

Return of Organization Exempt From Income Tax

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

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	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 650 City or town, state or country, and ZIP + 4 WORCESTER, MA 01608-1738 F Name and address of principal officer: ANN T. LISI 370 MAIN ST, WORCESTER, MA 01608-1738	D Employer identification number 04-2572276 E Telephone number 508-755-0980 G Gross receipts \$ 38,744,433. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.GREATERWORCESTER.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1975 M State of legal domicile: MA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE OUR COMMUNITY, NOW AND IN THE FUTURE, THROUGH PHILANTHROPIC LEADERSHIP			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	
	5 Total number of employees (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	272	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,342,010.	Current Year 1,909,128.
9 Program service revenue (Part VIII, line 2g)		7,023.	3,691.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,741,248.	496,559.	
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)		-2,392,215.	2,409,378.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,309,129.	3,807,506.
		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)	869,328.	892,380.
		16a Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 186,292.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,430,256.	1,309,756.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,608,713.	6,009,642.	
	19 Revenue less expenses. Subtract line 18 from line 12	-10,000,928.	-3,600,264.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 91,616,745.	End of Year 110,601,721.	
	21 Total liabilities (Part X, line 26)	8,424,183.	10,407,695.	
	22 Net assets or fund balances. Subtract line 21 from line 20	83,192,562.	100,194,026.	

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 ANN T. LISI, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature ▶ CARLA M. MCCALL, CPA	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ALEXANDER, ARONSON, FINNING & CO., P.C. 21 EAST MAIN STREET WESTBORO, MA 01581	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 508-366-9100	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO ENHANCE OUR COMMUNITY, NOW AND IN THE FUTURE, THROUGH PHILANTHROPIC LEADERSHIP

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 1,994,936. including grants of \$ 1,351,983.) (Revenue \$ 945,294.) DONOR ADVISED AND DESIGNATED GRANTMAKING: FORMALLY STRUCTURED TO ENABLE THE DONOR TO SUGGEST SPECIFIC GRANTS FROM FUNDS. INCLUDES FUNDS ESTABLISHED AS ENDOWMENTS FOR SPECIFIC AGENCIES.

4b (Code:) (Expenses \$ 2,898,864. including grants of \$ 1,964,581.) (Revenue \$ 1,512,862.) DISCRETIONARY AND FIELD OF INTEREST GRANTMAKING: DISCRETIONARY FUNDS HAVE NO EXTERNAL RESTRICTIONS ON THEIR GRANT PURPOSE. FIELD OF INTEREST FUNDS SUPPORT A CLASS OF CHARITABLE BENEFICIARIES.

4c (Code:) (Expenses \$ 724,416. including grants of \$ 490,942.) (Revenue \$ 245,334.) SCHOLARSHIPS GRANTMAKING: AWARDS ARE MADE TO COLLEGES TO ASSIST INDIVIDUAL STUDENTS IN OBTAINING AN EDUCATION.

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

4e Total program service expenses \$ 5,618,216.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 17		
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?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 14		
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 this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?		X
	6a		
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?		X
	7a		
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?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			20
1b	Enter the number of voting members that are independent		
			20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANN T. LISI, EXECUTIVE DIRECTOR - (508) 755-0980**
370 MAIN STREET, WORCESTER, MA 01608

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT ROSSITER DIRECTOR	1.00	X					0.	0.	0.	
PAMELA K. BOISVERT DIRECTOR	1.00	X					0.	0.	0.	
DENNIS F. GORMAN DIRECTOR	1.00	X					0.	0.	0.	
PAUL R. ROSSLEY DIRECTOR	1.00	X					0.	0.	0.	
DIX F. DAVIS DIRECTOR	1.00	X					0.	0.	0.	
MONICA E. LOWELL DIRECTOR	1.00	X					0.	0.	0.	
FREDERIC H. MULLIGAN DIRECTOR	1.00	X					0.	0.	0.	
MARTHA R. PAPPAS DIRECTOR	1.00	X					0.	0.	0.	
ROBERT S. ADLER DIRECTOR	1.00	X					0.	0.	0.	
CARLTON A. WATSON DIRECTOR	1.00	X					0.	0.	0.	
GEORGE W. TETLER DIRECTOR	1.00	X					0.	0.	0.	
RODNEY M. GLASGOW DIRECTOR	1.00	X					0.	0.	0.	
GERALD M. GATES DIRECTOR	1.00	X					0.	0.	0.	
DEXTER A. BAILEY DIRECTOR	1.00	X					0.	0.	0.	
LEE GAUDETTE AT-LARGE	2.00			X			0.	0.	0.	
R. JOSEPH SALOIS PRESIDENT	2.00			X			0.	0.	0.	
THOMAS J. BARTHOLOMEW TREASURER	2.00			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN S. DUNLAP CLERK	2.00			X				0.	0.	0.
WARNER S. FLETCHER VICE-PRESIDENT	2.00			X				0.	0.	0.
MARY C. RITTER AT-LARGE	2.00			X				0.	0.	0.
ANN T. LISI EXECUTIVE DIRECTOR	50.00			X				125,962.	0.	9,728.
CHRISTINE R. LOUIS DIRECTOR OF DONOR RELATI	40.00					X		109,693.	0.	5,026.
1b Total								235,655.	0.	14,754.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Form 990 (2009)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1909128.			
	g Noncash contributions included in lines 1a-1f: \$		24,979.			
	h Total. Add lines 1a-1f		1909128.			
Program Service Revenue	2 a NON PROFIT SUPPORT CEN	Business Code 900099	2,754.	2,754.		
	b PROGRAM RELATED INVEST	900099	787.	787.		
	c SCHOLARSHIP ADMINISTRA	900099	150.	150.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,691.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2702553.		2,702,553.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		-2,205,994.		-2,205,994.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2409378.	3,691.	0.	496,559.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,791,438.	3,791,438.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,068.	16,068.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	250,409.	175,286.	45,074.	30,049.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	486,912.	340,839.	87,644.	58,429.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,992.	16,094.	4,139.	2,759.
9 Other employee benefits	74,780.	52,346.	13,460.	8,974.
10 Payroll taxes	57,287.	40,101.	10,312.	6,874.
11 Fees for services (non-employees):				
a Management				
b Legal	2,412.	1,096.	80.	1,236.
c Accounting	16,631.	11,642.	2,993.	1,996.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	955,918.	955,918.		
g Other	2,358.	1,651.	424.	283.
12 Advertising and promotion	19,696.			19,696.
13 Office expenses	6,066.	4,358.	1,025.	683.
14 Information technology	47,103.	32,934.	8,468.	5,701.
15 Royalties				
16 Occupancy	100,351.	70,246.	18,063.	12,042.
17 Travel	2,136.	1,395.	10.	731.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,533.	14,508.	477.	7,548.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,518.	14,363.	3,693.	2,462.
23 Insurance	5,294.	3,706.	953.	635.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM CONSULTING AND	39,746.	39,746.		
b DUES AND SUBSCRIPTIONS	26,829.	18,723.	4,500.	3,606.
c PRINTING AND PUBLICATIO	21,484.	2,977.	535.	17,972.
d BANK AND OTHER FEES	11,468.	7,886.	2,027.	1,555.
e POSTAGE AND SHIPPING	9,213.	4,895.	1,257.	3,061.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,009,642.	5,618,216.	205,134.	186,292.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	300,522.	1	171,065.	
	2 Savings and temporary cash investments	9,562,793.	2	4,622,492.	
	3 Pledges and grants receivable, net	11,735.	3		
	4 Accounts receivable, net	132.	4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	16,188.	7	13,487.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	36,327.	9	34,320.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,294,321.			
	b Less: accumulated depreciation	10b 195,405.	649,581.	10c 1,098,916.	
	11 Investments - publicly traded securities	30,858,023.	11	54,118,669.	
	12 Investments - other securities. See Part IV, line 11	50,181,444.	12	50,532,833.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15	9,939.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	91,616,745.	16	110,601,721.		
Liabilities	17 Accounts payable and accrued expenses	58,623.	17	67,824.	
	18 Grants payable	938,700.	18	447,425.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	7,426,860.	25	9,892,446.	
	26 Total liabilities. Add lines 17 through 25	8,424,183.	26	10,407,695.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	895,303.	27	-1,084,217.	
	28 Temporarily restricted net assets	5,635,580.	28	23,523,193.	
	29 Permanently restricted net assets	76,661,679.	29	77,755,050.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	83,192,562.	33	100,194,026.	
34 Total liabilities and net assets/fund balances	91,616,745.	34	110,601,721.		

Form 990 (2009)

Part XI Financial Statements and Reporting

		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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,513,243.	7,426,291.	5,695,199.	3,342,010.	1,909,128.	21,885,871.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,513,243.	7,426,291.	5,695,199.	3,342,010.	1,909,128.	21,885,871.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,328,491.
6 Public support. Subtract line 5 from line 4.						19,557,380.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,513,243.	7,426,291.	5,695,199.	3,342,010.	1,909,128.	21,885,871.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,206,172.	2,192,078.	2,629,461.	2,965,267.	2,702,553.	12,695,531.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						34,581,402.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	56.55	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	60.18	%
16a 33 1/3% support test - 2009. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Employer identification number
04-2572276

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	94	
2 Aggregate contributions to (during year)	471,314.	
3 Aggregate grants from (during year)	611,364.	
4 Aggregate value at end of year	13,696,277.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<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 Tax 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 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	89,030,230.	130,652,447.			
b Contributions	1926070.	3373030.			
c Net investment earnings, gains, and losses	21,099,250.	-38,400,763.			
d Grants or scholarships	3807506.	5309129.			
e Other expenditures for facilities and programs	10,825.	19,696.			
f Administrative expenses	730,891.	1265659.			
g End of year balance	107,506,328.	89,030,230.			

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment 1.00 %
 - b** Permanent endowment 82.00 %
 - c** Term endowment 17.00 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,034,853.			1,034,853.
b Buildings				
c Leasehold improvements		54,309.	30,829.	23,480.
d Equipment		86,485.	79,363.	7,122.
e Other		118,674.	85,213.	33,461.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,098,916.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,409,378.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,009,642.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,600,264.
4	Net unrealized gains (losses) on investments	4	21,557,820.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-956,092.
9	Total adjustments (net). Add lines 4 through 8	9	20,601,728.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	17,001,464.

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

1	Total revenue, gains, and other support per audited financial statements	1	21,852,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	21,557,820.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	14,038.
d	Other (Describe in Part XIV.)	2d	-314,690.
e	Add lines 2a through 2d	2e	21,257,168.
3	Subtract line 2e from line 1	3	595,610.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,813,768.
c	Add lines 4a and 4b	4c	1,813,768.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,409,378.

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

1	Total expenses and losses per audited financial statements	1	4,851,314.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,851,314.
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	955,918.
b	Other (Describe in Part XIV.)	4b	202,410.
c	Add lines 4a and 4b	4c	1,158,328.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,009,642.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

RECOVERY OF PRIOR YEAR GRANT: 14038.

CHG IN VALUE OF SPLIT INTEREST AGREEMENT & REMAINDER INTEREST IN

REAL ESTATE: 641228.

AGENCY ACTIVITY: GIFTS: -82966.

AGENCY ACTIVITY: GRANTS: 202410.

AGENCY ACTIVITY: INVESTMENTS: -1780696.

Part XIV Supplemental Information (continued)

AGENCY ACTIVITY: FEES: 49894.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHG IN VALUE OF SPLIT INTEREST AGREEMENT & REMAINDER INTEREST IN

REAL ESTATE: 641228.

INVESTMENT MANAGEMENT FEES: -955918.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY INCOME: 1813768.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY EXPENSE: 202410.

**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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Employer identification number
04-2572276

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 01609		501(C)3	35,000.	0.			HOUSING/HOMELESSNESS
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609		501(C)3	7,500.	0.			ANNETTE RAFFERTY SURVIVE TO THRIVE FUND
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609		501(C)3	1,000.	0.			GENERAL
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609		501(C)3	940.	0.			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609		501(C)3	793.	0.			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609		501(C)3	221.	0.			UNRESTRICTED

2 Enter total number of section 501(c)(3) and government organizations ▶ **146.**

3 Enter total number of other organizations ▶ **146.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OUTSTANDING MEDICAL STUDENT AWARD	1	500.	0.		
DISASTER RELIEF FUND RECIPIENT	4	7,689.	0.		
MUSIC FUND RECIPIENT	3	2,150.	0.		
YOUNG WOMAN OF CONSEQUENCE AWARD	2	500.	0.		
RENAISSANCE AWARD RECIPIENT	1	5,229.	0.		

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

SCHEDULE I, PART I, LINE 1: THE FOUNDATION REQUIRES AND RECEIVES

WRITTEN PROGRESS EVALUATION REPORTS AND FINANCIAL AUDITS FROM GRANT

RECIPIENTS AND CONDUCTS SITE VISITS WITH FUNDED AGENCIES. THE

FOUNDATION ALSO CONVENES NONPROFIT GRANT RECIPIENTS FOR PEER LEARNING

AND INFORMATION EXCHANGE RESULTING IN EXPANDED AWARENESS OF COMMUNITY

IMPACTS AND INCREASED COLLABORATION FOR PUBLIC BENEFIT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

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Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
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04-2572276**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 01609		501(C)3	4,428.	0.			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609		501(C)3	500.	0.			UNRESTRICTED
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609		501(C)3	500.	0.			UNRESTRICTED
AFRICAN COMMUNITY EDUCATION PROGRAM - 23 N. ASHLAND STREET - WORCESTER, MA 01609		501(C)3	10,000.	0.			ACE SATURDAY PROGRAM
AIDS PROJECT WORCESTER 85 GREEN STREET WORCESTER, MA 01604		501(C)3	20,000.	0.			GLBT SERVICES
ALTERNATIVES UNLIMITED 50 DOUGLAS RD. WHITINSVILLE, MA 01588		501(C)3	5,000.	0.			RESTRICTED FOR VALLEY CAST
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,000.	0.			UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,000.	0.			ANNUAL APPEAL

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 01609		501(C)3	13,059.	0.			UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,500.	0.			UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609		501(C)3	100.	0.			UNRESTRICTED
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609		501(C)3	500.	0.			DOROTHY BREWER ERIKSON BOOK FUND
AMERICAN RED CROSS OF CENTRAL MASSACHUSETTS - 2000 CENTURY DRIVE WORCESTER CORPORATE CENTER - WORCESTER, MA 01606		501(C)3	45,000.	0.			DONOR ADVISED FUND RECOMMENDATION
AMERICAN RED CROSS OF CENTRAL MASSACHUSETTS - 2000 CENTURY DRIVE WORCESTER CORPORATE CENTER - WORCESTER, MA 01606		501(C)3	3,800.	0.			UNRESTRICTED GRANT
AMERICAN RED CROSS OF CENTRAL MASSACHUSETTS - 2000 CENTURY DRIVE WORCESTER CORPORATE CENTER - WORCESTER, MA 01606		501(C)3	1,250.	0.			GREATEST NEED
AMERICAN RED CROSS OF CENTRAL MASSACHUSETTS - 2000 CENTURY DRIVE WORCESTER CORPORATE CENTER - WORCESTER, MA 01606		501(C)3	2,000.	0.			UNRESTRICTED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 PAXTON, MA 01612-1198		501(C)3	8,000.	0.			ANNUAL GIVING
ANNA MARIA COLLEGE 50 SUNSET LANE PAXTON, MA 01612-1198		501(C)3	1,000.	0.			SISTER IRENE SOCQUET
APPLE TREE ARTS PO BOX 75 GRAFTON, MA 01519		501(C)3	965.	0.			SUMMER MUSIK GARTEN TEACHER TRAINING
APPLE TREE ARTS PO BOX 75 GRAFTON, MA 01519		501(C)3	4,500.	0.			EARLY CHILDHOOD MUSIC
ARTSWORCESTER 660 MAIN STREET WORCESTER, MA 01610-3100		501(C)3	10,000.	0.			OPERATING SUPPORT
ASSABET VALLEY COLLABORATIVE 57 ORCHARD STREET MARLBOROUGH, MA 01752		501(C)3	5,000.	0.			THE FAMILY SUCCESS PARTNERSHIP
ATHOL AREA YMCA 545 MAIN STREET ATHOL, MA 01331		501(C)3	3,000.	0.			MATCH FOR THE 2009 CAMP WIYAKA PHONATHON: USE ANY REMAINDER FOR CAMPERSHIPS AT CAMP WIYAKA
ATHOL AREA YMCA 545 MAIN STREET ATHOL, MA 01331		501(C)3	5,000.	0.			YOUTHREACH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN COMMUNITY ASSISTANCE FUND C/O TOWN CLERK 104 CENTRAL STREET AUBURN, MA 01501		501(C)3	5,000.	0.			FUEL ASSISTANCE
AUBURN COMMUNITY ASSISTANCE FUND C/O TOWN CLERK 104 CENTRAL STREET AUBURN, MA 01501		501(C)3	100.	0.			FUEL ASSISTANCE FOR A FAMILY IN NEED
AUBURN DISTRICT NURSING ASSOCIATION - 191 PAKACHOAG STREET - AUBURN, MA 01501-2567		501(C)3	5,000.	0.			AUBURN EXTENDED CARE LOW-INCOME FUND
AUBURN DISTRICT NURSING ASSOCIATION - 191 PAKACHOAG STREET - AUBURN, MA 01501-2567		501(C)3	2,500.	0.			LOW-IMPACT STRENGTHENING PROGRAM
AUBURN YOUTH & FAMILY SERVICES 21 PHEASANT CT. AUBURN, MA 01501-2457		501(C)3	10,000.	0.			YOUTH DEVELOPMENT
AUBURN YOUTH & FAMILY SERVICES 21 PHEASANT CT. AUBURN, MA 01501-2457		501(C)3	5,000.	0.			SUMMER YOUTH DEVELOPMENT
BANCROFT SCHOOL 110 SHORE ROAD WORCESTER, MA 01605		501(C)3	10,000.	0.			WORCESTER PARTNERSHIP
BANCROFT SCHOOL 110 SHORE ROAD WORCESTER, MA 01605		501(C)3	19,500.	0.			UNRESTRICTED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 ROAD WORCESTER, MA 01605		501(C)3	100.	0.			UNRESTRICTED
BECKER COLLEGE 61 SEVER STREET WORCESTER, MA 01609-2195		501(C)3	100.	0.			THE BECKER FUND
BECKER COLLEGE 61 SEVER STREET WORCESTER, MA 01609-2195		501(C)3	500.	0.			UNRESTRICTED
BECKER COLLEGE 61 SEVER STREET WORCESTER, MA 01609-2195		501(C)3	10,000.	0.			90% CAPITAL, 10% ANNUAL CAMPAIGN
BIG BROTHERS/BIG SISTERS OF CENTRAL MASS/METROWEST - 484 MAIN STREET, SUITE 360 - WORCESTER, MA 01608		501(C)3	100.	0.			GENERAL (CORPORATOR GIFT)
BIG BROTHERS/BIG SISTERS OF CENTRAL MASS/METROWEST - 484 MAIN STREET, SUITE 360 - WORCESTER, MA 01608		501(C)3	15,000.	0.			BIGS IN SCHOOLS AND SITES
BLACKSTONE VALLEY BOYS & GIRLS CLUB - 115 CANAL STREET PO BOX 283 - BLACKSTONE, MA 01504		501(C)3	1,000.	0.			TORCH CLUB
BLACKSTONE VALLEY BOYS & GIRLS CLUB - 115 CANAL STREET PO BOX 283 - BLACKSTONE, MA 01504		501(C)3	5,000.	0.			SUMMER CAMPERSHIPS 2010

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOTTOM LINE 600 MAIN STREET, SUITE 110 WORCESTER, MA 01608		501(C)3	5,000.	0.			WORCESTER OFFICE
BOYS & GIRLS CLUB OF WEBSTER-DUDLEY - 55 OXFORD AVENUE - DUDLEY, MA 01571		501(C)3	7,000.	0.			JUNIOR STAFF DEVELOPMENT
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	1,500.	0.			UNRESTRICTED GRANT
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	2,500.	0.			WORK TO GROW
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	15,000.	0.			EDUCATIONAL PROGRAMMING
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	2,500.	0.			ANNUAL CAMPAIGN FISCAL 2009
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	1,225.	0.			4-H'S CAMP MARSHALL CAMPERSHIPS FOR 2009 (2 BOYS AND 2 GIRLS)
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	500.	0.			ANNUAL FUND - UNRESTRICTED

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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2009

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 01610-2520		501(C)3	1,500.	0.			UNRESTRICTED
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	1,013.	0.			PREVENTATIVE PROGRAMS FOR YOUTH
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	681.	0.			MEMBERSHIP SUPPORT FOR CHILDREN FROM LOW-INCOME FAMILIES
BOYS & GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610-2520		501(C)3	136.	0.			UNRESTRICTED
BRIDGE OF CENTRAL MASSACHUSETTS 4 MANN STREET WORCESTER, MA 01602-0243		501(C)3	10,254.	0.			SAFE HOMES
BRIDGE OF CENTRAL MASSACHUSETTS 4 MANN STREET WORCESTER, MA 01602-0243		501(C)3	11,000.	0.			SAFE HOMES
BRIDGE OF CENTRAL MASSACHUSETTS 4 MANN STREET WORCESTER, MA 01602-0243		501(C)3	100.	0.			UNRESTRICTED
CAMP PUTNAM, INC 141 RUTHERFORD ROAD NEW BRAINTREE, MA 01531		501(C)3	9,000.	0.			RESIDENTIAL SUMMER CAMP

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 01610-1513		501(C)3	15,000.	0.			HEALTH EDUCATION AND OUTREACH
CENTER FOR NONVIOLENT SOLUTIONS 901 PLEASANT STREET WORCESTER, MA 01602		501(C)3	3,000.	0.			CENTER FOR NONVIOLENT SOLUTIONS IN WORCESTER
CENTER FOR NONVIOLENT SOLUTIONS 901 PLEASANT STREET WORCESTER, MA 01602		501(C)3	2,000.	0.			CENTER FOR NONVIOLENT SOLUTIONS PURCHASE OFFICE EQUIPMENT
CENTRAL MASSACHUSETTS HOUSING ALLIANCE - 7-11 BELLEVUE STREET - WORCESTER, MA 01609		501(C)3	17,000.	0.			PUBLIC EDUCATION AND ADVOCACY
CENTRAL MASSACHUSETTS HOUSING ALLIANCE - 7-11 BELLEVUE STREET - WORCESTER, MA 01609		501(C)3	500.	0.			FOR THE VILLAGE SHELTER
CENTRAL MASSACHUSETTS HOUSING ALLIANCE - 7-11 BELLEVUE STREET - WORCESTER, MA 01609		501(C)3	345.	0.			CLOTHING, BOOKS, AND TOYS FOR NEEDY CHILDREN
CENTRO LAS AMERICAS 11 SYCAMORE STREET WORCESTER, MA 01608		501(C)3	5,000.	0.			INSTITUTE OF LATINO ARTS AND CULTURE
CENTRO LAS AMERICAS 11 SYCAMORE STREET WORCESTER, MA 01608		501(C)3	10,000.	0.			LATINO ELDER PROGRAM

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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CHILDREN'S FRIEND 21 CEDAR STREET WORCESTER, MA 01609		501(C)3	25,000.	0.			SCHOOL AGE MOTHERS
CHILDREN'S FRIEND 21 CEDAR STREET WORCESTER, MA 01609		501(C)3	10,000.	0.			CARRIAGE HOUSE
CHILDREN'S FRIEND 21 CEDAR STREET WORCESTER, MA 01609		501(C)3	329.	0.			UNRESTRICTED
CHILDREN'S FRIEND 21 CEDAR STREET WORCESTER, MA 01609		501(C)3	472.	0.			UNRESTRICTED
CHILDREN'S FRIEND 21 CEDAR STREET WORCESTER, MA 01609		501(C)3	15,000.	0.			TREATMENT ACCESS FUND
CITY OF WORCESTER HEALTH AND HUMAN SERVICES - EXECUTIVE OFFICE/ ELDER AFFAIR 128 PROVIDENCE STREET - WORCESTER, MA 01604		501(C)3	21,000.	0.			SENIOR SUPPORT TEAM
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610		501(C)3	6,300.	0.			JOHN W. LUND COMMUNITY ACHIEVEMENT AWARD 2009
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610		501(C)3	100.	0.			UNRESTRICTED FOR HILLEL CENTER

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**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2009

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Inspection**

Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

**Employer identification number
04-2572276**

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CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610		501(C)3	100.	0.			FRIENDS OF THE GODDARD LIBRARY (GENERAL SUPPORT)
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610		501(C)3	105,400.	0.			MAIN SOUTH SECONDARY SCHOOL COLLABORATIVE
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610		501(C)3	2,600.	0.			THE CLARK FUND
CLEGHORN NEIGHBORHOOD CENTER 2 FAIRMOUNT STREET FITCHBURG, MA 01420		501(C)3	10,000.	0.			ESOL
COMMUNITY ACTION! 393 MAIN STREET GREENFIELD, MA 01301		501(C)3	12,000.	0.			GENERATION Q
COMMUNITY BUILDERS 16 LAUREL STREET WORCESTER, MA 01609		501(C)3	5,400.	0.			PLUMLEY VILLAGE WORKFORCE DEVELOPMENT
COMMUNITY HARVEST PROJECT 37 WHEELER ROAD NORTH GRAFTON, MA 01536		501(C)3	11,241.	0.			OPERATING SUPPORT
COMMUNITY HARVEST PROJECT 37 WHEELER ROAD NORTH GRAFTON, MA 01536		501(C)3	2,500.	0.			UNRESTRICTED

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COMMUNITY HEALTH CONNECTIONS 275 NICHOLS ROAD FITCHBURG, MA 01420		501(C)3	15,000.	0.			SCHOOL BASED HEALTH CENTER
COMMUNITY HEALTHLINK 72 JAQUES AVENUE, THIRD FLOOR WORCESTER, MA 01610-2480		501(C)3	15,000.	0.			MEDICAL RESPITE
COMMUNITY HEALTHLINK 72 JAQUES AVENUE, THIRD FLOOR WORCESTER, MA 01610-2480		501(C)3	1,055.	0.			UNRESTRICTED
COMMUNITY HEALTHLINK 72 JAQUES AVENUE, THIRD FLOOR WORCESTER, MA 01610-2480		501(C)3	15,000.	0.			HOME AGAIN
COMMUNITY HEALTHLINK 72 JAQUES AVENUE, THIRD FLOOR WORCESTER, MA 01610-2480		501(C)3	100.	0.			UNRESTRICTED
CORNERSTONE PERFORMING ARTS CENTER 914 MAIN STREET FITCHBURG, MA 01420-3061		501(C)3	7,644.	0.			OPERATIONAL SUPPORT
CRAWFORD MEMORIAL LIBRARY 1 VILLAGE STREET DUDLEY, MA 01571-3306		501(C)3	11,950.	0.			ENHANCEMENTS OR ENRICHMENT OF LIBRARY SERVICES
CULTURE LEAP 210 PARK AVE, STE 222 WORCESTER, MA 01609		501(C)3	10,405.	0.			LEARNING THROUGH EDUCATION AND ARTS PARTNERSHIPS

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DAY KIMBALL HOSPITAL PO BOX 632 PUTNAM, CT 06260		501(C)3	5,000.	0.			UNRESTRICTED
DEPARTMENT OF CHILDREN AND FAMILIES KIDS FUND - CENTRAL OFFICE 24 FARNSWORTH STREET - BOSTON, MA 02210		501(C)3	25,000.	0.			DCF KIDS FUND
DISMAS HOUSE OF CENTRAL MASSACHUSETTS - PO BOX 30125 - WORCESTER, MA 01603		501(C)3	11,202.	0.			OPERATING SUPPORT
DISMAS HOUSE OF CENTRAL MASSACHUSETTS - PO BOX 30125 - WORCESTER, MA 01603		501(C)3	350.	0.			UNRESTRICTED
DYNAMY, INC. 27 SEVER STREET WORCESTER, MA 01609		501(C)3	10,000.	0.			YOUTH ACADEMY SUPPORT
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	15,000.	0.			REAL WORLD MATH & SCIENCE
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	5,000.	0.			AUBURN ACCESSIBILITY PROGRAM
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	500.	0.			UNRESTRICTED

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ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	2,353.	0.			INVASIVE PLANT REMOVAL
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	1,000.	0.			PATRON
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	15,000.	0.			INTERNSHIP PROGRAM
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	10,950.	0.			FIELD TRIP SCHOLARSHIPS FOR UNDER PRIVILEGED STUDENTS FROM WORCESTER PUBLIC SCHOOL SYSTEM
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	1,027.	0.			UNRESTRICTED
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604		501(C)3	100.	0.			ANNUAL FUND
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610		501(C)3	28,612.	0.			HOMELESS FAMILIES PROGRAM EXPANSION
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610		501(C)3	20,000.	0.			HOMELESS FAMILIES

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FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610		501(C)3	67,000.	0.			FAMILY NURSE PRACTITIONER RESIDENCY PROGRAM
FAMILY SERVICES OF CENTRAL MASSACHUSETTS - 31 HARVARD STREET - WORCESTER, MA 01609		501(C)3	1,000.	0.			FATHERS AND FAMILY NETWORK: FATHER'S DAY EVENT
FAMILY SERVICES OF CENTRAL MASSACHUSETTS - 31 HARVARD STREET - WORCESTER, MA 01609		501(C)3	11,487.	0.			SENIOR COMPANION
FAMILY SERVICES OF CENTRAL MASSACHUSETTS - 31 HARVARD STREET - WORCESTER, MA 01609		501(C)3	300.	0.			PUBLICITY FOR AUCTION
FIRST NIGHT WORCESTER PO BOX 351 WORCESTER, MA 01614		501(C)3	8,000.	0.			FIRST NIGHT 2010
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173		501(C)3	1,116.	0.			GENERAL SUPPORT
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173		501(C)3	860.	0.			UNRESTRICTED
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173		501(C)3	2,000.	0.			UNRESTRICTED

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FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173		501(C)3	3,344.	0.			OPERATIONAL SUPPORT
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173		501(C)3	9,000.	0.			ANNUAL FUND
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604		501(C)3	3,500.	0.			GYM & SWIM
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604		501(C)3	21,025.	0.			FRANCES PERKINS TRANSITIONAL HOUSING
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604		501(C)3	1,500.	0.			PROGRAMS DEVOTED TO NEEDY OR DEPRIVED YOUTH
FRIENDS OF INSTITUTE PARK 10 TUCKERMAN STREET PO BOX 20070, WEST SIDE STAT - WORCESTER, MA 01602		501(C)3	5,000.	0.			ADMINISTRATIVE FUNDING
FRIENDS OF INSTITUTE PARK 10 TUCKERMAN STREET PO BOX 20070, WEST SIDE STAT - WORCESTER, MA 01602		501(C)3	1,000.	0.			ORGANIZATIONAL PURPOSES
GALE FREE LIBRARY 23 HIGHLAND STREET HOLDEN, MA 01520		501(C)3	904.	0.			ELIZABETH NEWELL REFERENCE FUND

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GALE FREE LIBRARY 23 HIGHLAND STREET HOLDEN, MA 01520		501(C)3	11,900.	0.			TO PURCHASE LIBRARY MATERIALS
GENESIS CLUB 274 LINCOLN STREET WORCESTER, MA 01605		501(C)3	25,000.	0.			EDUCATION SUPPORT AND TRAINING
GENESIS CLUB 274 LINCOLN STREET WORCESTER, MA 01605		501(C)3	15,000.	0.			EDUCATION AND SUPPORT
GENESIS CLUB 274 LINCOLN STREET WORCESTER, MA 01605		501(C)3	2,000.	0.			UNRESTRICTED
GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHUSETTS - 40 HARKNESS AVENUE - EAST LONGMEADOW, MA 01028		501(C)3	6,000.	0.			IT'S YOUR PLANET - LOVE IT!
GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHUSETTS - 40 HARKNESS AVENUE - EAST LONGMEADOW, MA 01028		501(C)3	100.	0.			AS NEEDED - IN MEMORY OF PAULINE LIONETT
GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	2,200.	0.			TECHNOLOGY AND COMMUNICATION UPGRADE
GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	1,013.	0.			PREVENTATIVE PROGRAMS FOR YOUTH

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GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	15,000.	0.			FIT GIRLS
GREAT BROOK VALLEY HEALTH CENTER 2000 CENTURY DRIVE WORCESTER, MA 01606		501(C)3	20,585.	0.			IMMIGRANT & REFUGEE SERVICES COORDINATOR
GREAT BROOK VALLEY HEALTH CENTER 2000 CENTURY DRIVE WORCESTER, MA 01606		501(C)3	24,000.	0.			VISION SERVICES
GREAT BROOK VALLEY HEALTH CENTER 2000 CENTURY DRIVE WORCESTER, MA 01606		501(C)3	3,648.	0.			TRAINING
GREATER GARDNER COMMUNITY DEVELOPMENT CORPORATION - 246 CENTRAL STREET - GARDNER, MA 01440		501(C)3	15,000.	0.			AFFORDABLE HOUSING DEVELOPMENT
GREATER WORCESTER 32 MASONIC LEARNING CENTER FOR CHILDREN - ONE IONIC AVENUE - WORCESTER, MA 01608		501(C)3	3,000.	0.			RESTRICTED TO PAY UTILITY COSTS AT THE GREATER WORCESTER 32 MASONIC LEARNING CENTER LOCATED
GREATER WORCESTER 32 MASONIC LEARNING CENTER FOR CHILDREN - ONE IONIC AVENUE - WORCESTER, MA 01608		501(C)3	3,000.	0.			UNRESTRICTED
GREATER WORCESTER HABITAT FOR HUMANITY METROWEST - 111 PARK AVENUE - WORCESTER, MA 01609		501(C)3	10,000.	0.			OPERATING SUPPORT

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GREATER WORCESTER LAND TRUST 101 WATER STREET 4TH FLOOR WORCESTER, MA 01604-5033		501(C)3	39,000.	0.			LAND PURCHASE - CONSERVATION
GREATER WORCESTER LAND TRUST 101 WATER STREET 4TH FLOOR WORCESTER, MA 01604-5033		501(C)3	10,000.	0.			COORDINATOR OF VOLUNTEERS & MEMBERSHIP
GREATER WORCESTER LAND TRUST 101 WATER STREET 4TH FLOOR WORCESTER, MA 01604-5033		501(C)3	2,100.	0.			AGENCY FUND CLOSURE
GREATER WORCESTER LAND TRUST 101 WATER STREET 4TH FLOOR WORCESTER, MA 01604-5033		501(C)3	3,500.	0.			KINNEY WOOD PROJECT
GREATER WORCESTER LAND TRUST 101 WATER STREET 4TH FLOOR WORCESTER, MA 01604-5033		501(C)3	500.	0.			ANNUAL APPEAL
GREATER WORCESTER LAND TRUST 101 WATER STREET 4TH FLOOR WORCESTER, MA 01604-5033		501(C)3	250.	0.			GENERAL
HABITAT FOR HUMANITY OF LEE COUNTY 1288 NORTH TAMIAMI TRAIL NORTH FORTH MYERS, FL 33903		501(C)3	6,000.	0.			UNRESTRICTED
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER, MA 01606		501(C)3	4,085.	0.			TO SUPPORT THE COLLECTION

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HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER, MA 01606		501(C)3	10,000.	0.			EDUCATION DEPARTMENT
HIGGINS ARMORY MUSEUM 100 BARBER AVENUE WORCESTER, MA 01606		501(C)3	100.	0.			UNRESTRICTED
HIGHER EDUCATION RESOURCE CENTER CHRIST TABERNACLE APOSTOLIC 1189 MA WORCESTER, MA 01603		501(C)3	2,500.	0.			SAT PREPARATION CLASS
HIGHER EDUCATION RESOURCE CENTER CHRIST TABERNACLE APOSTOLIC 1189 MA WORCESTER, MA 01603		501(C)3	5,000.	0.			PROGRAMMATIC SUPPORT
HILLSIDE SCHOOL FINANCIAL AID OFFICE 404 ROBIN HILL MARLBOROUGH, MA 01752		501(C)3	6,646.	0.			UNRESTRICTED
HOPE COALITION UMASS MEMORIAL COMM. RELATIONS 119 WORCESTER, MA 01605		501(C)3	20,000.	0.			MENTAL HEALTH MODEL
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119		501(C)3	8,000.	0.			CENTRAL REGION PLAYSPACE
HOUSE OF PEACE AND EDUCATION 20 BARTHEL AVENUE GARDNER, MA 01440-2502		501(C)3	15,000.	0.			HOPE FOR WOMEN

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INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER - 114 MAIN STREET - WORCESTER, MA 01608		501(C)3	1,500.	0.			TO SUPPORT CONTINUED SERVICE TO HOMELESS FAMILIES OF WORCESTER COUNTY THROUGH THE
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER - 114 MAIN STREET - WORCESTER, MA 01608		501(C)3	5,000.	0.			SUPPORT IHN STAFF AND THEIR MISSION
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER - 114 MAIN STREET - WORCESTER, MA 01608		501(C)3	10,036.	0.			OPERATING SUPPORT
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER - 114 MAIN STREET - WORCESTER, MA 01608		501(C)3	200.	0.			AS NEEDED
JEWISH FAMILY SERVICE OF WORCESTER 646 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,000.	0.			PROGRAM SUPPORT
JEWISH FAMILY SERVICE OF WORCESTER 646 SALISBURY STREET WORCESTER, MA 01609		501(C)3	15,000.	0.			CHILD AND FAMILY COUNSELING
JEWISH FAMILY SERVICE OF WORCESTER 646 SALISBURY STREET WORCESTER, MA 01609		501(C)3	500.	0.			UNRESTRICTED
JEWISH FAMILY SERVICE OF WORCESTER 646 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,000.	0.			ANNUAL APPEAL - UNRESTRICTED

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**SCHEDULE I-1
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Department of the Treasury
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OMB No. 1545-0047

2009

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Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

**Employer identification number
04-2572276**

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JOY OF MUSIC PROGRAM 1 GORHAM STREET WORCESTER, MA 01605		501(C)3	1,400.	0.			OPERATIONAL SUPPORT
JOY OF MUSIC PROGRAM 1 GORHAM STREET WORCESTER, MA 01605		501(C)3	5,000.	0.			DRUMMING & SINGING FOR BURNCOAT FAMILY CENTER
JOY OF MUSIC PROGRAM 1 GORHAM STREET WORCESTER, MA 01605		501(C)3	10,000.	0.			FINANCIAL AID
JOY OF MUSIC PROGRAM 1 GORHAM STREET WORCESTER, MA 01605		501(C)3	1,000.	0.			FOR CHILDREN
JOY OF MUSIC PROGRAM 1 GORHAM STREET WORCESTER, MA 01605		501(C)3	1,500.	0.			UNRESTRICTED
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HWY. JUPITER, FL 33458		501(C)3	2,500.	0.			UNRESTRICTED
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HWY. JUPITER, FL 33458		501(C)3	2,500.	0.			UNRESTRICTED
LATINO EDUCATION INSTITUTE 537 CHANDLER STREET WORCESTER, MA 01602		501(C)3	17,912.	0.			CLUB EDUCATION

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LEGAL ASSISTANCE CORPORATION OF CENTRAL MASSACHUSETTS - 405 MAIN STREET, 4TH FLOOR - WORCESTER, MA 01608		501(C)3	5,000.	0.			LEGAL SERVICES FOR THE DISADVANTAGED
LEGAL ASSISTANCE CORPORATION OF CENTRAL MASSACHUSETTS - 405 MAIN STREET, 4TH FLOOR - WORCESTER, MA 01608		501(C)3	3,000.	0.			RECONFIGURATION EXPLORATION
LEGAL ASSISTANCE CORPORATION OF CENTRAL MASSACHUSETTS - 405 MAIN STREET, 4TH FLOOR - WORCESTER, MA 01608		501(C)3	10,000.	0.			GLBT DOMESTIC VIOLENCE
LEGAL ASSISTANCE CORPORATION OF CENTRAL MASSACHUSETTS - 405 MAIN STREET, 4TH FLOOR - WORCESTER, MA 01608		501(C)3	20,236.	0.			OPERATING SUPPORT
LET'S GET READY FINANCIAL AID OFFICE 50 BROADWAY, S NEW YORK, NY 10004		501(C)3	8,000.	0.			WORCESTER LGR
LIBERTY CHURCHES P.O. BOX 195 SHREWSBURY, MA 01454		501(C)3	10,000.	0.			A MINISTRY OR MINISTRIES IN NEED WITHIN MISSION WITH APPLICATION DETERMINED BY PASTOR WILL
LITERACY PROJECT, INC. 15 BANK ROAD SUITE C GREENFIELD, MA 01301		501(C)3	10,000.	0.			ADULT BASIC EDUCATION
LITERACY VOLUNTEERS OF GREATER WORCESTER - WORCESTER PUBLIC LIBRARY 3 SALEM SQUARE, ROOM 332 - WORCESTER, MA 01608		501(C)3	10,000.	0.			READING AND ESL PROGRAMS

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LUTHERAN SOCIAL SERVICES OF NE/REFUGEE & IMMIGRANT SERVICES - 51 UNION STREET, SUITE 222 - WORCESTER, MA 01608		501(C)3	20,000.	0.			LGBT HUMAN RIGHTS
LUTHERAN SOCIAL SERVICES OF NEW ENGLAND - 888 WORCESTER STREET SUITE 160 - WELLESLEY, MA 02482		501(C)3	15,000.	0.			IMMIGRATION LEGAL ASSISTANCE
MAIN SOUTH COMMUNITY DEVELOPMENT CORPORATION - 875 MAIN STREET - WORCESTER, MA 01610		501(C)3	17,000.	0.			KILBY-GARDNER-HAMMOND NEIGHBORHOOD REVITALIZATION
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCE - 179 LONGWOOD AVENUE - BOSTON, MA 02115		501(C)3	5,000.	0.			MASSMEDLINE
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCE - 179 LONGWOOD AVENUE - BOSTON, MA 02115		501(C)3	500.	0.			UNRESTRICTED
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 100 CHARLES RIVER PLAZA, #600 - BOSTON, MA 02114-2792		501(C)3	2,500.	0.			GENERAL FUND - IN HONOR OF PATTY AND CHARLES RIBAKOFF'S WORK FOR HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 100 CHARLES RIVER PLAZA, #600 - BOSTON, MA 02114-2792		501(C)3	500.	0.			CARDIAC CARE - ATT. DR. DEC
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 100 CHARLES RIVER PLAZA, #600 - BOSTON, MA 02114-2792		501(C)3	2,500.	0.			UNRESTRICTED - GENERAL FUND

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MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 100 CHARLES RIVER PLAZA, #600 - BOSTON, MA 02114-2792		501(C)3	1,000.	0.			BULFINCH SOCIETY
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 100 CHARLES RIVER PLAZA, #600 - BOSTON, MA 02114-2792		501(C)3	10,000.	0.			NEWELL D. AND BETTY HALE LIVER RESEARCH FUND
MASSACHUSETTS WATERSHED COALITION 325 LINDELL AVENUE LEOMINSTER, MA 01453-5414		501(C)3	10,000.	0.			GREENPRINT PROJECT
MATHEW 25, INC. 52 QUEEN ST., #1 WORCESTER, MA 01610		501(C)3	919.	0.			UNRESTRICTED
MATHEW 25, INC. 52 QUEEN ST., #1 WORCESTER, MA 01610		501(C)3	4,923.	0.			HOUSING REHABILITATION
MATHEW 25, INC. 52 QUEEN ST., #1 WORCESTER, MA 01610		501(C)3	7,000.	0.			AGENCY FUND CLOSURE
MATHEW 25, INC. 52 QUEEN ST., #1 WORCESTER, MA 01610		501(C)3	6,000.	0.			AGENCY FUND CLOSURE
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA - 19 HARVARD STREET - WORCESTER, MA 01609-2870		501(C)3	1,500.	0.			UNRESTRICTED GRANT

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MOHEGAN COUNCIL BOY SCOUTS OF AMERICA - 19 HARVARD STREET - WORCESTER, MA 01609-2870		501(C)3	1,500.	0.			UNRESTRICTED
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA - 19 HARVARD STREET - WORCESTER, MA 01609-2870		501(C)3	1,014.	0.			PREVENTATIVE PROGRAMS FOR YOUTH
MOHEGAN COUNCIL BOY SCOUTS OF AMERICA - 19 HARVARD STREET - WORCESTER, MA 01609-2870		501(C)3	10,944.	0.			SCOUTREACH
MONTACHUSETT INTERFAITH HOSPITALITY NETWORK - 196 MECHANIC STREET - LEOMINSTER, MA 01453		501(C)3	10,000.	0.			OPERATING SUPPORT
MUSIC WORCESTER 323 MAIN STREET WORCESTER, MA 01608-1511		501(C)3	400.	0.			GENERAL SUPPORT
MUSIC WORCESTER 323 MAIN STREET WORCESTER, MA 01608-1511		501(C)3	6,530.	0.			UNRESTRICTED
MUSIC WORCESTER 323 MAIN STREET WORCESTER, MA 01608-1511		501(C)3	5,500.	0.			SING IT! YOUNG VOICES UNLIMITED
MY TURN 156 MAIN STREET BROCKTON, MA 02301		501(C)3	12,000.	0.			WORKFORCE DEVELOPMENT

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NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605		501(C)3	5,000.	0.			OPERATING SUPPORT
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605		501(C)3	1,500.	0.			SCHOOL'S CHOICE
NEADS/DOGS FOR DEAF AND DISABLED AMERICANS - PO BOX 213 - WEST BOYLSTON, MA 01583		501(C)3	8,686.	0.			OPERATIONAL SUPPORT
NEIGHBORWORKS HOMEOWNERSHIP CENTER OF WORCESTER - 674 MAIN STREET - WORCESTER, MA 01610		501(C)3	15,000.	0.			OPERATING SUPPORT
NEW ENGLAND HOMES FOR THE DEAF 154 WATER STREET DANVERS, MA 01923		501(C)3	6,909.	0.			DEAF SENIOR CITIZEN OUTREACH
NEW HOPE 140 PARK STREET ATTLEBORO, MA 02703		501(C)3	15,000.	0.			THE MJ LEADENHAM FAMILY VISITATION CENTER OF WORCESTER
NORTH BROOKFIELD YOUTH CENTER P.O. BOX 86 NORTH BROOKFIELD, MA 01535-0086		501(C)3	10,000.	0.			AFTER SCHOOL PROGRAMMING
OAK HILL COMMUNITY DEVELOPMENT CORPORATION - 74 PROVIDENCE STREET - WORCESTER, MA 01604		501(C)3	14,000.	0.			OPERATING SUPPORT

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OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566		501(C)3	1,500.	0.			4-H INTERNSHIP PILOT
OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566		501(C)3	15,000.	0.			THE VILLAGE CLASSROOM
OLD STURBRIDGE VILLAGE 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566		501(C)3	10,000.	0.			ANNUAL FUND
PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER - 203 PAKACHOAG STREET - AUBURN, MA 01501		501(C)3	5,000.	0.			NOURISHING MUSIC FOR GREATER WORCESTER
PERFORMING ARTS OF NORTHEAST CONNECTICUT - PO BOX 75 - POMFRET, CT 06258		501(C)3	4,500.	0.			CHILDREN'S OPERA
PERFORMING ARTS OF NORTHEAST CONNECTICUT - PO BOX 75 - POMFRET, CT 06258		501(C)3	2,000.	0.			ENDOWMENT
PERNET FAMILY HEALTH SERVICE 237 MILLBURY ST. WORCESTER, MA 01610		501(C)3	2,000.	0.			HOMEWORK SERVICES CLUB FOR GREEN ISLAND NEIGHBORHOOD CHILDREN
PERNET FAMILY HEALTH SERVICE 237 MILLBURY ST. WORCESTER, MA 01610		501(C)3	500.	0.			UNRESTRICTED

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PERNET FAMILY HEALTH SERVICE 237 MILLBURY ST. WORCESTER, MA 01610		501(C)3	1,000.	0.			UNRESTRICTED
PERNET FAMILY HEALTH SERVICE 237 MILLBURY ST. WORCESTER, MA 01610		501(C)3	1,500.	0.			CHILDREN'S HEALTH SERVICES
PLEASANT STREET NEIGHBORHOOD NETWORK CENTER - 301 PLEASANT STREET - WORCESTER, MA 01609		501(C)3	8,479.	0.			OPERATING SUPPORT
PREGNANT AND PARENTING TEEN PROGRAM - 5 SIGOURNEY STREET - OXFORD, MA 01540		501(C)3	15,000.	0.			PREGNANT AND PARENTING TEEN
QUINEBAUG VALLEY COMMUNITY COLLEGE FOUNDATION - 742 UPPER MAPLE STREET - DANIELSON, CT 06239		501(C)3	5,000.	0.			HALE SCHOLARSHIP FUND
QUINSIGAMOND COMMUNITY COLLEGE 670 WEST BOYLSTON STREET WORCESTER, MA 01606		501(C)3	3,000.	0.			NURSING SCHOLARSHIP
QUINSIGAMOND COMMUNITY COLLEGE 670 WEST BOYLSTON STREET WORCESTER, MA 01606		501(C)3	10,842.	0.			WOMEN IN TECHNOLOGY
QUINSIGAMOND COMMUNITY COLLEGE 670 WEST BOYLSTON STREET WORCESTER, MA 01606		501(C)3	10,000.	0.			FAIRLAWN NURSE SCHOLARS

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RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609		501(C)3	5,000.	0.			SUMMER PRODUCE
RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609		501(C)3	25,000.	0.			FOOD/HUNGER
RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609		501(C)3	100.	0.			AS NEEDED
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARDS STREET WORCESTER, MA 01605		501(C)3	3,000.	0.			DINING ROOM RENOVATIONS
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARDS STREET WORCESTER, MA 01605		501(C)3	25,000.	0.			EARLY CARE AND EDUCATION
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARDS STREET WORCESTER, MA 01605		501(C)3	1,000.	0.			UNRESTRICTED
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARDS STREET WORCESTER, MA 01605		501(C)3	300.	0.			GENERAL SUPPORT TOWARD PHASE 2
RAINBOW CHILD DEVELOPMENT CENTER 10 EDWARDS STREET WORCESTER, MA 01605		501(C)3	1,000.	0.			BOOKS, SCHOOLS SUPPLIES, OR CLOTHES

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REDFEATHER THEATRE COMPANY AT HOLY CROSS - DEPARTMENT OF THEATRE 1 COLLEGE STREET - WORCESTER, MA 01610		501(C)3	5,000.	0.			MUCH ADO ABOUT NOTHING & MACBETH
REDFEATHER THEATRE COMPANY AT HOLY CROSS - DEPARTMENT OF THEATRE 1 COLLEGE STREET - WORCESTER, MA 01610		501(C)3	500.	0.			UNRESTRICTED FOR REDFEATHER THEATRE COMPANY
REFUGEE & IMMIGRANT ASSISTANCE CENTER - 340 MAIN ST, SUITE 965 - WORCESTER, MA 01608		501(C)3	10,560.	0.			CASE MANAGEMENT SERVICES IN WORCESTER
REGATTA POINT COMMUNITY SAILING PO BOX 4008 10 LAKE AVE SHREWSBURY, MA 01545		501(C)3	5,000.	0.			SAILING INSTRUCTION
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613		501(C)3	15,000.	0.			URBAN FOOD SYSTEM
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613		501(C)3	1,000.	0.			EXECUTIVE DIRECTOR TRANSITION
RENAISSANCE AWARD RECIPIENT 370 MAIN STREET WORCESTER, MA 01608		501(C)3	5,229.	0.			RENAISSANCE AWARD RECIPIENT
RURAL CEMETERY AND CREMATORY 180 GROVE STREET WORCESTER, MA 01605-1711		501(C)3	8,659.	0.			UNRESTRICTED

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SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603-2212		501(C)3	500.	0.			UNRESTRICTED GRANT
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603-2212		501(C)3	500.	0.			UNRESTRICTED
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603-2212		501(C)3	28,000.	0.			CENTRAL MASSACHUSETTS RESPITE PROJECT PILOT
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603-2212		501(C)3	250.	0.			UNRESTRICTED IN MEMORY OF MRS. ANNE TUGGLE
SOUTH HIGH COMMUNITY SCHOOL 170 APRICOT STREET WORCESTER, MA 01603		501(C)3	8,000.	0.			COMMUNITY SERVICE YOUTH COUNCIL
SOUTHBRIDGE INTERFAITH HOSPITALITY NETWORK - 11 SAYLES STREET - SOUTHBRIDGE, MA 01550		501(C)3	10,000.	0.			OPERATING SUPPORT
SOUTHBRIDGE INTERFAITH HOSPITALITY NETWORK - 11 SAYLES STREET - SOUTHBRIDGE, MA 01550		501(C)3	1,500.	0.			ORGANIZATIONAL DEVELOPMENT INITIATIVE
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 120 CHANDLER STREET - WORCESTER, MA 01609		501(C)3	15,000.	0.			HEALTH ACCESS PROJECT

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OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

**Employer identification number
04-2572276**

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SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 120 CHANDLER STREET - WORCESTER, MA 01609		501(C)3	15,000.	0.			OPERATING SUPPORT
SPANISH AMERICAN CENTER 112 SPRUCE STREET LEOMINSTER, MA 01453		501(C)3	15,000.	0.			HELPING OURSELVES
SPECTRUM HEALTH SYSTEMS CORPORATE OFFICE 10 MECHANIC STREET, SUITE 302 - WORCESTER, MA 01608		501(C)3	10,481.	0.			CHILD CARE SUPPORT SERVICES
ST. JOSEPH AND ST. PIUS X PARISHES 759 MAIN STREET LEICESTER, MA 01524		501(C)3	5,352.	0.			LEICESTER FOOD PANTRY
TEMPLE SINAI 661 SALISBURY STREET WORCESTER, MA 01609		501(C)3	36,500.	0.			OPERATING EXPENSES AS PER BUDGET APPROVAL
TEMPLE SINAI 661 SALISBURY STREET WORCESTER, MA 01609		501(C)3	500.	0.			RABBI'S FUND
TENACITY, INC. 367 WESTERN AVE, 2ND FLOOR BRIGHTON, MA 02135		501(C)3	10,000.	0.			SUMMER TENNIS AND READING
THE CASA PROJECT 100 GROVE STREET WORCESTER, MA 01605		501(C)3	14,594.	0.			COURT APPOINTED SPECIAL ADVOCATES

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THE CASA PROJECT 100 GROVE STREET WORCESTER, MA 01605		501(C)3	500.	0.			UNRESTRICTED
TRI-VALLEY, INC. 10 MILL STREET DUDLEY, MA 01571		501(C)3	25,000.	0.			NUTRITION PROGRAM
TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01608		501(C)3	19,588.	0.			UNRESTRICTED
TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01608		501(C)3	3,352.	0.			LILLIAN H. PERSON FUND (CHURCH MUSIC)
TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01608		501(C)3	3,352.	0.			GUSTAV STELLAN PETERSON FUND
TWIN CITIES COMMUNITY DEVELOPMENT CORPORATION - 470 MAIN STREET - FITCHBURG, MA 01420-4292		501(C)3	15,000.	0.			ELM STREET INITIATIVE
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	2,500.	0.			NEONATAL CARE UNIT
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	2,000.	0.			QUALITY AND PATIENT SAFETY FUND

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UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	2,300.	0.			EDWARD R. BUDNITZ M.D. CARDIOVASCULAR RESEARCH FUND FOR EDUCATION AND OUTREACH
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	220.	0.			UMASS MEMORIAL HOSPICE
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	1,724.	0.			UNRESTRICTED FOR UMASS MEMORIAL HEALTH CARE AND FAMILY HEALTH CENTER
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	247.	0.			UNRESTRICTED GRANT FOR UMASS MEMORIAL HEALTH CARE
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	680.	0.			EDWARD BUDNITZ CARDIOVASCULAR RESEARCH FUND
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	680.	0.			BLOOD BANK RESEARCH FUND
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	13,068.	0.			TO PROVIDE HEALTH CARE SERVICES TO RESIDENTS OF THE WACHUSETT REGION FROM FACILITIES LOCATED
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	904.	0.			UMASS MEMORIAL HEALTH CARE NEONATAL INFANT CARE UNIT

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UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	6,646.	0.			RESEARCH FELLOWSHIPS FOR THE STUDY OF HEART/ARTERIAL DISEASE OR ARTHRITIS AT UMASS
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	979.	0.			UNRSTRICTED GRANT FOR UMASS MEMORIAL HEALTH CARE
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	250.	0.			UMASS MEMORIAL HOSPICE IN MEMORY OF SALLY BLAKESLEE
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	200.	0.			UMASS CANCER CENTER, ALI PIERCE ENDOWMENT FUND
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545-7807		501(C)3	1,598.	0.			PROFESSIONAL STAFF SUPPORT FOR ALI & DAD'S ARMY PEDIATRIC CANCER RESEARCH AND PROGRAMS
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	200.	0.			WOMEN'S INITIATIVE
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	23,430.	0.			DISTRIBUTION FOR PREVIOUS CALENDER YEAR CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	69,680.	0.			DISTRIBUTION FOR PREVIOUS CALENDER YEAR CAMPAIGN

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UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	10,950.	0.			DISTRIBUTION FOR PREVIOUS CALENDER YEAR CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	16,220.	0.			DISTRIBUTION FOR PREVIOUS CALENDER YEAR CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	3,000.	0.			STRATEGIC PLANNING
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	1,500.	0.			ANNUAL CAMPAIGN
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	25,009.	0.			ANNUAL CAMPAIGN/ALEXIS DE TOCQUEVILLE SOCIETY
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	5,000.	0.			WOMEN'S INITIATIVE
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	2,000.	0.			UNRESTRICTED
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	1,000.	0.			UNRESTRICTED

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UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	500.	0.			UNRESTRICTED
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880		501(C)3	500.	0.			THE WOMEN'S INITIATIVE FUND IN HONOR OF LOIS GREEN
UNIVERSITY OF MASSACHUSETTS GRADUATE SCHOOL OF NURSING - GRADUATE SCHOOL OF NURSING 55 LAKE AVENUE NORTH, S1-853 - WORCESTER,		501(C)3	10,000.	0.			FAIRLAWN NURSE SCHOLARS
UNIVERSITY OF MASSACHUSETTS GRADUATE SCHOOL OF NURSING - GRADUATE SCHOOL OF NURSING 55 LAKE AVENUE NORTH, S1-853 - WORCESTER,		501(C)3	500.	0.			DESIGNATED FOR A PHD STUDENT
WCUW, INC. 910 MAIN STREET WORCESTER, MA 01610		501(C)3	10,000.	0.			OPERATING SUPPORT
WELLESLEY COLLEGE OFFICE FOR RESOURCES 106 CENTRAL ST WELLESLEY HILLS, MA 02481		501(C)3	756.	0.			ANNUAL APPEAL
WELLESLEY COLLEGE OFFICE FOR RESOURCES 106 CENTRAL ST WELLESLEY HILLS, MA 02481		501(C)3	1,000.	0.			UNRESTRICTED
WELLESLEY COLLEGE OFFICE FOR RESOURCES 106 CENTRAL ST WELLESLEY HILLS, MA 02481		501(C)3	1,000.	0.			MARJORY BOYNTON RUGG SCHOLARSHIP FUND

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WHITIN MEMORIAL COMMUNITY CENTER 60 MAIN STREET PO BOX 244 WHITINSVILLE, MA 01588		501(C)3	10,000.	0.			YOUTH OUTREACH
WHITIN MEMORIAL COMMUNITY CENTER 60 MAIN STREET PO BOX 244 WHITINSVILLE, MA 01588		501(C)3	564.	0.			FOR OPERATIONS OR PROGRAMS AT THE DISCRETION OF THE CHIEF EXECUTIVE OFFICER
WHITIN MEMORIAL COMMUNITY CENTER 60 MAIN STREET PO BOX 244 WHITINSVILLE, MA 01588		501(C)3	263.	0.			UNRESTRICTED GRANT FOR G.M. WHITIN MEMORIAL COMMUNITY ASSOCIATION
WICN PUBLIC RADIO 50 PORTLAND STREET WORCESTER, MA 01608-2013		501(C)3	5,186.	0.			MARKETING INITIATIVE
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	100.	0.			ANNUAL FUND/ SWIM PROGRAM
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	22,143.	0.			CHAPIN RILEY SCHOLARSHIP
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	500.	0.			ANNUAL FUND
WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	1,500.	0.			RAINBOW OF POSSIBILITIES

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WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	500.	0.			UNRESTRICTED
WORCESTER AREA MISSION SOCIETY 128 CENTRAL STREET AUBURN, MA 01501		501(C)3	6,000.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	10,000.	0.			ANNUAL GIVING
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	49,400.	0.			EDUCATION AND OUTREACH
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,000.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,820.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,116.	0.			GENERAL SUPPORT FOR THE LIBRARY
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	22,143.	0.			CONTEMPORARY ART ACQUISITION

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WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,500.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	350.	0.			ANNUAL APPEAL (\$300); LIBRARY (\$50)
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	30,000.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	127.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	872.	0.			TO SUPPORT THE ELM PARK COMMUNITY SCHOOL/WORCESTER ART MUSEUM PARTNERSHIP
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	19,500.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	471.	0.			UNRESTRICTED
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,326.	0.			TO SUPPORT PHOTOGRAPHY THROUGH STUDIO PROGRAMS

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WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	474.	0.			FOR CONSERVATION OF THE COLLECTION
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609		501(C)3	1,500.	0.			UNRESTRICTED
WORCESTER COMMON GROUND 7-11 BELLEVUE STREET WORCESTER, MA 01609		501(C)3	15,000.	0.			OPERATING SUPPORT
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET, SUITE 200 WORCESTER, MA 01608-1810		501(C)3	10,000.	0.			COMMUNITY CONNECTIONS PARENT CENTER
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET, SUITE 200 WORCESTER, MA 01608-1810		501(C)3	13,219.	0.			COLLEGIATE SUCCESS INSTITUTE
WORCESTER COMMUNITY HOUSING RESOURCES - 11 PLEASANT STREET, SUITE 300 - WORCESTER, MA 01609		501(C)3	17,000.	0.			NEIGHBORHOOD STABILIZATION
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	2,000.	0.			FOR WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	4,000.	0.			FOR WORCESTER TREE INITIATIVE EXPENSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	70,000.	0.			FOR WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	1,250.	0.			UNRESTRICTED
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	1,250.	0.			ANNUAL APPEAL
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	20,000.	0.			FOR WORCESTER TREE INITIATIVE EXPENSES
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	2,500.	0.			ANNUAL APPEAL
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	127.	0.			UNRESTRICTED
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	390.	0.			UNRESTRICTED
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	40,000.	0.			FOR WORCESTER TREE INITIATIVE EXPENSES

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

**Employer identification number
04-2572276**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY HORTICULTURAL SOCIETY/TOWER HILL BOTANIC GARDEN - 11 FRENCH DRIVE PO BOX 598 - BOYLSTON, MA 01505		501(C)3	300.	0.			FALL APPEAL
WORCESTER COUNTY MECHANICS ASSOCIATION/MECHANICS HALL - 321 MAIN STREET - WORCESTER, MA 01608		501(C)3	300.	0.			MEMBERSHIP AND ANNUAL APPEAL
WORCESTER COUNTY MECHANICS ASSOCIATION/MECHANICS HALL - 321 MAIN STREET - WORCESTER, MA 01608		501(C)3	25,000.	0.			TO SUPPLEMENT REGULAR OPERATING INCOME NEEDED TO MEET OPERATING EXPENSES
WORCESTER COUNTY MECHANICS ASSOCIATION/MECHANICS HALL - 321 MAIN STREET - WORCESTER, MA 01608		501(C)3	250.	0.			MECHANICS HALL ANNUAL FUND
WORCESTER CULTURAL COALITION 44 FRONT STREET, SUITE 530 WORCESTER, MA 01608		501(C)3	9,669.	0.			10TH ANNIVERSARY
WORCESTER EAST SIDE COMMUNITY DEVELOPMENT CORPORATION - 409 SHREWSBURY STREET - WORCESTER, MA 01604		501(C)3	20,000.	0.			REVITALIZATION STRATEGIES
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609		501(C)3	100.	0.			GENERAL SUPPORT
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609		501(C)3	4,145.	0.			TRANSPORTATION OF EB LUCE COLLECTION TO WHM AND LIBRARY COPIER

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WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609		501(C)3	2,500.	0.			"REMAKING HISTORIC HOUSE MUSEUM IN THE 21ST CENTURY"
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609		501(C)3	14,156.	0.			CURATOR OPERATIONS WITH AN EMPHASIS ON EXHIBITIONS
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609		501(C)3	10,120.	0.			SALISBURY MANSION PROGRAMS AND CURATOR
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609		501(C)3	86,500.	0.			AGENCY FUND DISTRIBUTION
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609		501(C)3	600.	0.			UNRESTRICTED
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609		501(C)3	500.	0.			WPI ANNUAL FUND
WORCESTER REGIONAL RESEARCH BUREAU 319 MAIN STREET WORCESTER, MA 01608		501(C)3	2,815.	0.			ANNUAL DISTRIBUTION FOR THE HARRINGTON PUBLIC FORUMS ON MUNICIPAL GOVERNMENT
WORCESTER REGIONAL RESEARCH BUREAU 319 MAIN STREET WORCESTER, MA 01608		501(C)3	5,000.	0.			RESEARCH & EDUCATION

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

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WORCESTER STATE COLLEGE 486 CHANDLER STREET WORCESTER, MA 01602-2597		501(C)3	10,000.	0.			FAIRLAWN NURSE SCHOLARS
WORCESTER STATE COLLEGE 486 CHANDLER STREET WORCESTER, MA 01602-2597		501(C)3	1,500.	0.			CRAFT CENTER PROGRAM
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602		501(C)3	10,278.	0.			OPERATING SUPPORT
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602		501(C)3	1,500.	0.			FOR NEEDY OR DEPRIVED YOUTH
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602		501(C)3	1,000.	0.			ANNUAL CAMPAIGN
Y.O.U., INC. 81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	10,000.	0.			SOUTHBRIDGE UPWARD BOUND SCHOLARS
Y.O.U., INC. 81 PLANTATION STREET WORCESTER, MA 01604		501(C)3	500.	0.			SOUTHBRIDGE FAMILY CENTER
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610		501(C)3	1,500.	0.			UNRESTRICTED GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009

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Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION,
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**Employer identification number
04-2572276**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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		501(C)3	13,322.	0.			MEN'S HEALTH INITIATIVE
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610		501(C)3	20,000.	0.			KIDS ON THE MOVE
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610		501(C)3	300.	0.			NAUTILUS CENTER
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610		501(C)3	1,500.	0.			UNRESTRICTED
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610		501(C)3	11,613.	0.			MINORITY ACHEIVERS
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610		501(C)3	500.	0.			HERITAGE FUND
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610		501(C)3	1,000.	0.			UNRESTRICTED
YOUTHNET 125 PROVIDENCE STREET WORCESTER, MA 01604		501(C)3	15,000.	0.			SUMMER 2009

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**SCHEDULE I-1
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Department of the Treasury
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04-2572276**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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		501(C)3	1,500.	0.			GIRLS C.H.O.I.C.E.
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608		501(C)3	7,500.	0.			YOUNG PARENT PROGRAM
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608		501(C)3	7,500.	0.			DROP-IN RESPITE
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608		501(C)3	10,000.	0.			DAYBREAK COMMUNITY EDUCATION
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608		501(C)3	10,000.	0.			DAYBREAK COMMUNITY SERVICES
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608		501(C)3	1,500.	0.			FOR NEEDY OR DEPRIVED YOUTH

Part IV Supplemental Information

GREATER WORCESTER 32 MASONIC LEARNING CENTER FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO PAY UTILITY COSTS AT
THE GREATER WORCESTER 32 MASONIC LEARNING CENTER LOCATED AT 1 IONIC AVE
IN WORCESTER

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CONTINUED SERVICE TO
HOMELESS FAMILIES OF WORCESTER COUNTY THROUGH THE INTERFAITH HOSPITALITY
NETWORK

NAME OF ORGANIZATION OR GOVERNMENT: LIBERTY CHURCHES

(H) PURPOSE OF GRANT OR ASSISTANCE: A MINISTRY OR MINISTRIES IN NEED
WITHIN MISSION WITH APPLICATION DETERMINED BY PASTOR WILL BARD

NAME OF ORGANIZATION OR GOVERNMENT: UMASS MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HEALTH CARE SERVICES TO
RESIDENTS OF THE WACHUSETT REGION FROM FACILITIES LOCATED THEREIN

NAME OF ORGANIZATION OR GOVERNMENT: UMASS MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH FELLOWSHIPS FOR THE STUDY
OF HEART/ARTERIAL DISEASE OR ARTHRITIS AT UMASS MEDICAL SCHOOL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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

FORM 990, PART VI, SECTION A, LINE 6: THE FOUNDATION HAS A BODY OF
CORPORATORS, NUMBERING UP TO 300, WHO ARE RESIDENTS OF THE COMMUNITIES
SERVED BY THE FOUNDATION AND WHOSE POWERS ARE LIMITED TO ELECTION OF OTHER
MEMBERS, ELECTION OF THE BOARD OF DIRECTORS, AND APPROVAL OF ANY AMENDMENTS
TO THE BYLAWS. THE BUSINESS OF THE FOUNDATION IS MANAGED BY THE DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: SEE EXPLANATION FOR PART VI, LINE 6

FORM 990, PART VI, SECTION A, LINE 7B: SEE EXPLANATION FOR PART VI, LINE 6

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, AFTER WHICH IT IS MAILED TO EACH
DIRECTOR PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MAINTAINS A CURRENT
LISTING OF BUSINESS, PROFESSIONAL AND SERVICE AFFILIATIONS BY MEMBERS OF
ITS BOARD OF DIRECTORS, COMMITTEES AND EMPLOYEES. EACH INDIVIDUAL ANNUALLY
COMPLETES A DECLARATION OF AFFILIATIONS TO ENSURE THAT THIS LIST REMAINS
CURRENT. IF AN INDIVIDUAL IS AFFILIATED WITH AN ORGANIZATION THAT IS UNDER
CONSIDERATION FOR A GRANT FROM THE FOUNDATION, THE INDIVIDUAL MAY NOT BE
INVOLVED IN THE DISCUSSION AND MAY NOT VOTE.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT OF THE FOUNDATION

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Name of the organization

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Employer identification number
04-2572276

CONDUCTS AN ANNUAL APPRAISAL OF THE EXECUTIVE DIRECTOR, WITH INPUT FROM EACH BOARD MEMBER. COMMENTS ARE USED TO HELP THE BOARD ASSESS AND SUPPORT THE EXECUTIVE DIRECTOR. AN EVALUATION TAKES PLACE DURING A SPECIAL MEETING FOR WHICH MINUTES ARE TAKEN AND KEPT ON FILE. ANNUAL COMPENSATION IS DETERMINED BY BENCHMARKING SALARY SURVEYS SUPPLIED BY THE COUNCIL ON FOUNDATIONS.

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SALARY ADMINISTRATION AND USES BENCHMARKING SALARY SURVEYS SUPPLIED BY LOCAL NONPROFIT NETWORKS AND THE COUNCIL ON FOUNDATIONS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. CONFLICT OF INTEREST POLICIES ARE DISSEMINATED TO ALL PERSONS WHO SERVE ON ANY FOUNDATION COMMITTEES. AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S WEBSITE. IN ADDITION, THE STATEMENT OF FINANCIAL POSITION AND THE STATEMENT OF ACTIVITIES ARE PRINTED IN THE FOUNDATION'S ANNUAL REPORT. FORM 990 IS POSTED ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE D, PART V

GREATER WORCESTER COMMUNITY FOUNDATION INVESTS ALL FUNDS FOR THE LONG TERM. AS A RESULT, THE ENDOWMENT FUNDS TABLE INCLUDES ALL ENDOWMENT, TEMPORARILY RESTRICTED AND AGENCY FUNDS.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **GREATER WORCESTER COMMUNITY FOUNDATION, INC.** **Employer identification number** **04-2572276**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
FAIRLAWN FOUNDATION - 04-2983690 370 MAIN STREET WORCESTER, MA 01608	HEALTH GRANTMAKING	MASSACHUSETTS	501(C)(3)	SUPPORTING ORG	N/A

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

