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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

GREATER WORCESTER COMMUNITY FOUNDATION
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

370 MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code

WORCESTER, MA 01608

F Name and address of principal officer

BARBARA FIELDS
370 MAIN STREET
WORCESTER, MA 01608

D Employer identification number

04-2572276

E Telephone number

(508) 755-0980

G Gross receipts \$ 27,121,962

I Tax-exempt status

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

J Website: ▶ WWW GREATERWORCESTER.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile MA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶654,991

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II

Signature Block

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

Sign Here

Signature of officer

BARBARA FIELDS PRESIDENT & CEO

Type or print name and title

2020-05-27

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-05-27

Check ☐ if self-employed

PTIN P01584539

Firm's name ▶ AAFCPAS INC

Firm's EIN ▶ 04-2571780

Firm's address ▶ 50 WASHINGTON STREET

WESTBOROUGH, MA 01581

Phone no (508) 366-9100

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 \$ 3,020,230 including grants of \$ 2,558,371) (Revenue \$ 138,584)
See Additional Data	

4b	(Code) (Expenses \$ 2,766,493 including grants of \$ 2,240,047) (Revenue \$)
See Additional Data	



















4c	(Code) (Expenses \$ 3,555,485 including grants of \$ 1,451,192) (Revenue \$ 42,822)
See Additional Data	

(Code) (Expenses \$ including grants of \$ 693,325) (Revenue \$)
GRANT TO INDIVIDUALS INCLUDING SCHOLARSHIP AWARDS MADE TO QUALIFIED STUDENTS TO OFFSET COLLEGE TUITION OTHER GRANTS TO INDIVIDUALS ARE AWARDED BASED ON MERIT

4d	Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$ 693,325) (Revenue \$)	

4e	Total program service expenses ▶ 9,342,208
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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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	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	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">2a</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">11</div>				
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		No
b Did the sponsoring 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?					
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O			16		No

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 or note to any line 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			
b	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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	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?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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-A 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.
☒ Own website ☒ Another's website ☒ Upon request ☒ 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, address, and telephone number of the person who possesses the organization's books and records.
 ► THE ORGANIZATION 370 MAIN STREET WORCESTER, MA 01608 (508) 755-0980

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

See instructions for the order in which to list the persons above

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

[illegible]

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

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								423,825	0	49,875

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
VARDE INVESTMENT PARTNERS 94 SOLARIS AVE CAMANA BAY, GRAND CAYMEN KY1-1108 CJ	INVESTMENT MANAGER FEES	162,995
PRIME BUCHHOLZ 273 CORPORATE DR STE 250 PORTSMOUTH, NH 03801	INVESTMENT ADVISOR	124,535
DAVIDSON KEMPNER INST PARTNERS 101 BARCLAY ST NEW YORK, NY 10286	INVESTMENT MANAGER FEES	120,563
CANYON CAPITAL ADVISORS 2000 AVENUE OF THE STARS LOS ANGELES, CA 90067	INVESTMENT MANAGER FEES	119,800
ADAGE CAPITAL PARTNERS 2000 WESTCHESTER AVENUE PURCHASE, NY 10577	INVESTMENT MANAGER FEES	104,314

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 **▶ 5**

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>						
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	556,578		
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,338,054		
	g	Noncash contributions included in lines 1a - 1f \$	1g	505,133		
	h	Total. Add lines 1a-1f ▶	4,894,632			
Program Service Revenue	2a AGENCY FUND FEES		Business Code			
			523000	138,584	138,584	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f. ▶	138,584				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,739,769			1,739,769
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	6a	(i) Real	(ii) Personal		
	b Less rental expenses	6b				
	c Rental income or (loss)	6c				
	d	Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
			20,306,155			
	b Less cost or other basis and sales expenses	7b	16,316,429			
	c Gain or (loss)	7c	3,989,726			
	d	Net gain or (loss) ▶		3,989,726		3,989,726
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		8a		
	b	Less direct expenses		8b		
	c	Net income or (loss) from fundraising events ▶				
9a	Gross income from gaming activities See Part IV, line 19		9a			
b	Less direct expenses		9b			
c	Net income or (loss) from gaming activities ▶					
10a	Gross sales of inventory, less returns and allowances		10a			
b	Less cost of goods sold		10b			
c	Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11a	OTHER REVENUE	900099	42,822	42,822		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶		42,822			
12	Total revenue. See instructions ▶		10,805,533	181,406	0	5,729,495

Form 990 (2019)

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	6,249,610	6,249,610		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	693,325	693,325		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	215,192	64,558	43,039	107,595
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.	728,669	387,241	142,170	199,258
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	32,369	18,717	6,283	7,369
10 Payroll taxes.	89,856	43,131	17,971	28,754
11 Fees for services (non-employees):				
a Management.	150,932		146,057	4,875
b Legal.				
c Accounting.	54,621		54,621	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,551,570	1,551,570		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	66,635	35,060	23,810	7,765
12 Advertising and promotion.	135,727	2,735	2,084	130,908
13 Office expenses.	83,837	43,543	5,848	34,446
14 Information technology.	62,235	43,795	7,593	10,847
15 Royalties.				
16 Occupancy.	115,832	64,866	20,850	30,116
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	107,468	29,648	48,716	29,104
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	32,610		32,610	
23 Insurance.	13,615	6,614	6,941	60
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 STAFF TRAINING, TRAVEL	210,368	100,550	45,991	63,827
b MEMBERSHIPS AND SUBScri	14,915	7,245	7,603	67
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	10,609,386	9,342,208	612,187	654,991
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	626,784	1	30,024
	2 Savings and temporary cash investments	3,033,523	2	3,568,338
	3 Pledges and grants receivable, net		3	7,100
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	146,410	9	551,048
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	449,981		
	b Less—accumulated depreciation	276,734	10c	173,247
	11 Investments—publicly traded securities	38,424,200	11	58,228,732
	12 Investments—other securities—See Part IV, line 11	104,345,832	12	104,543,062
	13 Investments—program-related—See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	146,605,774	16	167,101,551	
Liabilities	17 Accounts payable and accrued expenses	84,448	17	84,475
	18 Grants payable	438,900	18	664,950
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	25,334,776	25	31,285,230
	26 Total liabilities. Add lines 17 through 25	25,858,124	26	32,034,655
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,136,173	27	961,645
	28 Net assets with donor restrictions	119,611,477	28	134,105,251
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	120,747,650	32	135,066,896
33 Total liabilities and net assets/fund balances	146,605,774	33	167,101,551	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,805,533
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,609,386
3	Revenue less expenses Subtract line 2 from line 1	3	196,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,747,650
5	Net unrealized gains (losses) on investments	5	20,147,440
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	-6,024,341
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	135,066,896

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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		No
b 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	Yes	
c 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	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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:
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 ALSO INCLUDES GRANTING FROM FUNDS ESTABLISHED BY NON-PROFIT ORGANIZATIONS FOR THEIR OWN
BENEFIT (AGENCY FUNDS)

Form 990, Part III, Line 4b:

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 SUCH GRANTS ARE AWARDED THROUGH COMPETITIVE PROCESSES, REQUIRING APPLICATIONS AND PROGRESS REPORTS TO BE SUBMITTED

Form 990, Part III, Line 4c:

OTHER PROGRAM SERVICES INCLUDE COMMUNITY LEADERSHIP SERVICES, NON-PROFIT MANAGEMENT TRAININGS, DONOR EDUCATION, AND OTHER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
KOLA AKINDELE CLERK (AS OF 5/19)	2 00	X		X				0	0	0
CAROLYN J STEMLER CHAIR (AS OF 5/19)	2 00	X		X				0	0	0
JOYCELYN AUGUSTUS DIRECTOR	1 00	X						0	0	0
THOMAS J BARTHOLOMEW TREASURER (AS OF 5/19)	2 00	X		X				0	0	0
TIMOTHY M JARRY DIRECTOR (UNTIL 5/19)	2 00	X		X				0	0	0
JENNIFER DAVIS CAREY DIRECTOR	1 00	X						0	0	0
MATILDE CASTIEL DIRECTOR	1 00	X						0	0	0
J CHRISTOPHER COLLINS VICE CHAIR	2 00	X		X				0	0	0
TRACY A CRAIG DIRECTOR	1 00	X						0	0	0
WARNER S FLETCHER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
JACK L FOLEY DIRECTOR	1 00	X						0	0	0
MARIA A HESKES-ALLARD DIRECTOR	1 00	X						0	0	0
MICHELLE JONES-JOHNSON DIRECTOR (AS OF 5/19)	1 00	X						0	0	0
ALISON C KENARY DIRECTOR	1 00	X						0	0	0
PATSY C LEWIS DIRECTOR	1 00	X						0	0	0
LINDA CARRE LOOFT DIRECTOR	1 00	X						0	0	0
CHRISTOPHER W MCCARTHY DIRECTOR (AS OF 5/19)	1 00	X						0	0	0
NADIA MCGOURTHY DIRECTOR	1 00	X						0	0	0
SATYA B MITRA DIRECTOR	1 00	X						0	0	0
HILDA RAMIREZ DIRECTOR	1 00	X						0	0	0

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

(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			
KIMBERLY M SALMON DIRECTOR	1 00	X						0	0	0
GERALD M GATES CHAIR (UNTIL 5/19)	2 00	X		X				0	0	0
MATTHEW WALLY DIRECTOR	1 00	X						0	0	0
ANN LISI PRESIDENT & CEO (UNTIL 6/19)	50 00			X				108,499	0	12,202
BARBARA FIELDS PRESIDENT & CEO (AS OF 8/19)	50 00			X				89,569	0	4,921
CHRIS O'KEEFE VICE PRESIDENT, PROGRAMS	40 00					X		118,512	0	19,682
KELLY STIMSON VICE PRESIDENT, DONOR SERVICES	40 00					X		107,245	0	13,070

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION
INC

Employer identification number
04-2572276

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,004,353	5,741,810	5,893,535	7,765,675	4,894,632	30,300,005
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	6,004,353	5,741,810	5,893,535	7,765,675	4,894,632	30,300,005
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)						3,838,720
6 Public support. Subtract line 5 from line 4						26,461,285

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6,004,353	5,741,810	5,893,535	7,765,675	4,894,632	30,300,005
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,855,218	1,325,074	835,849	2,320,158	1,739,769	8,076,068
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 VI.)	115,667	191,618	8,346	7,223	42,822	365,676
11 Total support. Add lines 7 through 10						38,741,749
12 Gross receipts from related activities, etc. (see instructions)					12	390,456

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	68.300 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	75.330 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test—2018. 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)			Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?				
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
b A family member of a person described in (a) above?			11a	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI			11b	
			11c	

Section B. Type I Supporting Organizations			Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year				
			1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
			2	

Section C. Type II Supporting Organizations			Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)				
			1	

Section D. All Type III Supporting Organizations			Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
			1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
			2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard				
			3	

Section E. Type III Functionally-Integrated Supporting Organizations			Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)				
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below				
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below				
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)				
2 Activities Test. Answer (a) and (b) below.				
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities			2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.				
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493150004030	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>			<div>OMB No 1545-0047</div> <div>2019</div> <div>Open to Public Inspection</div>
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" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1 Total number at end of year		127			
2 Aggregate value of contributions to (during year)		2,896,920			
3 Aggregate value of grants from (during year)		1,078,356			
4 Aggregate value at end of year		30,374,049			
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" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area					
<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure					
<input type="checkbox"/> 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	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2019		

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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, for escrow or custodial account liability? . . .

☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	103,205,729	114,054,234	103,628,987	100,926,677	104,204,967
b Contributions	570,417	1,771,787	682,503	2,471,124	3,258,746
c Net investment earnings, gains, and losses	17,673,257	-7,183,736	15,384,670	5,442,121	-1,632,702
d Grants or scholarships	4,232,626	4,210,587	4,441,734	3,932,449	3,772,326
e Other expenditures for facilities and programs				158,213	
f Administrative expenses	1,393,401	1,225,969	1,200,192	1,120,273	1,132,008
g End of year balance	115,823,376	103,205,729	114,054,234	103,628,987	100,926,677

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 80 230 %

c

Temporarily restricted endowment ▶ 19 780 %

The percentages on 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

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		100,005	20,001	80,004
d Equipment		349,976	256,733	93,243
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				173,247

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) DOMESTIC EQUITIES	24,396,899	F
(B) INTERNATIONAL EQUITIES	18,839,892	F
(C) HEDGED EQUITY	55,671,119	F
(D) REAL ASSET FUNDS	5,635,152	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	104,543,062	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	31,285,230

2. Liability for uncertain tax positions 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	22,437,290
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	20,147,440
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-6,964,113
e	Add lines 2a through 2d	2e	13,183,327
3	Subtract line 2e from line 1	3	9,253,963
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	1,551,570
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	1,551,570
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,805,533

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,118,044
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	-939,772
e	Add lines 2a through 2d	2e	-939,772
3	Subtract line 2e from line 1	3	9,057,816
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	1,551,570
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	1,551,570
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,609,386

Part XIII Supplemental Information

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2019. THE FOUNDATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 92,015 INVESTMENT RETURN FOR AGENCY ENDOWMENTS TS -4,159,208 GIFTS AND DONATIONS FOR AGENCY ENDOWMENTS -2,896,920

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DISTRIBUTIONS FOR AGENCY FUNDS -939,772

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION
INC

Employer identification number
04-2572276

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND CARRIBEAN	0	0	INVESTMENTS		39,601,896
3a Sub-total	0	0			39,601,896
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			39,601,896

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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" on Form 990, Part IV, line 16.
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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 separately 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, don't file with Form 990)* ☐ 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION
INC

Employer identification number
04-2572276

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 173

3 Enter total number of other organizations listed in the line 1 table 3

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ARTS, CULTURE	3	6,400			
(2) COMMUNITY DEVELOPMENT	1	5,000			
(3) EDUCATION	92	357,825			
(4) COLLEGES/UNIVERSITIES	80	324,100			
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS AT AMHERST UNDERGRADUATE FINANCIAL AID 255 WHITMORE ADMIN BUILDING AMHERST, MA 01003	54-2084125	501(C)(3)	1,000	0			SCHOLARSHIP SUPPORT
OPACUM LAND TRUST PO BOX 245 HARDWICK, MA 01037	04-3501184	501(C)(3)	5,000	0			MASHAPAUG WOODS AND WATERS PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SHRINERS HOSPITALS FOR CHILDREN - SPRINGFIELD DEVELOPMENT OFFICE SPRINGFIELD, MA 01104	04-1610326	501(C)(10)	5,000	0			SPRCEQ QUIET CAST SAW SYSTEM
NORMAN ROCKWELL MUSEUM PO BOX 308 RTE 183 STOCKBRIDGE, MA 01262	04-2450813	501(C)(3)	15,000	0			ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIG BROTHERS BIG SISTERS OF FRANKLIN COUNTY 16 COURT SQUARE GREENFIELD, MA 01301	04-2491950	501(C)(3)	5,000	0			AFTER SCHOOL MENTORSHIP PROGRAM IN ATHOL
ORTHODOX CONGREGATIONAL CHURCH OF PETERSHAM PO BOX 183 PETERSHAM, MA 01366	04-2697866	501(C)(3)	16,000	0			CAPITAL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MONTACHUSETT OPPORTUNITY COUNCIL 601 RIVER STREET FITCHBURG, MA 01420	04-2401111	501(C)(3)	8,000	0			HOMEWORK HELP CENTER
OUR FATHER'S HOUSE INC 199 SUMMER STREET FITCHBURG, MA 01420	22-2515061	501(C)(3)	15,000	0			ENSURING HEALTH & WELLNESS IN HOMELESS CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OUR FATHER'S HOUSE INC 199 SUMMER STREET FITCHBURG, MA 01420	22-2515061	501(C)(3)	3,575	0			EQUIPMENT PURCHASE
OUR FATHER'S HOUSE INC 199 SUMMER STREET FITCHBURG, MA 01420	22-2515061	501(C)(3)	10,000	0			TRANSITIONS AT DEVENS SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRANCIS W PARKER CHARTER ESSENTIAL SCHOOL 49 ANTIETAM STREET DEVENS, MA 01434	14-1874834	501(C)(3)	5,000	0			FOR THE MAKER PROJECT
GROWING PLACES GARDEN PROJECT INC 325 LINDELL AVENUE LEOMINSTER, MA 01453	10-0004885	501(C)(3)	8,500	0			EQUITABLE HEALTHY FOOD ACCESS IN NORTH CENTRAL MA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GROWING PLACES GARDEN PROJECT INC 325 LINDELL AVENUE LEOMINSTER, MA 01453	10-0004885	501(C)(3)	3,250	0			GARDEN TO COMMUNITY PROGRAM
GROWING PLACES GARDEN PROJECT INC 325 LINDELL AVENUE LEOMINSTER, MA 01453	10-0004885	501(C)(3)	3,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORTH STAR FAMILY SERVICES INC 758 MAIN STREET LEOMINSTER, MA 01453	03-0387748	501(C)(3)	10,000	0			FAMILY PATHWAYS PROJECT
SPANISH AMERICAN CENTER INC 112 SPRUCE STREET LEOMINSTER, MA 01453	04-2761759	501(C)(3)	6,500	0			NOS AYUDAMOS MUTUAMENTE (HELPING OURSELVES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANISH AMERICAN CENTER INC 112 SPRUCE STREET LEOMINSTER, MA 01453	04-2761759	501(C)(3)	3,000	0			NUTRITION EDUCATION
BLACKSTONE VALLEY BOYS & GIRLS CLUB 115 CANAL STREET BLACKSTONE, MA 01504	04-3200499	501(C)(3)	5,000	0			2020 SUMMER PROGRAM CAMPERSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	2,500	0			GENERAL OPERATIONS
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	1,250	0			JOHN GREEN SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	4,100	0			VISITOR INTERACTION TRAINING
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	300	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	325,000	0			GROWING BOLDLY CAMPAIGN / 5 YRS 2021-2025
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	5,000	0			UNRESTICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	1,164	0			UNRESTRICTED
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	1,460	0			WORCESTER TREE INITIATIVE-TREE PLANTINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	5,000	0			THE RAMBLE AND JOHN GREEN SOCIETY
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	165	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	5,985	0			UNRESTRICTED
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	1,379	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	300	0			UNRESTRICTED
CLINTON ADULT LEARNING CENTER 150 SCHOOL STREET CLINTON, MA 01510	04-6001118	501(C)(3)	7,500	0			CORE PROGRAMS FOR ADULT LEARNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SECOND CHANCE ANIMAL SHELTER PO BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	15,000	0			EQUIPMENT PURCHASE
SECOND CHANCE ANIMAL SHELTER PO BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	1,000	0			HOMEBOUND TO THE RESCUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SECOND CHANCE ANIMAL SHELTER PO BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	1,000	0			HOMEBOUND TO THE RESCUE
SECOND CHANCE ANIMAL SHELTER PO BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	1,000	0			OPERATING FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SECOND CHANCE ANIMAL SHELTER PO BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	500	0			UNRESTRICTED
SECOND CHANCE ANIMAL SHELTER PO BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	250	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BSA HEART OF NEW ENGLAND COUNCIL 1980 LUNENBURG RD LANCASTER, MA 01523	22-1576300	501(C)(3)	1,000	0			UNRESTRICTED
BSA HEART OF NEW ENGLAND COUNCIL 1980 LUNENBURG RD LANCASTER, MA 01523	22-1576300	501(C)(3)	925	0			PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BSA HEART OF NEW ENGLAND COUNCIL 1980 LUNENBURG RD LANCASTER, MA 01523	22-1576300	501(C)(3)	919	0			UNRESTRICTED
BSA HEART OF NEW ENGLAND COUNCIL 1980 LUNENBURG RD LANCASTER, MA 01523	22-1576300	501(C)(3)	5,000	0			AGENCY FUND DISBURSEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THAYER MEMORIAL LIBRARY 717 MAIN STREET LANCASTER, MA 01523	04-3367852	501(C)(3)	6,923	0			ROSEMARY DAVIS NATURE SERIES 2019-20
LEICESTER HISTORICAL SOCIETY 40 WINSLOW AVE LEICESTER, MA 01524	04-3048619	501(C)(3)	5,000	0			SWAN TAVERN PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEICESTER POLICE DEPARTMENT 90 SOUTH MAIN ST LEICESTER, MA 01524	04-6001197	501(C)(3)	5,000	0			D A R E (DRUG ABUSE RESISTANCE EDUCATION)
LEICESTER POLICE DEPARTMENT 90 SOUTH MAIN ST LEICESTER, MA 01524	04-6001197	501(C)(3)	4,310	0			EQUIPMENT PURCHASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RISE ABOVE FOUNDATION PO BOX 174 NORTHBRIDGE, MA 01534	27-1409946	501(C)(3)	2,000	0			YOUNG ADULT ADVISORY COUNCIL
RISE ABOVE FOUNDATION PO BOX 174 NORTHBRIDGE, MA 01534	27-1409946	501(C)(3)	5,000	0			ACTIVITIES FOR FOSTER YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEADS INC PO BOX 1100 PRINCETON, MA 01541	23-7281887	501(C)(3)	7,500	0			SERVICE / ASSISTANCE DOG TRAINING
NEADS INC PO BOX 1100 PRINCETON, MA 01541	23-7281887	501(C)(3)	10,000	0			SERVICE DOG TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEADS INC PO BOX 1100 PRINCETON, MA 01541	23-7281887	501(C)(3)	10,160	0			OPERATIONAL SUPPORT
NEADS INC PO BOX 1100 PRINCETON, MA 01541	23-7281887	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HEARTS FOR HEAT LEICESTER CHAPTER PO BOX 69 ROCHDALE, MA 01542	26-4796836	501(C)(3)	500	0			UNRESTRICTED
HEARTS FOR HEAT LEICESTER CHAPTER PO BOX 69 ROCHDALE, MA 01542	26-4796836	501(C)(3)	5,000	0			FUEL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SWEETPEA FRIENDS OF RUTLAND ANIMALS PO BOX 897 RUTLAND, MA 01543	04-3550699	501(C)(3)	5,000	0			ORGANIZATION REBUILD
FRIENDS OF THE SHREWSBURY PUBLIC LIBRARY 609 MAIN STREET SHREWSBURY, MA 01545	45-2060364	501(C)(3)	2,500	0			MEMORY CAFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDS OF THE SHREWSBURY PUBLIC LIBRARY 609 MAIN STREET SHREWSBURY, MA 01545	45-2060364	501(C)(3)	5,000	0			ENGLISH CONVERSATION CIRCLE
ST ANNE'S FREE MEDICAL PROGRAM 130 BOSTON TURNPIKE SHREWSBURY, MA 01545	22-2905331	501(C)(3)	10,000	0			RADIOLOGY PILOT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	500	0			UNRESTRICTED
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	200	0			UNRESTRICTED
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	2,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	1,435	0			UNRESTRICTED
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	2,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDS OF ST LUKE'S 141 MAIN STREET SOUTHBRIDGE, MA 01550	81-5437066	501(C)(3)	7,500	0			ST LUKE'S GUESTHOUSE
LITERACY VOLUNTEERS OF SOUTH CENTRAL MASSACHUSETTS C/O JACOB EDWARDS LIBRARY SOUTHBRIDGE, MA 01550	02-0725620	501(C)(3)	8,500	0			ESOL TUTORING PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEADY CATS 215 WORCESTER ROAD STERLING, MA 01564	04-3509327	501(C)(3)	6,500	0			OPERATING SUPPORT
OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566	04-2104809	501(C)(3)	300	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566	04-2104809	501(C)(3)	10,000	0			UNRESTRICTED
BOYS & GIRLS CLUB OF WEBSTER-DUDLEY 55 OXFORD AVENUE DUDLEY, MA 01571	04-2238069	501(C)(3)	5,000	0			GENERAL OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TRI-VALLEY INC 10 MILL STREET DUDLEY, MA 01571	04-2594201	501(C)(3)	10,000	0			NUTRITION PROGRAM
ANGELS-NET FOUNDATION INC 360 WEST BOYLSTON STREET SUITE 213 WEST BOYLSTON, MA 01583	45-0576321	501(C)(3)	5,000	0			EDUCATIONAL AND SOCIAL PROGRAMS FOR IMMIGRANT AND REFUGEE YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTRAL NEW ENGLAND EQUINE RESCUE 96 NEW BRAINTREE RD WEST BROOKFIELD, MA 01585	42-1608505	501(C)(3)	5,000	0			WINTER HAY 2019/2020
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	8,000	0			YOUTH OUTREACH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	35,000	0			AGENCY FUND DISTRIBUTION
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	15,000	0			COMMITTEE HERO SPONSOR 2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	10,000	0			YOUTH OUTREACH PROGRAMS
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	475	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	10,000	0			YOUTH OUTREACH PROGRAMS
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	480	0			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTER FOR NONVIOLENT SOLUTIONS 901 PLEASANT STREET WORCESTER, MA 01602	90-0581384	501(C)(3)	5,000	0			UNRESTRICTED
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER 91 JUNE STREET WORCESTER, MA 01602	04-2104239	501(C)(3)	10,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER 91 JUNE STREET WORCESTER, MA 01602	04-2104239	501(C)(3)	2,600	0			EQUIPMENT PURCHASE
LATINO EDUCATION INSTITUTE OF WORCESTER STATE UNIVERSITY 486 CHANDLER STREET WORCESTER, MA 01602	22-3248067	501(C)(3)	25,000	0			EARLY CONNECTIONS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LATINO EDUCATION INSTITUTE OF WORCESTER STATE UNIVERSITY 486 CHANDLER STREET WORCESTER, MA 01602	22-3248067	501(C)(3)	15,000	0			ENLACE (ENCOURAGING LATINOS TO ACHIEVE EXCELLENCE) PROGRAM
WHY ME & SHERRY'S HOUSE 1152 PLEASANT STREET WORCESTER, MA 01602	04-2880644	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	1,000	0			UNRESTRICTED
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	3,000	0			UNRESTRICTED
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	3,000	0			EQUIPMENT PURCHASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	7,500	0			EXPANSION PROJECT
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	5,000	0			CLINICAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	15,000	0			PRISONER REENTRY PROGRAM
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	750	0			AID PEOPLE IN THEIR SUCCESSFUL REINTEGRATION INTO SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JEREMIAH'S INN 1059 MAIN STREET WORCESTER, MA 01603	22-2567080	501(C)(3)	8,000	0			NUTRITION CENTER
JEREMIAH'S INN 1059 MAIN STREET WORCESTER, MA 01603	22-2567080	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JEREMIAH'S INN 1059 MAIN STREET WORCESTER, MA 01603	22-2567080	501(C)(3)	3,500	0			NUTRITION CENTER SUPPLIES
JEREMIAH'S INN 1059 MAIN STREET WORCESTER, MA 01603	22-2567080	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ANTI-FORECLOSURE TEAM 70 JAMES STREET SUITE 129-B WORCESTER, MA 01603	22-2976657	501(C)(3)	5,000	0			MORATORIUM NOW
WORCESTER COUNTY LIGHT OPERA CLUB 21 GRANDVIEW AVENUE WORCESTER, MA 01603	04-6115345	501(C)(3)	40,000	0			WCLOC THEATER COMPANY CREATIVE ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASCENTRIA COMMUNITY SERVICES 14 E WORCESTER STREET SUITE 300 WORCESTER, MA 01604	04-3566243	501(C)(3)	17,500	0			IMMIGRATION LEGAL ASSISTANCE PROGRAM (ILAP)
CITY OF WORCESTER HEALTH AND HUMAN SERVICES EXECUTIVE OFFICE/ ELDER AFFAIR WORCESTER, MA 01604	04-6001418	501(C)(3)	5,000	0			NARCAN DISTRIBUTION HARM REDUCTION INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	2,000	0			UNRESTRICTED
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	70,000	0			ECOTARIUM CREATIVE ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	2,000	0			UNRESTRICTED
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	7,500	0			2020 COUNTDOWN TO KINDERGARTEN PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	1,000	0			SCOPE PROGRAM
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	7,000	0			2019-2020 WORCESTER PUBLIC SCHOOLS FIELD TRIP SCHOLARSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	500	0			UNRESTRICTED
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	20,000	0			FRANCES PERKINS TRANSITIONAL HOUSING PROGRAM
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	3,000	0			FOOD PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	5,000	0			YOUTH PROGRAM
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	10,000	0			CORE FACILITY ROOF REPAIR
KIDS CAFE OF WORCESTER 333 SHREWSBURY STREET WORCESTER, MA 01604	04-3071457	501(C)(3)	5,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST JOHN'S FOOD FOR THE POOR 20 TEMPLE STREET WORCESTER, MA 01604	04-2106729	501(C)(3)	5,000	0			UNRESTRICTED
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	1,000	0			FOUNDERS DAY GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	100	0			BARBARA GOULD ENDOWED FUND
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	37,820	0			CHAPIN RILEY SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	500	0			ANNUAL FUND
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	500	0			ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	100	0			UNRESTRICTED
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	1,500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	2,500	0			SUMMER SCHOLARS
ARTISTS' GROUP OF THE SPRINKLER FACTORY 38 HARLOW STREET WORCESTER, MA 01605	27-1887649	501(C)(3)	10,000	0			ORGANIZING FOR SUSTAINABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BUILDING FUTURES INC 40 BELMONT STREET WORCESTER, MA 01605	01-0628266	501(C)(3)	10,000	0			CAMP LAKESIDE
HOPE COALITION 16 SHAFFNER STREET WORCESTER, MA 01605	04-3108190	501(C)(3)	15,000	0			MENTAL HEALTH MODEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HOPE COALITION 16 SHAFFNER STREET WORCESTER, MA 01605	04-3108190	501(C)(3)	10,000	0			PEER LEADERSHIP PROGRAM
HOPE COALITION 16 SHAFFNER STREET WORCESTER, MA 01605	04-3108190	501(C)(3)	75,000	0			WORCESTER ACTS EVALUATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HOPE COALITION 16 SHAFFNER STREET WORCESTER, MA 01605	04-3108190	501(C)(3)	15,000	0			WORCESTER ACTS (ADDRESSES CHILDHOOD TRAUMA)
HOPE COALITION 16 SHAFFNER STREET WORCESTER, MA 01605	04-3108190	501(C)(3)	1,500	0			YOUTH-PARENT DIALOGUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	500	0			UNRESTRICTED
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	250	0			FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	5,000	0			UNRESTRICTED
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	7,500	0			GRADUATE SUPPORT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	1,500	0			FOOD PANTRY
NOTRE DAME HEALTH CARE CENTER INC 555-559 PLANTATION ST WORCESTER, MA 01605	04-3108782	501(C)(3)	5,000	0			EDUCATIONAL BRIDGE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	4,000	0			UNRESTRICTED
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	3,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	18,000	0			EARLY EDUCATION PROGRAMS
WORCESTER CENTER FOR CRAFTS 25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CENTER FOR CRAFTS 25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)(3)	446	0			UNRESTRICTED
WORCESTER CENTER FOR CRAFTS 25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)(3)	5,000	0			KRIKORIAN GALLERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CENTER FOR CRAFTS 25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)(3)	5,000	0			YOUTH STUDIO PROGRAMS
WORCESTER TECHNICAL HIGH SCHOOL 1 SKYLINE DRIVE WORCESTER, MA 01605	04-6001418	501(C)(3)	320	0			SKILLS USA PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER TECHNICAL HIGH SCHOOL 1 SKYLINE DRIVE WORCESTER, MA 01605	04-6001418	501(C)(3)	560	0			FOR PARTICIPATION IN SKILLS USA
WORCESTER TECHNICAL HIGH SCHOOL 1 SKYLINE DRIVE WORCESTER, MA 01605	04-6001418	501(C)(3)	5,985	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BE LIKE BRIT FOUNDATION INC 66 PULLMAN ST WORCESTER, MA 01606	27-1857525	501(C)(3)	250	0			UNRESTRICTED
BE LIKE BRIT FOUNDATION INC 66 PULLMAN ST WORCESTER, MA 01606	27-1857525	501(C)(3)	11,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ELDER SERVICES OF WORCESTER AREA INC 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	1,164	0			UNRESTRICTED
ELDER SERVICES OF WORCESTER AREA INC 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	7,500	0			NUTRITION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ELDER SERVICES OF WORCESTER AREA INC 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	200	0			MEALS ON WHEELS
ELDER SERVICES OF WORCESTER AREA INC 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	21,240	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ELDER SERVICES OF WORCESTER AREA INC 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	895	0			UNRESTRICTED
ELDER SERVICES OF WORCESTER AREA INC 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	3,022	0			CONGREGATE MEAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHUSETTS 115 CENTURY DR WORCESTER, MA 01606	04-2103856	501(C)(3)	5,000	0			IT'S A GIRL'S WORLD
GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHUSETTS 115 CENTURY DR WORCESTER, MA 01606	04-2103856	501(C)(3)	925	0			FOR PREVENTION AND EDUCATION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHUSETTS 115 CENTURY DR WORCESTER, MA 01606	04-2103856	501(C)(3)	1,000	0			GIRL SCOUT TROOP #64941 WEBSTER/DUDLEY
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON STREET WORCESTER, MA 01606	04-2897624	501(C)(3)	102,700	0			OPERATION & SCHOLARSHIP FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON STREET WORCESTER, MA 01606	04-2897624	501(C)(3)	34,225	0			OPERATIONAL ENDOWMENT FUNDS
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON STREET WORCESTER, MA 01606	04-2897624	501(C)(3)	1,880	0			FOR NURSING SCHOLARSHIPS ADMINISTERED BY THE NURSING DEPARTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON STREET WORCESTER, MA 01606	04-2897624	501(C)(3)	10,000	0			SCHOLARSHIPS FOR DESERVING STUDENTS
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON STREET WORCESTER, MA 01606	04-2897624	501(C)(3)	500	0			OPERATING FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON STREET WORCESTER, MA 01606	04-2897624	501(C)(3)	66,401	0			SCHOLARSHIP ENDOWMENT FUNDS
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION 670 WEST BOYLSTON STREET WORCESTER, MA 01606	04-2897624	501(C)(3)	10,000	0			WOMEN IN TECHNOLOGY STEM PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VISITATION HOUSE INC 119 ENDICOTT STREET WORCESTER, MA 01606	01-0595450	501(C)(3)	3,000	0			UNRESTRICTED
VISITATION HOUSE INC 119 ENDICOTT STREET WORCESTER, MA 01606	01-0595450	501(C)(3)	2,500	0			BRIDGING BACK TO ECONOMIC RESILIENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VISITATION HOUSE INC 119 ENDICOTT STREET WORCESTER, MA 01606	01-0595450	501(C)(3)	1,000	0			UNRESTRICTED
VISITATION HOUSE INC 119 ENDICOTT STREET WORCESTER, MA 01606	01-0595450	501(C)(3)	1,000	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIG BROTHERSBIG SISTERS OF CENTRAL MASSMETROWEST 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	17,500	0			WORCESTER AREA MENTORING PROGRAM
BIG BROTHERSBIG SISTERS OF CENTRAL MASSMETROWEST 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	100	0			ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CITY OF WORCESTER 455 MAIN STREET WORCESTER, MA 01608	04-6001418	501(C)(3)	12,500	0			CHRISTOPHER ROY MEMORIAL SCULPTURE
CITY OF WORCESTER 455 MAIN STREET WORCESTER, MA 01608	04-6001418	501(C)(3)	2,052	0			CHRISTOPHER ROY MEMORIAL SCULPTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	1,550	0			TO SUPPORT LEGAL SERVICES IN CENTRAL MASSACHUSETTS
COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	2,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	1,000	0			UNRESTRICTED
COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	17,500	0			GREATER WORCESTER IMMIGRANT LEGAL ADVOCACY PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	100	0			ANNUAL APPEAL
COMMUNITY LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	3,000	0			HUNGER RELIEF PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CREATIVE HUB WORCESTER 653 MAIN STREET WORCESTER, MA 01608	81-2613929	501(C)(3)	2,500	0			AFTER SCHOOL PROGRAM
CREATIVE HUB WORCESTER 653 MAIN STREET WORCESTER, MA 01608	81-2613929	501(C)(3)	4,000	0			GALLERY AT THE AURORA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CROCODILE RIVER MUSICAFRICAN ARTS IN EDUCATION 44 PORTLAND STREET 7TH FLOOR WORCESTER, MA 01608	11-3451703	501(C)(3)	250	0			AFRICAN ART IN EDUCATION PROGRAM
CROCODILE RIVER MUSICAFRICAN ARTS IN EDUCATION 44 PORTLAND STREET 7TH FLOOR WORCESTER, MA 01608	11-3451703	501(C)(3)	5,000	0			COMMUNITY ENRICHMENT THROUGH AFRICAN MUSIC & ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CROCODILE RIVER MUSICAFRICAN ARTS IN EDUCATION 44 PORTLAND STREET 7TH FLOOR WORCESTER, MA 01608	11-3451703	501(C)(3)	15,000	0			FUND FOR DEVELOPMENT
DRESS FOR SUCCESS WORCESTER INC PO BOX 16115 WORCESTER, MA 01608	26-3168663	501(C)(3)	5,000	0			MORE THAN A SUIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EDWARD STREET CHILD SERVICES INC 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	1,000	0			UNRESTRICTED
EDWARD STREET CHILD SERVICES INC 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	55,000	0			MASTER TEACHER CONSULTATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EDWARD STREET CHILD SERVICES INC 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	20,000	0			EARLY CHILDHOOD MATTERS
EDWARD STREET CHILD SERVICES INC 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	5,000	0			TOGETHER FOR KIDS COALITION - STRATEGIC PLANNING PROCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EDWARD STREET CHILD SERVICES INC 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	1,500	0			UNRESTRICTED
GREATER WORCESTER LAND TRUST 4 ASH STREET WORCESTER, MA 01608	22-2857318	501(C)(3)	300	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WORCESTER LAND TRUST 4 ASH STREET WORCESTER, MA 01608	22-2857318	501(C)(3)	7,000	0			COMMUNITY BASED ENVIRONMENTAL CONSERVATION
GREATER WORCESTER LAND TRUST 4 ASH STREET WORCESTER, MA 01608	22-2857318	501(C)(3)	500	0			ANNUAL APPEAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WORCESTER LAND TRUST 4 ASH STREET WORCESTER, MA 01608	22-2857318	501(C)(3)	1,000	0			UNRESTRICTED
HIGHER EDUCATION CONSORTIUM OF CENTRAL MASSACHUSETTS 11 NORWICH STREET WORCESTER, MA 01608	46-4753685	501(C)(3)	5,000	0			DEVELOPMENT OF A STRATEGIC PLANNING FRAMEWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LITERACY VOLUNTEERS OF GREATER WORCESTER WORCESTER PUBLIC LIBRARY WORCESTER, MA 01608	04-2914294	501(C)(3)	5,000	0			ENGLISH LANGUAGE LITERACY FOR IMMIGRANTS AND REFUGEE PARENTS HELPING SCHOOLCHILDREN
LITERACY VOLUNTEERS OF GREATER WORCESTER WORCESTER PUBLIC LIBRARY WORCESTER, MA 01608	04-2914294	501(C)(3)	20,000	0			ENGLISH LANGUAGE LITERACY FOR ECONOMIC SECURITY JOB SEEKERS AND OTHER ADULT IMMIGRANTS AND REFUGEES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ORGANIZATION FOR NONPROFIT EXCELLENCE (ONE WORCESTER) 484 MAIN STREET SUITE 300 WORCESTER, MA 01608	47-1570314	501(C)(3)	5,000	0			OPERATING SUPPORT
PATHWAYS FOR CHANGE 588 MAIN STREET WORCESTER, MA 01608	04-2734584	501(C)(3)	7,000	0			MEDICAL ACCOMPANIMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PATHWAYS FOR CHANGE 588 MAIN STREET WORCESTER, MA 01608	04-2734584	501(C)(3)	12,000	0			SEXUAL ASSAULT PREVENTION & SURVIVOR SERVICES
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	04-3393955	501(C)(3)	25,000	0			BUILDING HEALTHY ASIAN AND ARABIC SPEAKING COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHINE INITIATIVE 44 PORTLAND STREET WORCESTER, MA 01608	04-3537449	501(C)(3)	10,000	0			UNRESTRICTED
THE SHINE INITIATIVE 44 PORTLAND STREET WORCESTER, MA 01608	04-3537449	501(C)(3)	7,500	0			MINDMATTERS TEAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHINE INITIATIVE 44 PORTLAND STREET WORCESTER, MA 01608	04-3537449	501(C)(3)	2,500	0			WORCESTER YOUTH WELLNESS SUMMIT
TOGETHER FOR KIDS COALITION 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	22,000	0			EARLY CHILDHOOD STRATEGIC PLAN IMPLEMENTATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VNA CARE NETWORK AND HOSPICE 120 THOMAS STREET WORCESTER, MA 01608	04-2103825	501(C)(3)	5,985	0			WORCESTER AREA PROGRAMS
WORCESTER CENTER FOR THE PERFORMING ARTS (HANOVER THEATRE) 2 SOUTHBRIDGE STREET WORCESTER, MA 01608	05-0521735	501(C)(3)	2,500	0			GENERAL OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CENTER FOR THE PERFORMING ARTS (HANOVER THEATRE) 2 SOUTHBRIDGE STREET WORCESTER, MA 01608	05-0521735	501(C)(3)	5,000	0			ADOPT-A-SCHOOL WPS PARTNERSHIP
WORCESTER COMMUNITY SKATESHOP 22 PORTLAND STREET WORCESTER, MA 01608	05-0566468	501(C)(3)	2,500	0			YOUTH SKATE PROGRAM SPRING/SUMMER 2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COMMUNITY SKATESHOP 22 PORTLAND STREET WORCESTER, MA 01608	05-0566468	501(C)(3)	5,000	0			PILOT PROJECT SUMMER PROGRAM FOR YOUTH
WORCESTER CULTURAL COALITION 455 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	81-5010462	501(C)(3)	10,000	0			IMPLEMENTING THE EVOLUTION OF WORCESTER THE CREATIVE CITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER EDUCATION COLLABORATIVE 484 MAIN STREET WORCESTER, MA 01608	04-2104017	501(C)(3)	12,500	0			OPERATING SUPPORT
WORCESTER REFUGEE ASSISTANCE PROJECT 340 MAIN STREET SUITE 205 WORCESTER, MA 01608	32-0309547	501(C)(3)	12,000	0			SPECIFIC PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTRAL MA HOUSING ALLIANCE 6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)(3)	300	0			UNRESTRICTED
CENTRAL MA HOUSING ALLIANCE 6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)(3)	5,000	0			DONATIONS CLEARINGHOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTRAL MA HOUSING ALLIANCE 6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)(3)	10,000	0			PUBLIC EDUCATION & ADVOCACY (PE&A)
CENTRAL MA HOUSING ALLIANCE 6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)(3)	590	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTRAL MA HOUSING ALLIANCE 6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)(3)	500	0			UNRESTRICTED
CENTRAL MA HOUSING ALLIANCE 6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)(3)	200	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILDREN'S FRIEND AN AFFILIATE OF SEVEN HILLS FOUNDATION 20 CEDAR STREET WORCESTER, MA 01609	04-2105856	501(C)(3)	8,000	0			GENDER WELLNESS INITIATIVE (GWI)
CHILDREN'S FRIEND AN AFFILIATE OF SEVEN HILLS FOUNDATION 20 CEDAR STREET WORCESTER, MA 01609	04-2105856	501(C)(3)	495	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILDREN'S FRIEND AN AFFILIATE OF SEVEN HILLS FOUNDATION 20 CEDAR STREET WORCESTER, MA 01609	04-2105856	501(C)(3)	447	0			UNRESTRICTED
CHILDREN'S FRIEND AN AFFILIATE OF SEVEN HILLS FOUNDATION 20 CEDAR STREET WORCESTER, MA 01609	04-2105856	501(C)(3)	2,080	0			ADOPTION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILDREN'S FRIEND AN AFFILIATE OF SEVEN HILLS FOUNDATION 20 CEDAR STREET WORCESTER, MA 01609	04-2105856	501(C)(3)	10,000	0			GENDER WELLNESS INITIATIVE
CHILDREN'S FRIEND AN AFFILIATE OF SEVEN HILLS FOUNDATION 20 CEDAR STREET WORCESTER, MA 01609	04-2105856	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILDREN'S FRIEND AN AFFILIATE OF SEVEN HILLS FOUNDATION 20 CEDAR STREET WORCESTER, MA 01609	04-2105856	501(C)(3)	2,328	0			UNRESTRICTED
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	3,000	0			UNRESTRICTED
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	25,000	0			PARTNERS IN CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	495	0			FOR THE ADOPT-A-STUDENT PROGRAM
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	500	0			PARTNERS IN CHARITY APPEAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	2,500	0			LEGACY OF HOPE
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	5,000	0			ADOPT-A-STUDENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	10,000	0			PARTNERS IN CHARITY
PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER 10 IRVING STREET WORCESTER, MA 01609	04-3029253	501(C)(3)	50,000	0			PAKACHOAG MUSIC SCHOOL CREATIVE ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PLEASANT STREET NEIGHBORHOOD NETWORK CENTER 301 PLEASANT STREET WORCESTER, MA 01609	77-0690887	501(C)(3)	5,000	0			EDUCATION & WORKFORCE TRAINING SERIES
RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609	04-2104363	501(C)(3)	1,500	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609	04-2104363	501(C)(3)	2,150	0			EQUIPMENT PURCHASE
RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609	04-2104363	501(C)(3)	12,000	0			SUPPORT FOR FOOD PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RENDER CREATIVE INCMAIN IDEA 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	1,000	0			TEEN ARTS LEADERSHIP
RENDER CREATIVE INCMAIN IDEA 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	7,500	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SQUARES SQUARED INC 1 OAK HILL ROAD WORCESTER, MA 01609	82-1471372	501(C)(3)	5,000	0			POW! WOW! WORCESTER SCHOOL WEEK
SQUARES SQUARED INC 1 OAK HILL ROAD WORCESTER, MA 01609	82-1471372	501(C)(3)	370	0			POW WOW 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01609	41-1568278	501(C)(3)	4,435	0			GUSTAV STELLAN PETERSON FUND
TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01609	41-1568278	501(C)(3)	25,910	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01609	41-1568278	501(C)(3)	4,435	0			LILLIAN H PERSON FUND
WORCESTER COMMUNITY HOUSING RESOURCES 11 PLEASANT STREET SUITE 300 WORCESTER, MA 01609	22-2719744	501(C)(3)	10,000	0			COMMUNITY HOUSING & ECONOMIC STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)(3)	10,000	0			EDWIN B COGHLIN JR SCHOLARSHIP FUND
WORCESTER PUBLIC SCHOOLS 20 IRVING STREET WORCESTER, MA 01609	04-6001418	501(C)(3)	10,000	0			BUILDING YOUTH LEADERSHIP THROUGH PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER PUBLIC SCHOOLS 20 IRVING STREET WORCESTER, MA 01609	04-6001418	501(C)(3)	2,820	0			PRESCHOOL PROGRAMS
LIVING IN FREEDOM TOGETHER (LIFT) PO BOX 16724 WORCESTER, MA 01610	81-3646918	501(C)(3)	10,000	0			LIFT DROP-IN CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LIVING IN FREEDOM TOGETHER (LIFT) PO BOX 16724 WORCESTER, MA 01610	81-3646918	501(C)(3)	600	0			ADOPT A SURVIVOR WISH LIST PROGRAM
LIVING IN FREEDOM TOGETHER (LIFT) PO BOX 16724 WORCESTER, MA 01610	81-3646918	501(C)(3)	10,000	0			DROP-IN CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LIVING IN FREEDOM TOGETHER (LIFT) PO BOX 16724 WORCESTER, MA 01610	81-3646918	501(C)(3)	10,000	0			JANA'S PLACE
MAIN SOUTH COMMUNITY DEVELOPMENT CORPORATION 875 MAIN STREET WORCESTER, MA 01610	04-2921465	501(C)(3)	10,000	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	3,000	0			EMERGENCY ASSISTANCE PROGRAM
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	15,000	0			MENTAL HEALTH COLLABORATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	20,000	0			HOME VISITING
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	500	0			UNRESTRICTED
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	1,600	0			MENTAL HEALTH FIRST AID TRAINING FOR STAFF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	3,000	0			YOUTH-LED SUMMER OUTINGS
STRAIGHT AHEAD MINISTRIES INC 791 MAIN STREET WORCESTER, MA 01610	04-3103694	501(C)(3)	30,000	0			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STRAIGHT AHEAD MINISTRIES INC 791 MAIN STREET WORCESTER, MA 01610	04-3103694	501(C)(3)	12,500	0			WORCESTER YOUTH RE-ENTRY PROGRAM
WCUW INC 910 MAIN STREET WORCESTER, MA 01610	23-7247980	501(C)(3)	10,000	0			THE VOICES OF WORCESTER SHARING PASSION, HERITAGE AND LOVE OF COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WCUW INC 910 MAIN STREET WORCESTER, MA 01610	23-7247980	501(C)(3)	5,000	0			PROJECT UPLIFT
WCUW INC 910 MAIN STREET WORCESTER, MA 01610	23-7247980	501(C)(3)	5,000	0			FIRST ANNUAL HAWTHORNE STREET FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WCUW INC 910 MAIN STREET WORCESTER, MA 01610	23-7247980	501(C)(3)	5,000	0			EXTENDING & EXPANDING PROJECT UPLIFT
WORCESTER COMMON GROUND 5 PIEDMONT STREET WORCESTER, MA 01610	22-2976657	501(C)(3)	10,000	0			COMMUNITY BUILDING AND AFFORDABLE HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	11,000	0			SUMMER PLAY
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	1,379	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	8,000	0			MINORITY ACHIEVERS PROGRAM
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	1,000	0			DESIGNATED FOR GREENDALE YMCA'S TENNIS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	1,000	0			ANNUAL FUND
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	600	0			LIVESTRONG AT THE YMCA OF CENTRAL MASSACHUSETTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	3,000	0			WORCESTER SCHOOL GARDENS NETWORK
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	18,000	0			GENERAL OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	250	0			EARTH DAY ACTIVITIES
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	10,000	0			URBAN FARMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	5,000	0			STRATEGIC PLANNING
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	850	0			YOUTHGROW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	2,000	0			UGROW SCHOOL GARDENS
WORCESTER COUNTY POETRY ASSOCIATION PO BOX 804 WORCESTER, MA 01613	23-7157372	501(C)(3)	1,010	0			AGENCY FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY POETRY ASSOCIATION PO BOX 804 WORCESTER, MA 01613	23-7157372	501(C)(3)	810	0			FOR THE STANLEY KUNITZ AWARD
WORCESTER COUNTY POETRY ASSOCIATION PO BOX 804 WORCESTER, MA 01613	23-7157372	501(C)(3)	5,000	0			WORCESTER CLEMENTE COURSE IN THE HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY POETRY ASSOCIATION PO BOX 804 WORCESTER, MA 01613	23-7157372	501(C)(3)	3,230	0			AGENCY FUND DISTRIBUTION
WORCESTER COUNTY POETRY ASSOCIATION PO BOX 804 WORCESTER, MA 01613	23-7157372	501(C)(3)	40,000	0			WORCESTER COUNTY POETRY ASSOCIATION CREATIVE ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY POETRY ASSOCIATION PO BOX 804 WORCESTER, MA 01613	23-7157372	501(C)(3)	500	0			AGENCY FUND DISTRIBUTION
WORCESTER YOUTH ORCHESTRAS PO BOX 991 WORCESTER, MA 01613	04-2470999	501(C)(3)	5,000	0			FINANCIAL AID & SCHOLARSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER YOUTH ORCHESTRAS PO BOX 991 WORCESTER, MA 01613	04-2470999	501(C)(3)	4,435	0			UNRESTRICTED
SOUTH MIDDLESEX OPPORTUNITY COUNCIL 7 BISHOP STREET FRAMINGHAM, MA 01702	04-2389659	501(C)(3)	10,000	0			GREATER WORCESTER HOUSING CONNECTION TRIAGE CENTER WINTER EMERGENCY RESOURCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HILLSIDE SCHOOL 404 ROBIN HILL ROAD MARLBOROUGH, MA 01752	04-2111216	501(C)(3)	6,044	0			UNRESTRICTED
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	2,000	0			SUPPORTING SCIENCE LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	200	0			UNRESTRICTED
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	390	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	2,500	0			UNRESTRICTED FOR BROAD MEADOW BROOK SANCTUARY
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	3,000	0			CENTRAL MASSACHUSETTS SANCTUARIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	1,000	0			NATURE IN NEIGHBORHOOD SUMMER PORGRAMS
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	17,000	0			BROADMEADOW BROOK PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	15,000	0			SPECIFIED PROGRAMS
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	2,000	0			YOUTH CLIMATE SUMMIT AT BROAD MEADOW BROOK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	8,000	0			CONNECTING STUDENTS WITH LOCAL WILDLIFE AT BROADMEADOW BROOK A STUDY OF ADAPTATIONS
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	15,000	0			NATURE EDUCATION AND RECREATION PROGRAMS FOR WORCESTER YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EYE OF THE STORM EQUINE RESCUE INC 65 WHITE POND RD STOW, MA 01775	04-3483627	501(C)(3)	9,000	0			OPERATING SUPPORT
OPEN DOOR ARTS 89 SOUTH STREET SUITE 101 BOSTON, MA 02111	04-2699540	501(C)(3)	5,000	0			OPEN DOOR GALLERY AT THE WORCESTER ART MUSEUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
REACH OUT AND READ 89 SOUTH STREET SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	10,000	0			WORCESTER RX FOR SUCCESS
BOSTON SYMPHONY ORCHESTRA INC SYMPHONY HALL BOSTON, MA 02115	04-2103550	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY SERVINGS INC 179 ARMORY STREET JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	9,000	0			NUTRITION PROGRAM FOR RESIDENTS AFFECTED BY CRITICAL & CHRONIC ILLNESSES
COMMUNITY SERVINGS INC 179 ARMORY STREET JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	790	0			WORCESTER PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TENACITY INC 38 EVERETT STREET SUITE 50 BOSTON, MA 02134	04-3452763	501(C)(3)	6,000	0			SUMMER TENNIS & READING PROGRAM
WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	2,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	250	0			UNRESTRICTED
WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	1,500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	500	0			UNRESTRICTED
WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	5,000	0			ANNUAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	1,500	0			ANNUAL FUND
ALZHEIMER'S ASSOCIATION MASSACHUSETTS NEW HAMPSHIRE CHAPTER 309 WAVERLEY OAKS ROAD WALTHAM, MA 02452	04-2731194	501(C)(3)	5,000	0			INCREASING CORE SERVICES THROUGH VOLUNTEER-POWERED DELIVERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MASSACHUSETTS ADOPTION RESOURCE EXCHANGE 19 NEEDHAM STREET SUITE 206 NEWTON, MA 02461	04-2227431	501(C)(3)	5,000	0			FINDING ADOPTIVE HOMES FOR CHILDREN AND TEENS IN FOSTER CARE IN WORCESTER COUNTY
NEW HOPE 247 MAPLE STREET ATTLEBORO, MA 02703	04-2681340	501(C)(3)	10,000	0			MJ LEDENHAM CENTER VISITATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW HOPE 247 MAPLE STREET ATTLEBORO, MA 02703	04-2681340	501(C)(3)	1,000	0			EMERGENCY SHELTER
DR MARTIN LUTHER KING JR COMMUNITY CENTER 20 DR MARCUS F WHEATLAND BLVD NEWPORT, RI 02840	05-0271882	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DR MARTIN LUTHER KING JR COMMUNITY CENTER 20 DR MARCUS F WHEATLAND BLVD NEWPORT, RI 02840	05-0271882	501(C)(3)	5,000	0			UNRESTRICTED
NEWPORT STRING PROJECT 16 WARNER STREET NEWPORT, RI 02840	82-3341534	501(C)(3)	2,000	0			OPERATING FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEWPORT STRING PROJECT 16 WARNER STREET NEWPORT, RI 02840	82-3341534	501(C)(3)	5,000	0			UNRESTRICTED
YMCA OF GREATER HARTFORD 50 STATE HOUSE SQUARE 2ND FLOOR HARTFORD, CT 06103	06-0881325	501(C)(3)	67,260	0			HALE YMCA YOUTH AND FAMILY CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LET'S GET READY 50 BROADWAY 25TH FLOOR NEW YORK, NY 10004	31-1698832	501(C)(3)	5,000	0			WORCESTER COLLEGE ACCESS PROGRAMS
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	10,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SCRIPPS RESEARCH INSTITUTE 130 SCRIPPS WAY 4B2 JUPITER, FL 33458	33-0435954	501(C)(3)	10,000	0			CANCER RESEARCH
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA 3760 FOWLER STREET FORT MYERS, FL 33901	59-2332120	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST VINCENT DE PAUL CHURCH 13031 PALM BEACH BLVD FORT MYERS, FL 33905	59-2824352	501(C)(3)	10,000	0			CAPITAL CAMPAIGN
SALVATION ARMY LEE COUNTY PO BOX 60087 FORT MYERS, FL 33906	58-0660607	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HOPE HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908	59-2128697	501(C)(3)	5,000	0			UNRESTRICTED
UNITED WAY LEE HENDRY & GLADES 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	59-1005169	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SKYLINE AUXILIARY TRISTAR SKYLINE MEDICAL CENTER NASHVILLE, TN 37207	62-1574998	501(C)(3)	5,000	0			SCHOLARSHIP FUND
TENNESSEE JUSTICE CENTER 211 7TH AVENUE N 100 NASHVILLE, TN 37219	62-1630417	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEWVUE COMMUNITIES 470 MAIN STREET FITCHBURG, MA 014204292	04-2690210	501(C)(3)	10,000	0			COMMUNITY STEWARDS PROGRAM
HOUSE OF PEACE AND EDUCATION 29 PLEASANT STREET GARDNER, MA 014402608	04-3300490	501(C)(3)	5,000	0			HOPE FOR KIDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN YOUTH & FAMILY SERVICES 21 PHEASANT COURT AUBURN, MA 015012457	04-2658899	501(C)(3)	7,500	0			YOUTH AND FAMILY SUPPORT PROGRAMS AND SERVICES
TOWN OF BROOKFIELD 6 CENTRAL STREET BROOKFIELD, MA 015061612	04-6001101	501(C)(3)	5,000	0			LEWIS FIELD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EAST DOUGLAS EVERGREEN CEMETERY COMPANY PO BOX 717 DOUGLAS, MA 015162019	04-6002475	501(C)(13)	3,850	0			UNRESTRICTED
EAST DOUGLAS EVERGREEN CEMETERY COMPANY PO BOX 717 DOUGLAS, MA 015162019	04-6002475	501(C)(13)	10,000	0			AGENCY FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EAST DOUGLAS EVERGREEN CEMETERY COMPANY PO BOX 717 DOUGLAS, MA 015162019	04-6002475	501(C)(13)	28,000	0			AGENCY FUND DISTRIBUTION
EAST DOUGLAS EVERGREEN CEMETERY COMPANY PO BOX 717 DOUGLAS, MA 015162019	04-6002475	501(C)(13)	3,550	0			AGENCY FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPLE TREE ARTS ONE GRAFTON COMMON GRAFTON, MA 015191532	04-3267088	501(C)(3)	7,000	0			HEAD START PRESCHOOL MUSIC OUTREACH PROGRAM
LEICESTER COUNCIL ON AGING LEICESTER SENIOR CENTER LEICESTER, MA 015241113	04-6001197	501(C)(3)	7,000	0			OUTREACH COORDINATOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CAMP PUTNAM INC 141 RUTHERFORD ROAD NEW BRAINTREE, MA 015311829	04-6004880	501(C)(3)	8,000	0			OVERNIGHT CAMP EXPERIENCES
NORTH BROOKFIELD YOUTH CENTER PO BOX 86 NORTH BROOKFIELD, MA 015350086	04-3497157	501(C)(3)	10,000	0			AFTER-SCHOOL AND SUMMER PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY HARVEST PROJECT INC 37 WHEELER ROAD NORTH GRAFTON, MA 015361104	04-3424018	501(C)(3)	5,000	0			GENERAL OPERATIONS GRANT
COMMUNITY HARVEST PROJECT INC 37 WHEELER ROAD NORTH GRAFTON, MA 015361104	04-3424018	501(C)(3)	12,000	0			VOLUNTEER FARMING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY HARVEST PROJECT INC 37 WHEELER ROAD NORTH GRAFTON, MA 015361104	04-3424018	501(C)(3)	5,000	0			EQUIPMENT PURCHASE
COMMUNITY HARVEST PROJECT INC 37 WHEELER ROAD NORTH GRAFTON, MA 015361104	04-3424018	501(C)(3)	250	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY HARVEST PROJECT INC 37 WHEELER ROAD NORTH GRAFTON, MA 015361104	04-3424018	501(C)(3)	300	0			UNRESTRICTED
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	15,000	0			CAN DO CLINIC DEPARTMENT OF PSYCHIATRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	6,044	0			UMASS MEDICAL SCHOOL
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	4,290	0			FOR THE PETER H LEVINE INFUSION CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	315	0			UMASS MEMORIAL HOSPICE
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	620	0			EDWARD BUDNITZ CARDIOVASCULAR RESEARCH FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	1,178	0			UMASS MEMORIAL HEALTH CARE NEONATAL INFANT CARE UNIT
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	620	0			BLOOD BANK RESEARCH FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	1,556	0			UMASS MEMORIAL HEALTH CARE AND FAMILY HEALTH CENTER
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	895	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	1,210	0			EDWARD R BUDNITZ, MD CARDIOVASCULAR RESEARCH FUND
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	446	0			UMASS MEMORIAL HEALTH CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	12,300	0			BARRE HEALTH CENTER
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	1,000	0			ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	500	0			CELLUCCI ALS FUND
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	7,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 015457807	04-3108190	501(C)(3)	45,000	0			UMMS SHRIVER CENTER/ SIBLING SUPPORT PROGRAM
CRAWFORD MEMORIAL LIBRARY 40 SCHOFIELD AVENUE DUDLEY, MA 015713264	04-6001134	501(C)(3)	10,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 016020243	04-2701581	501(C)(3)	18,000	0			SAFE HOMES
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 016020243	04-2701581	501(C)(3)	12,500	0			SOUTH COUNTY HOMELESS ASSISTANCE PROGRAM (SCHAP)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 016020243	04-2701581	501(C)(3)	2,500	0			SAFE HOMES PROGRAM
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 016020243	04-2701581	501(C)(3)	75,000	0			MENTAL HEALTH CAREER PIPELINE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 016020243	04-2701581	501(C)(3)	5,000	0			SAFE HOMES PROGRAM
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)(3)	1,000	0			ADOPT A SCHOLAR PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)(3)	1,040	0			SCHOLARSHIPS FOR NURSING STUDENTS
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)(3)	24,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)(3)	1,000	0			NURSING SCHOLARSHIP
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)(3)	2,600	0			SCHOLARSHIPS FOR ADULT OR TRADITIONAL NURSING STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 016022597	22-3248067	501(C)(3)	1,500	0			HOUSING AND GENTRIFICATION IN WORCESTER A PARTICIPATORY NEEDS ASSESSMENT
WORCESTER YOUTH CENTER INC 326 CHANDLER STREET WORCESTER, MA 016023440	04-3245867	501(C)(3)	5,000	0			ACADEMIC SUPPORT TECHNOLOGY UPGRADE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER YOUTH CENTER INC 326 CHANDLER STREET WORCESTER, MA 016023440	04-3245867	501(C)(3)	20,000	0			HEALTH AND WELLNESS
WORCESTER YOUTH CENTER INC 326 CHANDLER STREET WORCESTER, MA 016023440	04-3245867	501(C)(3)	200	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER YOUTH CENTER INC 326 CHANDLER STREET WORCESTER, MA 016023440	04-3245867	501(C)(3)	3,000	0			SEXUAL HEATH EDUCATION
WORCESTER YOUTH CENTER INC 326 CHANDLER STREET WORCESTER, MA 016023440	04-3245867	501(C)(3)	15,000	0			SUPPORT FOR CORE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YOUTH OPPORTUNITIES UPHELD INC 81 PLANTATION STREET WORCESTER, MA 016043069	23-7112665	501(C)(3)	4,540	0			UNRESTRICTED
YOUTH OPPORTUNITIES UPHELD INC 81 PLANTATION STREET WORCESTER, MA 016043069	23-7112665	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YOUTH OPPORTUNITIES UPHELD INC 81 PLANTATION STREET WORCESTER, MA 016043069	23-7112665	501(C)(3)	10,000	0			DYNAMY YOUTH ACADEMY
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 016045411	04-2123666	501(C)(3)	925	0			PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 016045411	04-2123666	501(C)(3)	17,500	0			GENERAL OPERATIONS
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 016045411	04-2123666	501(C)(3)	5,000	0			EUREKA! PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 016045411	04-2123666	501(C)(3)	5,000	0			UNRESTRICTED
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 016045411	04-2123666	501(C)(3)	5,239	0			PROMOTING HEALTHY LIFESTYLES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RURAL CEMETERY & CREMATORY 180 GROVE STREET WORCESTER, MA 016051711	04-1795920	501(C)(13)	50,000	0			AGENCY FUND DISTRIBUTION
RURAL CEMETERY & CREMATORY 180 GROVE STREET WORCESTER, MA 016051711	04-1795920	501(C)(13)	13,090	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 - METROWEST GREATER WORCESTER 640 LINCOLN ST WORCESTER, MA 016052058	22-2583590	501(C)(3)	7,500	0			GENERAL PROGRAM SUPPORT
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 650 LINCOLN STREET SUITE 1 WORCESTER, MA 016052060	04-2513817	501(C)(3)	1,760	0			PROJECT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 650 LINCOLN STREET SUITE 1 WORCESTER, MA 016052060	04-2513817	501(C)(3)	1,830	0			PROGRAM SUPPORT
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 650 LINCOLN STREET SUITE 1 WORCESTER, MA 016052060	04-2513817	501(C)(3)	4,450	0			STAFF TRAINING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 650 LINCOLN STREET SUITE 1 WORCESTER, MA 016052060	04-2513817	501(C)(3)	670	0			BOARD DEVELOPMENT TRAINING
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 650 LINCOLN STREET SUITE 1 WORCESTER, MA 016052060	04-2513817	501(C)(3)	6,215	0			OPTOMETRY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GENESIS CLUB 274 LINCOLN STREET WORCESTER, MA 016052106	04-2983234	501(C)(3)	20,000	0			SUPPORTED EDUCATION WITH YOUNG ADULT FOCUS
GENESIS CLUB 274 LINCOLN STREET WORCESTER, MA 016052106	04-2983234	501(C)(3)	3,000	0			BUILDING DREAMS CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CASA PROJECT 100 GROVE STREET SUITE 403 WORCESTER, MA 016052630	04-2711865	501(C)(3)	10,800	0			SPECIFIC PROGRAMS
THE CASA PROJECT 100 GROVE STREET SUITE 403 WORCESTER, MA 016052630	04-2711865	501(C)(3)	25,000	0			EARLY CHILDHOOD SUPPORT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CASA PROJECT 100 GROVE STREET SUITE 403 WORCESTER, MA 016052630	04-2711865	501(C)(3)	80,000	0			MENTAL HEALTH SERVICES FOR CHILDREN IN FOSTER CARE
THE CASA PROJECT 100 GROVE STREET SUITE 403 WORCESTER, MA 016052630	04-2711865	501(C)(3)	15,000	0			MENTAL HEALTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANCROFT SCHOOL 110 SHORE DRIVE WORCESTER, MA 016053198	04-2103861	501(C)(3)	15,000	0			WORCESTER PARTNERSHIP (WP)
BANCROFT SCHOOL 110 SHORE DRIVE WORCESTER, MA 016053198	04-2103861	501(C)(3)	200	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANCROFT SCHOOL 110 SHORE DRIVE WORCESTER, MA 016053198	04-2103861	501(C)(3)	25,793	0			UNRESTRICTED
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	310	0			FINANCIAL AID FOR STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	4,830	0			OPERATIONAL SUPPORT
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	2,400	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	1,000	0			CHILDREN'S PROGRAMS
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	730	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	1,500	0			ANNUAL FUND
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	190	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	10,000	0			FINANCIAL AID PROGRAM
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 016053626	04-3055099	501(C)(3)	200	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AUDIO JOURNAL INC 799 WEST BOYLSTON STREET SUITE 5 WORCESTER, MA 016063071	04-3519488	501(C)(3)	860	0			RADIO READING
AUDIO JOURNAL INC 799 WEST BOYLSTON STREET SUITE 5 WORCESTER, MA 016063071	04-3519488	501(C)(3)	5,500	0			AUDIO JOURNAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AUDIO JOURNAL INC 799 WEST BOYLSTON STREET SUITE 5 WORCESTER, MA 016063071	04-3519488	501(C)(3)	1,000	0			THE LEICESTER CONNECTION
AUDIO JOURNAL INC 799 WEST BOYLSTON STREET SUITE 5 WORCESTER, MA 016063071	04-3519488	501(C)(3)	1,164	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AUDIO JOURNAL INC 799 WEST BOYLSTON STREET SUITE 5 WORCESTER, MA 016063071	04-3519488	501(C)(3)	500	0			OPERATING FUNDS
MAB COMMUNITY SERVICES - CENTRAL MA 799 WEST BOYLSTON STREET SUITE 7 WORCESTER, MA 016063071	04-2109859	501(C)(3)	920	0			AGENCY FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MAB COMMUNITY SERVICES - CENTRAL MA 799 WEST BOYLSTON STREET SUITE 7 WORCESTER, MA 016063071	04-2109859	501(C)(3)	6,215	0			VISION REHABILITATION PROGRAM FOR ELDERS
AFRICAN COMMUNITY EDUCATION PROGRAM 484 MAIN STREET SUITE 355 WORCESTER, MA 01608	14-1970474	501(C)(3)	20,000	0			YOUTH ACADEMIC & SOCIAL-EMOTIONAL PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN COMMUNITY EDUCATION PROGRAM 484 MAIN STREET SUITE 355 WORCESTER, MA 01608	14-1970474	501(C)(3)	18,000	0			FAMILY OUTREACH & EDUCATION PROGRAMMING
AFRICAN COMMUNITY EDUCATION PROGRAM 484 MAIN STREET SUITE 355 WORCESTER, MA 01608	14-1970474	501(C)(3)	2,000	0			EXPRESS YOURSELF FOR BOYS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	1,575	0			EQUIPMENT PURCHASE
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 016081173	04-2125013	501(C)(3)	10,750	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 016081173	04-2125013	501(C)(3)	1,665	0			GENERAL SUPPORT
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 016081173	04-2125013	501(C)(3)	778	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 016081173	04-2125013	501(C)(3)	1,500	0			ANNUAL FUND
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 016081173	04-2125013	501(C)(3)	2,250	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 016081173	04-2125013	501(C)(3)	5,340	0			FOR OPERATIONAL SUPPORT
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	8,636	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	8,000	0			PERSPECTIVES EXPLORING & EXPANDING PROGRAMMATIC DIVERSITY & INCLUSION INITIATIVES
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	2,500	0			PASSAGE FROM THE STAGE TO THE STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	500	0			UNRESTRICTED
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	2,170	0			MUSIC WORCESTER EDUCATION FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	10,000	0			UNRESTRICTED
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	10,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	5,000	0			UNRESTRICTED
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	1,810	0			YOUNG ARTISTS COMPETITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	1,100	0			UNRESTRICTED
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 016081511	04-2171207	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	500	0			UNRESTRICTED
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	5,220	0			MUSIC CAMP SCHOLARSHIP
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	8,000	0			NEIGHBORHOOD STRINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	3,000	0			UNRESTRICTED
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	5,000	0			UNRESTRICTED
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	250	0			NEIGHBORHOOD STRINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	2,500	0			EXPANDED CULTURAL CONCERT PROGRAMMING
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	1,500	0			NEIGHBORHOOD STRINGS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 016081511	20-8538873	501(C)(3)	1,940	0			AGENCY FUND DISTRIBUTION
WORCESTER COUNTY MECHANICS ASSOCIATION (MECHANICS HALL) 321 MAIN STREET WORCESTER, MA 016081532	04-1988955	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY MECHANICS ASSOCIATION (MECHANICS HALL) 321 MAIN STREET WORCESTER, MA 016081532	04-1988955	501(C)(3)	25,500	0			OPERATING EXPENSES
WORCESTER COUNTY MECHANICS ASSOCIATION (MECHANICS HALL) 321 MAIN STREET WORCESTER, MA 016081532	04-1988955	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
REFUGEE AND IMMIGRANT ASSISTANCE CENTER 340 MAIN STREET STE 800 WORCESTER, MA 016081606	04-3430294	501(C)(3)	10,000	0			COMPREHENSIVE CASE MANAGEMENT
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET SUITE 200 WORCESTER, MA 016081810	04-2382160	501(C)(3)	3,000	0			CULINARY JOB TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET SUITE 200 WORCESTER, MA 016081810	04-2382160	501(C)(3)	10,000	0			WORCESTER YOUTH LEADERSHIP INSTITUTE
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET SUITE 200 WORCESTER, MA 016081810	04-2382160	501(C)(3)	750	0			FUEL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET SUITE 200 WORCESTER, MA 016081810	04-2382160	501(C)(3)	5,000	0			WORCESTER ECONOMIC MOBILITY MENTORING PILOT
MASSACHUSETTS EDUCATION AND CAREER OPPORTUNITIES INC 484 MAIN STREET SUITE 500 WORCESTER, MA 016081874	23-7055676	501(C)(3)	2,500	0			STUDENT SUCCESS PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MASSACHUSETTS EDUCATION AND CAREER OPPORTUNITIES INC 484 MAIN STREET SUITE 500 WORCESTER, MA 016081874	23-7055676	501(C)(3)	5,000	0			FEASIBILITY STUDY
MASSACHUSETTS EDUCATION AND CAREER OPPORTUNITIES INC 484 MAIN STREET SUITE 500 WORCESTER, MA 016081874	23-7055676	501(C)(3)	10,000	0			COLLEGIATE SUCCESS INSTITUTE (CSI)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MASSACHUSETTS EDUCATION AND CAREER OPPORTUNITIES INC 484 MAIN STREET SUITE 500 WORCESTER, MA 016081874	23-7055676	501(C)(3)	12,500	0			ON OUR WAY
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	11,960	0			WOMEN'S INITIATIVE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	66,190	0			2018 ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	2,570	0			WOMEN'S INITIATIVE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	1,500	0			ANNUAL FUND
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	1,500	0			INCENTIVIZING FLU VACCINATIONS FOR WPS STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	26,100	0			2018 ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	5,000	0			WOMEN'S INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	1,500	0			ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	22,570	0			ALEXIS DE TOCQUEVILLE SOCIETY / ANNUAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	10,350	0			2018 ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	60,000	0			SUMMER LITERACY INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	36,190	0			2018 ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	15,000	0			WOMEN'S INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET STE 300 WORCESTER, MA 016081880	04-2104017	501(C)(3)	18,000	0			YOUTHCONNECT WORCESTER 2020
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	10,000	0			TRANSITIONAL HOUSING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	20,000	0			DOMESTIC VIOLENCE SERVICES
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	730	0			DAYBREAK PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	5,000	0			RACIAL EQUITY PROGRAM
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	10,000	0			LIVE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	10,000	0			GIRLS CHOICE (CHOOSING HOPE, OPPORTUNITY AND INDEPENDENCE THROUGH CAREERS AND EDUCATION)
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	15,000	0			DOMESTIC VIOLENCE SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	10,000	0			GIRLS CHOICE PROGRAM
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 016082015	04-2105873	501(C)(3)	620	0			PROGRAMS FOR YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARTSWORCESTER 44 PORTLAND STREET FL 7-2 WORCESTER, MA 016082023	04-2768202	501(C)(3)	2,000	0			UNRESTRICTED
ARTSWORCESTER 44 PORTLAND STREET FL 7-2 WORCESTER, MA 016082023	04-2768202	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARTSWORCESTER 44 PORTLAND STREET FL 7-2 WORCESTER, MA 016082023	04-2768202	501(C)(3)	8,000	0			MEMBER EXHIBITIONS
ARTSWORCESTER 44 PORTLAND STREET FL 7-2 WORCESTER, MA 016082023	04-2768202	501(C)(3)	10,500	0			FRAMING THE FUTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARTSWORCESTER 44 PORTLAND STREET FL 7-2 WORCESTER, MA 016082023	04-2768202	501(C)(3)	15,000	0			UNRESTRICTED
ARTSWORCESTER 44 PORTLAND STREET FL 7-2 WORCESTER, MA 016082023	04-2768202	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER PUBLIC LIBRARY FOUNDATION 3 SALEM SQUARE WORCESTER, MA 016082074	20-0066770	501(C)(3)	5,000	0			UNRESTRICTED
WORCESTER PUBLIC LIBRARY FOUNDATION 3 SALEM SQUARE WORCESTER, MA 016082074	20-0066770	501(C)(3)	5,000	0			2020 SUMMER READING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER PUBLIC LIBRARY FOUNDATION 3 SALEM SQUARE WORCESTER, MA 016082074	20-0066770	501(C)(3)	5,000	0			SUMMER READING PROGRAM
WORCESTER JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 016091120	04-2104353	501(C)(3)	10,000	0			ACCESS TO QUALITY PROGRAMMING FOR ALL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 016091120	04-2104353	501(C)(3)	16,776	0			GENERAL USE
WORCESTER JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 016091120	04-2104353	501(C)(3)	2,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER REGIONAL RESEARCH BUREAU 500 SALISBURY STREET WORCESTER, MA 016091265	04-2901298	501(C)(3)	8,500	0			OPERATING SUPPORT
WORCESTER REGIONAL RESEARCH BUREAU 500 SALISBURY STREET WORCESTER, MA 016091265	04-2901298	501(C)(3)	2,730	0			HARRINGTON PUBLIC FORUMS ON MUNICIPAL GOVERNMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST MARY'S ASSUMPTION ALBANIAN ORTHODOX CHURCH 535 SALISBURY ST WORCESTER, MA 016091307	04-2691050	501(C)(3)	42,000	0			AGENCY FUND DISTRIBUTION FOR MAINTENANCE
WORCESTER INTERFAITH 111 PARK AVENUE WORCESTER, MA 016091613	04-3158699	501(C)(3)	10,000	0			A WORCESTER THAT WORKS FOR EVERYONE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 016091636	04-2103652	501(C)(3)	500	0			UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 016091636	04-2103652	501(C)(3)	17,273	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 016091636	04-2103652	501(C)(3)	1,000	0			UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 016091636	04-2103652	501(C)(3)	5,985	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 016091636	04-2103652	501(C)(3)	1,500	0			ANNUAL FUND
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 016091636	04-2103652	501(C)(3)	25,000	0			CAPITAL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	2,500	0			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	27,000	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	18,000	0			SHELTER, HOUSING, AND ADVOCACY OPERATIONS
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	1,000	0			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	6,000	0			ANNETTE RAFFERTY SURVIVE TO THRIVE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	315	0			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	4,040	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	423	0			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	600	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	100	0			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	470	0			ANNETTE RAFFERTY SURVIVE TO THRIVE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 016092409	04-2648411	501(C)(3)	500	0			UNRESTRICTED
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	250	0			OPERATING SUPPORT
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	5,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	100,000	0			UNRESTRICTED
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	9,500	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	1,164	0			UNRESTRICTED
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	1,020	0			MAINTENANCE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRESERVATION WORCESTER 10 CEDAR STREET WORCESTER, MA 016092520	23-7073959	501(C)(3)	150,000	0			AGENCY FUND DISTRIBUTION
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	41,480	0			FOR CURATOR OPERATIONS AND EXHIBITIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	73,800	0			AGENCY FUND DISTRIBUTION
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	16,230	0			SALISBURY MANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	500	0			UNRESTRICTED
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	250	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	4,740	0			OPERATING SUPPORT
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	380	0			NORMA FEINGOLD WORCESTER HISTORY PRIZE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	48,915	0			AGENCY FUND DISTRIBUTION
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	48,915	0			AGENCY FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	131,050	0			OPERATING FUND
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 016092570	04-2105858	501(C)(3)	60,000	0			WORCESTER HISTORICAL MUSEUM CREATIVE ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTER FOR HEALTH IMPACT 35 HARVARD STREET SUITE 300 WORCESTER, MA 016092828	04-2775264	501(C)(3)	18,000	0			ENHANCING THE FUTURE OF CHILDREN THROUGH CULTURAL AND LINGUISTIC NAVIGATION (EFC)
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	1,500	0			ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	500	0			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	1,950	0			UNRESTRICTED GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	10,000	0			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	1,665	0			SUPPORT FOR THE MUSEUM LIBRARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	1,500	0			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	76,650	0			OUTREACH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	37,820	0			CONTEMPORARY ART ACQUISITION
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	1,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	2,000	0			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	447	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	17,875	0			TDC CONSULTATION
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	500	0			"WITH CHILD" EXHIBIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	165	0			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	200	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	25,793	0			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	6,985	0			FOR CONSERVATION OF THE COLLECTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	2,000	0			PHOTOGRAPHY STUDIO PROGRAMS
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	140,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 016093196	04-1988530	501(C)(3)	4,020	0			HIGGINS ARMORY COLLECTION
ALL SAINTS EPISCOPAL CHURCH 10 IRVING STREET WORCESTER, MA 016093210	31-1629166	501(C)(3)	12,330	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS EPISCOPAL CHURCH 10 IRVING STREET WORCESTER, MA 016093210	31-1629166	501(C)(3)	6,985	0			UNRESTRICTED
ALL SAINTS EPISCOPAL CHURCH 10 IRVING STREET WORCESTER, MA 016093210	31-1629166	501(C)(3)	3,492	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MATTHEW 25 INC 52 QUEEN STREET WORCESTER, MA 016101437	22-2967513	501(C)(3)	5,000	0			PLEASANT STREET AFFORDABLE HOUSING PROJECT
MATTHEW 25 INC 52 QUEEN STREET WORCESTER, MA 016101437	22-2967513	501(C)(3)	1,435	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY 950 MAIN STREET WORCESTER, MA 016101477	04-2111203	501(C)(3)	250	0			DOLAN SCHOLARSHIP FUND
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 016101477	04-2111203	501(C)(3)	2,600	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY 950 MAIN STREET WORCESTER, MA 016101477	04-2111203	501(C)(3)	610	0			LOIS B AND ROBERT F GREEN ENDOWED UNDERGRADUATE INTERNSHIP FUND
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 016101477	04-2111203	501(C)(3)	7,500	0			ADAM ACHIEVER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY 950 MAIN STREET WORCESTER, MA 016101477	04-2111203	501(C)(3)	5,760	0			CLARK UNIVERSITY COMMUNITY ACHIEVEMENT AWARD
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 016101477	04-2111203	501(C)(3)	100	0			FRIENDS OF THE R H GODDARD LIBRARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY 950 MAIN STREET WORCESTER, MA 016101477	04-2111203	501(C)(3)	300	0			UNRESTRICTED
CATHOLIC CHARITIES WORCESTER COUNTY 10 HAMMOND STREET WORCESTER, MA 016101513	04-2103979	501(C)(3)	2,500	0			FOOD PANTRY EQUIPMENT PURCHASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CATHOLIC CHARITIES WORCESTER COUNTY 10 HAMMOND STREET WORCESTER, MA 016101513	04-2103979	501(C)(3)	10,000	0			DIAPER PANTRY PROGRAM
CATHOLIC CHARITIES WORCESTER COUNTY 10 HAMMOND STREET WORCESTER, MA 016101513	04-2103979	501(C)(3)	3,000	0			EMERGENCY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	500	0			UNRESTRICTED
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	20,000	0			DENTAL CARE FOR UN/UNDERINSURED LOW-INCOME INDIVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	2,500	0			UNRESTRICTED
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	10,000	0			HEALTH CARE FOR HOMELESS FAMILIES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	250	0			UNRESTRICTED
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	7,500	0			POSITIVE DIRECTIONS SUMMER JUMP START

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	530	0			DENTAL CARE
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	630	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	15,000	0			MATERNAL HEALTH PROGRAM BABY CAFE
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	20,000	0			HEALTHCARE FOR HOMELESS FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	3,000	0			NUTRITION PROGRAM
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	10,000	0			MATERNITY PROGRAM CENTERING PREGNANCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	04-2485308	501(C)(3)	12,430	0			VISION CARE AND PRESCRIPTION EYE WEAR
COMMUNITY HEALTHLINK 72 JAQUES AVENUE THIRD FLOOR WORCESTER, MA 016102480	04-2626179	501(C)(3)	966	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY HEALTHLINK 72 JAQUES AVENUE THIRD FLOOR WORCESTER, MA 016102480	04-2626179	501(C)(3)	15,000	0			CHILDREN'S SERVICES
COMMUNITY HEALTHLINK 72 JAQUES AVENUE THIRD FLOOR WORCESTER, MA 016102480	04-2626179	501(C)(3)	12,500	0			TOGETHER FOR KIDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	1,378	0			UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	25,000	0			YOUTH DEVELOPMENT PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	620	0			MEMBERSHIP SUPPORT FOR CHILDREN FROM LOW-INCOME FAMILIES
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	5,000	0			OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	2,500	0			UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	20,000	0			BEHAVIORAL SPECIALIST AND PEER MENTORING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	340	0			UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	3,000	0			KIDS CAFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	925	0			PROGRAMS
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	740	0			SUMMER CAMP SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	4,500	0			KITCHEN EQUIPMENT PURCHASE
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	10,000	0			YOUTHREACH TARGETED OUTREACH TO VULNERABLE YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	1,000	0			ANNUAL APPEAL
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	2,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	1,000	0			UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	500	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	1,000	0			LEADERSHIP CLUB
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 016102520	04-2105851	501(C)(3)	10,000	0			UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 016103134	83-0876779	501(C)(3)	10,000	0			OUTREACH, SHELTER AND SUPPORT FOR WORCESTER'S HOMELESS
NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 016103134	83-0876779	501(C)(3)	5,000	0			NET OF COMPASSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 016103134	83-0876779	501(C)(3)	3,000	0			MAIN STREET SATURDAY PROGRAM
NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 016103134	83-0876779	501(C)(3)	7,500	0			MAIN STREET SATURDAY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNA MARIA COLLEGE 50 SUNSET LANE BOX P PAXTON, MA 016121198	04-2002060	501(C)(3)	2,500	0			OPPORTUNEITY MUSIC CONNECTIONS
ANNA MARIA COLLEGE 50 SUNSET LANE BOX P PAXTON, MA 016121198	04-2002060	501(C)(3)	37,500	0			FAIRLAWN PSYCHOLOGY PIPELINE EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNA MARIA COLLEGE 50 SUNSET LANE BOX P PAXTON, MA 016121198	04-2002060	501(C)(3)	15,000	0			UNRESTRICTED
ADVOCATES INC 1881 WORCESTER RD FRAMINGHAM, MA 01701	23-7451423	501(C)(3)	5,000	0			RECOVERY AFTERCARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF TRI-COUNTY 46 PARK STREET SUITE 2 FRAMINGHAM, MA 017026652	04-2104231	501(C)(3)	2,500	0			WHEAT COMMUNITY CONNECTIONS
UNITED WAY OF TRI-COUNTY 46 PARK STREET SUITE 2 FRAMINGHAM, MA 017026652	04-2104231	501(C)(3)	3,360	0			WHEAT COMMUNITY CONNECTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRESH START FURNITURE BANK 16 BRENT DRIVE HUDSON, MA 017492904	46-2512827	501(C)(3)	5,000	0			FURNITURE DISTRIBUTION CENTER
KENNEDY DONOVAN CENTER 1 COMMERCIAL STREET FOXBORO, MA 020352530	04-2519028	501(C)(3)	10,000	0			FOSTERING EARLY CONNECTIONS - BUILDING PARENT CONFIDENCE AND COMPETENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DCF MASSACHUSETTS WONDERFUND INC 600 WASHINGTON STREET 6TH FLOOR BOSTON, MA 021111744	04-3443890	501(C)(3)	25,000	0			HOLIDAY GIFTS FOR WORCESTER AREA
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVENUE BOSTON, MA 022151001	04-2698497	501(C)(3)	12,500	0			SEXUAL HEALTH EDUCATION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVENUE BOSTON, MA 022151001	04-2698497	501(C)(3)	2,000	0			UNRESTRICTED
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVENUE BOSTON, MA 022151001	04-2698497	501(C)(3)	5,000	0			SEX EDUCATION AND OUTREACH TO WORCESTER'S LATINX COMMUNITY AND OTHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVENUE BOSTON, MA 022151001	04-2698497	501(C)(3)	500	0			UNRESTRICTED
AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY 3615 WISCONSIN AVENUE NW WASHINGTON, DC 200163007	13-1958990	501(C)(3)	10,000	0			JUNIOR SCHOLAR RESEARCH PROGRAM, MINORITY MEDICAL STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ANTI-DEFAMATION LEAGUE FOUNDATION PO BOX 96226 WASHINGTON, DC 200906226	13-2887439	501(C)(3)	5,000	0			UNRESTRICTED

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
GREATER WORCESTER COMMUNITY FOUNDATION
INC

Employer identification number
04-2572276

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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	16	505,133	FMV
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 Acknowledgement

29

30a

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

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31

No

32a

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

Yes

No

32a

No

b If "Yes," describe in Part II

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.** 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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

GREATER WORCESTER COMMUNITY FOUNDATION
INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019**Open to Public
Inspection****Employer identification number**

04-2572276

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TWO MEMBERS OF THE BOARD ARE PARTNERS IN A LAW FIRM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION ARE KNOWN AS CORPORATORS, COMMUNITY VOLUNTEERS WHO SERVE WITHOUT COMPENSATION AND REPRESENT THE VARIOUS CONSTITUENCIES IMPACTED BY THE FOUNDATION'S MISSION TERM OF SERVICE IS 5 YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATORS ELECT THE DIRECTORS AT THE ANNUAL MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ELECTION OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPLETED 990 IS DISTRIBUTED ELECTRONICALLY PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD AND COMMITTEE MEMBERS ABSTAIN FROM VOTING ON MATTERS WHERE REAL OR PERCEIVED CONFLICTS OF INTEREST MAY EXIST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND SETS COMPENSATION BASED ON PERFORMANCE FACTORS OF COMPARABLE WAGES AND BENEFITS ARE CONSIDERED REVIEW AND APPROVAL OF KEY EMPLOYEE COMPENSATION IS MANAGED BY THE CEO USING ANNUAL PERFORMANCE REVIEW METRICS AND COMPARABLE SALARY DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	GUIDESTAR AND COMMONWEALTH OF MA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS ARE POSTED TO OUR WEBSITE SEVERAL POLICIES ARE ALSO AVAILABL E ON THE WEBSITE GOVERNING DOCUMENTS ARE CIRCULATED TO INTERESTED PARTIES AS NEEDED AND O N REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INVESTMENT RETURN FOR AGENCY ENDOWMENTS -4,159,208 GIFTS AND DONATIONS FOR AGENCY ENDOWME NTS -2,896,920 DISTRIBUTION FOR AGENCY FUNDS 939,772 CHANGE OF VALUE IN SPLIT-INTEREST A GREEMENTS 92,015

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE OVERSIGHT PROCESS HAS NOT CHANGED DURING THE YEAR