AREA MISSION SOCIETY6 INSTITUTE ROAD WORCESTER,MA 01609	13-1957221	501(C)(3)	6,000				UNRESTRICTED
WORCESTER ART MUSEUM55 SALISBURY STREET WORCESTER,MA 01609	04-1988530	501(C)(3)	204,377				UNRESTRICTED
WORCESTER CHAMBER MUSIC SOCIETYPO BOX 21001 WORCESTER,MA 01602	20-8538873	501(C)(3)	7,000				EDUCATION AND OUTREACH
WORCESTER COMMUNITY ACTION COUNCIL484 MAIN STREET SUITE 200 WORCESTER,MA 016081810	04-2382160	501(C)(3)	21,500				PROGRAM SUPPORT
WORCESTER COMMUNITY HOUSING RESOURCES11 PLEASANT STREET SUITE 300 WORCESTER,MA 01609	22-2719744	501(C)(3)	21,000				UNRESTRICTED
WORCESTER COUNTY FOOD BANK INC474 BOSTON TURNPIKE SHREWSBURY,MA 01545	04-3071457	501(C)(3)	5,835				OPERATING SUPPORT
WORCESTER COUNTY HORTICULTURAL SOCIETYTOWER HILL BOTANIC GARDEN11 FRENCH DRIVE BOYLSTON,MA 01505	04-1988945	501(C)(3)	158,124				WORCESTER TREE INITIATIVE
WORCESTER COUNTY MECHANICS ASSOCIATIONMECHANICS HALL321 MAIN STREET WORCESTER,MA 01608	04-1988955	501(C)(3)	23,550				UNRESTRICTED
WORCESTER COUNTY POETRY ASSOCIATION1 EKMAN STREET WORCESTER,MA 01607	23-7157372	501(C)(3)	5,292				OPERATING SUPPORT
WORCESTER EDUCATION COLLABORATIVE484 MAIN STREET WORCESTER,MA 01608	04-2104017	501(C)(3)	12,000				OPERATING SUPPORT
WORCESTER HISTORICAL MUSEUM30 ELM STREET WORCESTER,MA 01609	04-2105858	501(C)(3)	117,557				OPERATING SUPPORT
WORCESTER JEWISH COMMUNITY CENTER633 SALISBURY STREET WORCESTER,MA 01609	04-2104353	501(C)(3)	18,981				GENERAL
WORCESTER POLYTECHNIC INSTITUTE100 INSTITUTE ROAD WORCESTER,MA 01609	04-2121659	501(C)(3)	2,500				SUPPORT FOR SCHOLARSHIP FUND
WORCESTER PUBLIC SCHOOLS20 IRVING STREET WORCESTER,MA 01609	04-8001418	GOVT ENTITY	30,854				PROGRAM SUPPORT
WORCESTER ROOTS PROJECT5 PLEASANT STREET 3RD FLOOR WORCESTER,MA 01609	05-0566468	501(C)(3)	10,000				STAFFING
WORCESTER STATE FOUNDATION486 CHANDLER STREET WORCESTER,MA 016022597	22-3248067	501(C)(3)	21,926				NURSING SCHOLARSHIP
WORCESTER STATE UNIVERSITY486 CHANDLER STREET WORCESTER,MA 016022597	22-3248067	501(C)(3)	60,000				THE FUTURE OF NURSING
WORCESTER YOUTH CENTER INC326 CHANDLER STREET WORCESTER,MA 01602	04-3245867	501(C)(3)	22,250				OPERATING SUPPORT
YOU INC81 PLANTATION STREET WORCESTER,MA 01604	23-7112665	501(C)(3)	57,285				PROGRAM SUPPORT
YMCA OF CENTRAL MASSACHUSETTS766 MAIN STREET WORCESTER,MA 01610	04-2105885	501(C)(3)	34,079				PROGRAM SUPPORT
YMCA OF GREATER HARTFORD241 TRUMBULL STREET HARTFORD,CT 06103	06-0881325	501(C)(3)	24,500				FOR THE PUTNAM PROJECT
YOUTHNET484 MAIN STREET SUITE 560 WORCESTER,MA 01608	23-7112665	501(C)(3)	17,500				YOUTHNET SUMMER 2012
YWCA OF CENTRAL MASSACHUSETTSONE SALEM SQUARE WORCESTER,MA 01608	04-2105873	501(C)(3)	61,850				PROGRAM SUPPORT

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	414,645	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 ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

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?

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Yes

No

No

Yes

Yes

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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 FOUNDATIONS REPORTS TOTAL NUMBER OF CONTRIBUTORS IN COLUMN B
THIRD PARTY USE	PART I, LINE 32B	THE FOUNDATION TYPICALLY USES ONE BROKERAGE FIRM FOR PUBLICLY TRADED SECURITY TRANSACTIONS AND ALSO HOLDS ACCOUNTS AT A SMALL NUMBER OF OTHER FIRMS TO FACILITATE EFFICIENT TRANSFERS FOR DONORS WHEN SECURITIES ARE RECEIVED, THE SHARES ARE SOLD AS SOON AS POSSIBLE WHEN THE FOUNDATION ACCEPTS GIFTS OF REAL ESTATE, AN INDEPENDENT THIRD PARTY IS ENGAGED TO HANDLE THE SALE THE FOUNDATION IS NOT INVOLVED IN THE VALUATION OF NON-CASH CONTRIBUTIONS DONOR ARE RESPONSIBLE FOR OBTAINING INDEPENDENT THIRD PARTY VALUATION

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

2012

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 2012, 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 9	RECOVERY OF PRIOR YEAR GRANTS 1,086 CHG IN VALUE OF SPLIT INT AGREEMENT & REMAINDER INT IN REAL ESTATE 123,678 AGENCY ACTIVITY GIFTS -447,353 AGENCY ACTIVITY GRANTS 239,304 AGENCY ACTIVITY INVESTMENTS -1,241,850 AGENCY ACTIVITY FEES 54,519
	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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						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" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

1s

No

No

Yes

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAIRLAWN FOUNDATION	C	104,068	FAIR MARKET VALUE

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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Software ID:

Software Version:

EIN: 04-2572276

Name: GREATER WORCESTER COMMUNITY FOUNDATION INC