

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER WORCESTER COMMUNITY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 370 MAIN STREET City or town, state or province, country, and ZIP or foreign postal code WORCESTER, MA 01608 F Name and address of principal officer: J. CHRISTOPHER COLLINS SAME AS C ABOVE	D Employer identification number 04-2572276 E Telephone number 508-755-0980 G Gross receipts \$ 39,265,272. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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) <input type="checkbox"/> 501(c) () (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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GREATER WORCESTER COMMUNITY FOUNDATION'S MISSION IS TO BUILD HEALTHY AND VIBRANT COMMUNITIES IN 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) 6 276 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">13,163,124.</td> <td style="text-align: right;">12,891,363.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">204,446.</td> <td style="text-align: right;">278,716.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">4,506,042.</td> <td style="text-align: right;">9,420,776.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">246,093.</td> <td style="text-align: right;">256,568.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">18,119,705.</td> <td style="text-align: right;">22,847,423.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	13,163,124.	12,891,363.	9 Program service revenue (Part VIII, line 2g)	204,446.	278,716.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,506,042.	9,420,776.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	246,093.	256,568.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,119,705.	22,847,423.							
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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 J. CHRISTOPHER COLLINS, BOARD CHAIR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHARLES J. WEBB, CPA	Preparer's signature CHARLES J. WEBB, CPA
	Firm's name ▶ AAFPCAS, INC.	Date 11/03/22
	Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581	Check if self-employed <input type="checkbox"/> PTIN P01584539
		Firm's EIN ▶ 04-2571780
		Phone no. 508-366-9100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GREATER WORCESTER COMMUNITY FOUNDATION'S MISSION IS TO BUILD HEALTHY AND VIBRANT COMMUNITIES IN CENTRAL MASSACHUSETTS. THE FOUNDATION WORKS WITH DONORS, BUILDS CHARITABLE ENDOWMENTS, AND PROVIDES SUPPORT TO NONPROFITS IN THE AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,422,780. including grants of \$ 10,422,780.) (Revenue \$ 278,716.) DONOR ADVISED AND DESIGNATED GRANTMAKING: FORMALLY STRUCTURED TO ENABLE THE DONOR TO SUGGEST SPECIFIC GRANTS FROM FUNDS. INCLUDES FUNDS ESTABLISHED AS ENDOWMENTS FOR SPECIFIC AGENCIES. ALSO INCLUDES GRANTING FROM FUNDS ESTABLISHED BY NON-PROFIT ORGANIZATIONS FOR THEIR OWN BENEFIT (AGENCY FUNDS).

4b (Code:) (Expenses \$ 3,409,361. including grants of \$ 1,090,839.) (Revenue \$ 256,568.) DISCRETIONARY AND FIELD OF INTEREST GRANTMAKING: DISCRETIONARY FUNDS HAVE NO EXTERNAL RESTRICTIONS ON THEIR GRANT PURPOSE. FIELD OF INTEREST FUNDS SUPPORT A CLASS OF CHARITABLE BENEFICIARIES. SUCH GRANTS ARE AWARDED THROUGH COMPETITIVE PROCESSES, REQUIRING APPLICATIONS AND PROGRESS REPORTS TO BE SUBMITTED.

4c (Code:) (Expenses \$ 800,063. including grants of \$ 800,063.) (Revenue \$) OTHER PROGRAM SERVICES INCLUDE: COMMUNITY LEADERSHIP SERVICES, NON-PROFIT MANAGEMENT TRAININGS, DONOR EDUCATION, AND OTHER.

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

4e Total program service expenses 14,632,204.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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> See instructions		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
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 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 508-755-0980
370 MAIN STREET, WORCESTER, MA 01608**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA FIELDS PRESIDENT & CEO (UNTIL 3/21)	40.00			X			163,762.	0.	16,980.	
(2) CAROLYN STEPLER INTERIM PRESIDENT & CEO (AS OF 3/21)	40.00			X			152,775.	0.	7,639.	
(3) JONATHAN COHEN VICE PRESIDENT FOR PROGRAM	40.00			X			120,414.	0.	26,790.	
(4) KELLY STIMSON DIR. OF DONOR SERVICES	40.00			X			108,534.	0.	13,547.	
(5) DIANE ALLAIN VP OF FINANCE & ADMIN	40.00			X			104,248.	0.	13,142.	
(6) KOLA AKINDELE CLERK	2.00	X		X			0.	0.	0.	
(7) THOMAS J. BARTHOLOMEW TREASURER	2.00	X		X			0.	0.	0.	
(8) J. CHRISTOPHER COLLINS VICE CHAIR	2.00	X		X			0.	0.	0.	
(9) MIKE ANGELINI DIRECTOR	1.00	X					0.	0.	0.	
(10) JOYCELYN AUGUSTUS DIRECTOR	1.00	X					0.	0.	0.	
(11) JENNIFER DAVIS CAREY DIRECTOR	1.00	X					0.	0.	0.	
(12) MATILDE CASTIEL DIRECTOR	1.00	X					0.	0.	0.	
(14) JACK L. FOLEY DIRECTOR	1.00	X					0.	0.	0.	
(15) MARIA A. HESKES-ALLARD DIRECTOR	1.00	X					0.	0.	0.	
(16) LINDA CARRE LOOFT DIRECTOR	1.00	X					0.	0.	0.	
(17) CHRISTOPHER W. MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(18) LISA MCDONOUGH DIRECTOR	1.00	X					0.	0.	0.	

GREATER WORCESTER COMMUNITY FOUNDATION, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(19) NADIA MCGOURTHY DIRECTOR	1.00	X						0.	0.	0.
(20) SATYA B. MITRA DIRECTOR	1.00	X						0.	0.	0.
(21) SONIA PAULINO DIRECTOR	1.00	X						0.	0.	0.
(22) KIMBERLY M. SALMON DIRECTOR	1.00	X						0.	0.	0.
(23) ERIC TORKORNOO DIRECTOR	1.00	X						0.	0.	0.
(24) CHE ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(25) ANH VU SAWYER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								649,733.	0.	78,098.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								649,733.	0.	78,098.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VARDE INVESTMENT PARTNERS, 94 SOLARIS AVE, CAMANA BAY, GRAND CAYMEN, CAYMAN ISLANDS	INVESTMENT MANAGER FEES	150,811.
ADAGE CAPITAL PARTNERS 2000 WESTCHESTER AVENUE, PURCHASE, NY 10577	INVESTMENT MANAGER FEES	137,639.
PRIME BUCHHOLZ, 273 CORPORATE DR. STE 250, PORTSMOUTH, NH 03801	INVESTMENT ADVISOR	125,056.
DAVIDSON KEMPNER INST. PARTNERS 101 BARCLAY ST, NEW YORK, NY 10286	INVESTMENT MANAGER FEES	103,638.
WESTWOOD GLOBAL INVESTMENTS, ONE FINANCIAL CENTER SUITE 1620, BOSTON, MA 02111	INVESTMENT MANAGER FEES	100,996.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 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	12,891,363.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,748,067.		
	h Total. Add lines 1a-1f			12,891,363.		
Program Service Revenue	2 a AGENCY FUND FEES		Business Code			
			523000	278,716.	278,716.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			278,716.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,788,716.		2,788,716.
	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			
				23,049,909.		
	b	Less: cost or other basis and sales expenses		16,417,849.		
	c	Gain or (loss)		6,632,060.		
	d Net gain or (loss)			6,632,060.		6,632,060.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
b Less: direct expenses		8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a OTHER REVENUE		Business Code			
			900099	256,568.	256,568.	
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d			256,568.			
12 Total revenue. See instructions			22,847,423.	535,284.	0.	9,420,776.

**GREATER WORCESTER COMMUNITY FOUNDATION,
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,599,302.	11,599,302.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	714,380.	714,380.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	736,085.	294,302.	164,607.	277,176.
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	483,583.	253,516.	80,640.	149,427.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,992.	12,545.	4,010.	7,437.
9 Other employee benefits	60,673.	21,166.	13,271.	26,236.
10 Payroll taxes	107,604.	47,974.	21,658.	37,972.
11 Fees for services (nonemployees):				
a Management				
b Legal	25,245.		25,245.	
c Accounting	52,520.		52,520.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,412,449.	1,412,449.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	228,009.	88,941.	118,593.	20,475.
12 Advertising and promotion	169,510.	93,494.		76,016.
13 Office expenses	105,741.	47,144.	21,283.	37,314.
14 Information technology				
15 Royalties				
16 Occupancy	94,178.	41,989.	18,955.	33,234.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,762.	3,601.	28,161.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,630.		56,630.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SOFTWARE LICENSING AND	65,974.		65,974.	
b TEMPORARY HELP	38,828.		38,828.	
c MEMBERSHIPS AND SUBSCRI	17,517.	1,401.	8,934.	7,182.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,023,982.	14,632,204.	719,309.	672,469.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**GREATER WORCESTER COMMUNITY FOUNDATION,
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,554,523.	1	1,591,598.	
	2 Savings and temporary cash investments	5,091,618.	2	2,568,003.	
	3 Pledges and grants receivable, net	14,355.	3	10,106.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	154,131.	9	1,169,733.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 449,981.			
	b Less: accumulated depreciation	10b 390,593.	116,018.	10c	59,388.
	11 Investments - publicly traded securities	72,900,697.	11	96,974,943.	
	12 Investments - other securities. See Part IV, line 11	100,234,815.	12	98,102,481.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	180,066,157.	16	200,476,252.		
Liabilities	17 Accounts payable and accrued expenses	119,196.	17	108,540.	
	18 Grants payable	563,650.	18	506,900.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,960,028.	25	41,322,913.	
	26 Total liabilities. Add lines 17 through 25	35,642,874.	26	41,938,353.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	1,469,273.	27	2,227,442.	
	28 Net assets with donor restrictions	142,954,010.	28	156,310,457.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	144,423,283.	32	158,537,899.	
33 Total liabilities and net assets/fund balances	180,066,157.	33	200,476,252.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,847,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,023,982.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,823,441.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	144,423,283.
5	Net unrealized gains (losses) on investments	5	14,067,407.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-6,776,232.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	158,537,899.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,893,535.	7,765,675.	4,894,632.	13,163,124.	12,891,363.	44,608,329.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	5,893,535.	7,765,675.	4,894,632.	13,163,124.	12,891,363.	44,608,329.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,998,156.
6 Public support. Subtract line 5 from line 4.						40,610,173.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,893,535.	7,765,675.	4,894,632.	13,163,124.	12,891,363.	44,608,329.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	835,849.	2,320,158.	1,739,769.	1,703,920.	2,788,716.	9,388,412.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						53,996,741.
12 Gross receipts from related activities, etc. (see instructions)					12	1,420,000.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f)).....	14	75.21 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	78.60 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	125	
2 Aggregate value of contributions to (during year)	1,657,117.	
3 Aggregate value of grants from (during year)	2,169,489.	
4 Aggregate value at end of year	25,633,295.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	121,400,888.	115,823,376.	103,205,729.	114,054,234.	103,628,987.
b Contributions	2,673,311.	323,454.	570,417.	1,771,787.	682,503.
c Net investment earnings, gains, and losses	15,213,259.	11,850,788.	17,673,257.	-7,183,736.	15,384,670.
d Grants or scholarships	2,374,658.	5,018,455.	4,232,626.	4,210,587.	4,441,734.
e Other expenditures for facilities and programs					
f Administrative expenses	2,024,756.	1,578,275.	1,393,401.	1,225,969.	1,200,192.
g End of year balance	134,888,044.	121,400,888.	115,823,376.	103,205,729.	114,054,234.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 70.7900 %
 - c Term endowment 29.2100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		100,005.	100,005.	0.
d Equipment		349,976.	290,588.	59,388.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				59,388.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DOMESTIC EQUITIES	37,820,418.	END-OF-YEAR MARKET VALUE
(B) INTERNATIONAL EQUITIES	15,212,724.	END-OF-YEAR MARKET VALUE
(C) HEDGED EQUITY	35,424,705.	END-OF-YEAR MARKET VALUE
(D) REAL ASSET FUNDS	9,644,634.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	98,102,481.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUND LIABILITY	40,454,397.
(3) SPLIT INTEREST AGREEMENTS	868,516.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	41,322,913.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	25,422,684.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	14,067,407.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-10,079,697.
e	Add lines 2a through 2d	2e	3,987,710.
3	Subtract line 2e from line 1	3	21,434,974.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,412,449.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,412,449.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,847,423.

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

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

1	Total expenses and losses per audited financial statements	1	11,308,068.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-3,303,465.
e	Add lines 2a through 2d	2e	-3,303,465.
3	Subtract line 2e from line 1	3	14,611,533.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,412,449.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,412,449.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,023,982.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2021. THE FOUNDATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-133,757.
INVESTMENT RETURN FOR AGENCY ENDOWMENTS	-4,371,222.
GIFTS AND DONATIONS FOR AGENCY ENDOWMENTS	-5,574,718.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-10,079,697.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DISTRIBUTIONS FOR AGENCY FUNDS	-3,303,465.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Employer identification number
04-2572276

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND CARRIBEAN	0	0	INVESTMENTS		28,835,849.
3 a Subtotal	0	0			28,835,849.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			28,835,849.

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

Schedule F (Form 990) 2021

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

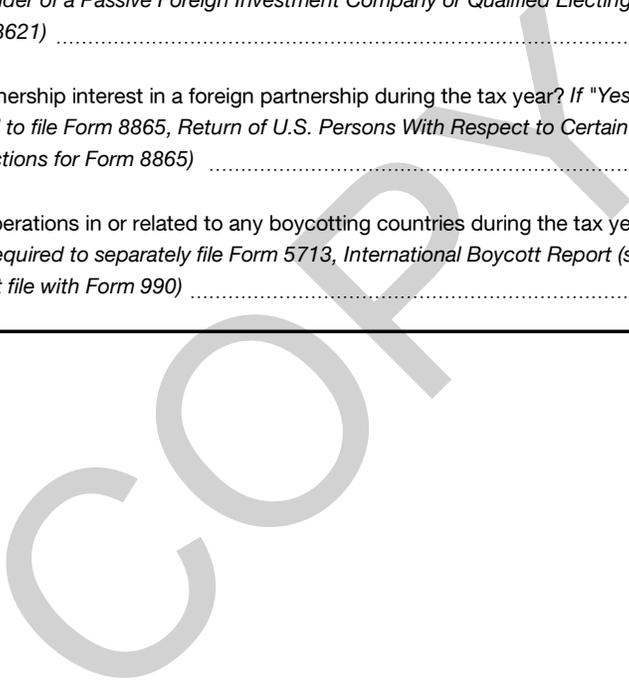
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2021



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number
04-2572276

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609-2409	04-2648411	501(C)(3)	25,000.	0.			ADVOCACY & SUPPORTIVE SERVICES PROGRAM
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609-2409	04-2648411	501(C)(3)	6,000.	0.			ANNETTE RAFFERTY SURVIVE TO THRIVE FUND
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609-2409	04-2648411	501(C)(3)	30,000.	0.			OPERATING SUPPORT
ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609-2409	04-2648411	501(C)(3)	17,985.	0.			UNRESTRICTED
AFRICAN COMMUNITY EDUCATION PROGRAM - 484 MAIN STREET, SUITE 355 - WORCESTER, MA 01608	14-1970474	501(C)(3)	50,000.	0.			OPERATING SUPPORT
AFRICAN COMMUNITY EDUCATION PROGRAM - 484 MAIN STREET, SUITE 355 - WORCESTER, MA 01608	14-1970474	501(C)(3)	2,536,572.	0.			PURCHASE BUILDING, 51 GAGE STREET, WORCESTER, MA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 159.

3 Enter total number of other organizations listed in the line 1 table ▶ 60.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS EPISCOPAL CHURCH 10 IRVING STREET WORCESTER, MA 01609-3210	31-1629166	501(C)(3)	22,959.	0.			UNRESTRICTED
AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY - 3615 WISCONSIN AVENUE, NW - WASHINGTON, DC 20016-3007	13-1958990		10,000.	0.			CAMPAIGN FOR AMERICA'S KIDS
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609-1636	04-2103652	501(C)(3)	25,966.	0.			UNRESTRICTED
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, #118 HUDSON, OH 44236	34-1747398		109,000.	0.			FUND ID K20100
ANGELS-NET FOUNDATION, INC. 360 WEST BOYLSTON STREET, SUITE 213 WEST BOYLSTON, MA 01583-2368	45-0576321	501(C)(3)	15,000.	0.			EDUCATIONAL PROGRAMS FOR IMMIGRANT AND REFUGEE CHILDREN, YOUTH, AND FAMILIES
ANGELS-NET FOUNDATION, INC. 360 WEST BOYLSTON STREET, SUITE 213 WEST BOYLSTON, MA 01583-2368	45-0576321	501(C)(3)	15,000.	0.			VACCINE EQUITY AND OUTREACH TO AFRICAN IMMIGRANTS COUNTY WIDE
ANNA MARIA COLLEGE 50 SUNSET LANE, BOX P PAXTON, MA 01612-1198	04-2002060	501(C)(3)	15,000.	0.			DAY OF GIVING
ANSAAR OF WORCESTER 26 SHREWSBURY STREET WEST BOYLSTON, MA 01583-2104	82-1371776		25,000.	0.			OPERATING SUPPORT
APPLE TREE ARTS ONE GRAFTON COMMON GRAFTON, MA 01519-1532	04-3267088	501(C)(3)	10,000.	0.			OPERATING SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSWORCESTER 44 PORTLAND STREET WORCESTER, MA 01608-2023	04-2768202	501(C)(3)	10,500.	0.			FRAMING THE FUTURE
ARTSWORCESTER 44 PORTLAND STREET WORCESTER, MA 01608-2023	04-2768202	501(C)(3)	17,500.	0.			OPERATING SUPPORT
ARTSWORCESTER 44 PORTLAND STREET WORCESTER, MA 01608-2023	04-2768202	501(C)(3)	7,500.	0.			STRATEGIC PLAN 2022-2024
ASCENTRIA COMMUNITY SERVICES 14 E. WORCESTER STREET, SUITE 300 WORCESTER, MA 01604	04-3566243	501(C)(3)	15,000.	0.			IMMIGRATION LEGAL ASSISTANCE PROGRAM
ASSUMPTION UNIVERSITY 500 SALISBURY STREET WORCESTER, MA 01609-1296	04-2105776	501(C)(3)	12,800.	0.			BARBARA HAGOPIAN WASGATT SCHOLARSHIP
AUDIO JOURNAL, INC. 799 WEST BOYLSTON STREET, SUITE 5 WORCESTER, MA 01606-3071	04-3519488	501(C)(3)	7,500.	0.			OPERATING SUPPORT
BANCROFT SCHOOL 110 SHORE DRIVE WORCESTER, MA 01605-3198	04-2103861	501(C)(3)	26,049.	0.			UNRESTRICTED
BE LIKE BRIT FOUNDATION, INC. 66 PULLMAN ST. WORCESTER, MA 01606	27-1857525	501(C)(3)	15,000.	0.			HOLDEN RACE
BE LIKE BRIT FOUNDATION, INC. 66 PULLMAN ST. WORCESTER, MA 01606	27-1857525	501(C)(3)	38,000.	0.			UNRESTRICTED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK EXCELLENCE ACADEMY WORCESTER STATE UNIVERSITY WORCESTER, MA 01602	04-3338778		15,000.	0.			BLACK EXCELLENCE ACADEMY
BLACK EXCELLENCE ACADEMY WORCESTER STATE UNIVERSITY WORCESTER, MA 01602	04-3338778		25,000.	0.			OPERATING SUPPORT
BOURQUE FAMILY FOUNDATION, INC. 800 W. CUMMINGS, PARK STE. 3700 WOBURN, MA 01801	82-1999119		5,500.	0.			SPREADING BETTY'S SMILE
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610-2520	04-2105851	501(C)(3)	25,000.	0.			CARE PROGRAM: COMMITTED ALLIES REACH FOR EQUITY
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610-2520	04-2105851	501(C)(3)	7,500.	0.			FOOD PANTRY
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610-2520	04-2105851	501(C)(3)	20,000.	0.			LEARNING LOSS RECOVERY AFTER COVID
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610-2520	04-2105851	501(C)(3)	10,000.	0.			MUSIC IS THE KEY PARTNERSHIP: A MUSIC AND MENTORING PILOT PROJECT
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610-2520	04-2105851	501(C)(3)	10,000.	0.			SUMMER TEEN PROGRAM
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610-2520	04-2105851	501(C)(3)	24,049.	0.			UNRESTRICTED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING FUTURES, INC. 40 BELMONT STREET WORCESTER, MA 01605	01-0628266	501(C)(3)	7,300.	0.			POP UP MOBILE MARKET PARTNERSHIP WITH REGIONAL ENVIRONMENTAL COUNCIL
CAMP PUTNAM, INC 141 RUTHERFORD ROAD NEW BRAINTREE, MA 01531-1829	04-6004880	501(C)(3)	7,500.	0.			OPERATING SUPPORT
CATHERINE J. MALATESTA FOUNDATION 64 WINCHESTER ROAD ARLINGTON, MA 02474	83-6366124		5,500.	0.			UNRESTRICTED
CATHOLIC CHARITIES WORCESTER COUNTY - 10 HAMMOND STREET - WORCESTER, MA 01610-1513	04-2103979	501(C)(3)	18,000.	0.			COVID RELIEF FUND THROUGH CATHOLIC CHARITIES WORCESTER COUNTY
CATHOLIC CHARITIES WORCESTER COUNTY - 10 HAMMOND STREET - WORCESTER, MA 01610-1513	04-2103979	501(C)(3)	65,000.	0.			OPERATING SUPPORT
CENTRAL MA HOUSING ALLIANCE 6 INSTITUTE ROAD WORCESTER, MA 01609	04-2791448	501(C)(3)	15,000.	0.			PUBLIC EDUCATION AND ADVOCACY
CENTRAL MASSACHUSETTS AGENCY ON AGING - 330 SW CUTOFF STE 203 - WORCESTER, MA 01604-2730	04-2547633	501(C)(3)	12,500.	0.			EQUITABLE DENTAL CARE FOR SENIORS
CENTRAL NEW ENGLAND EQUINE RESCUE 96 NEW BRAINTREE RD. WEST BROOKFIELD, MA 01585	42-1608505	501(C)(3)	5,135.	0.			OPERATING SUPPORT
CHILDREN'S FRIEND, AN AFFILIATE OF SEVEN HILLS FOUNDATION - 20 CEDAR STREET - WORCESTER, MA 01609	04-2105856	501(C)(3)	15,000.	0.			THE GENDER WELLNESS INITIATIVE

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GREATER WORCESTER COMMUNITY FOUNDATION,
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WORCESTER CULTURAL DEVELOPMENT DIVISION - 455 MAIN STREET - WORCESTER, MA 01608	04-6001418		10,000.	0.			WORCESTER ARTS COUNCIL
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610-1477	04-2111203	501(C)(3)	5,800.	0.			CLARK UNIVERSITY COMMUNITY ACHIEVEMENT AWARD
COALITION FOR A HEALTHY GREATER WORCESTER - 1 SALEM SQUARE - WORCESTER, MA 01608	04-2105873		32,500.	0.			OPERATING SUPPORT
COALITION FOR A HEALTHY GREATER WORCESTER - 1 SALEM SQUARE - WORCESTER, MA 01608	04-2105873		10,000.	0.			TRAUMA, RESILIENCY AND RACIAL EQUITY TRAINING INSTITUTE
COALITION FOR A HEALTHY GREATER WORCESTER - 1 SALEM SQUARE - WORCESTER, MA 01608	04-2105873		12,000.	0.			VACCINE EQUITY CLINICS IN WORCESTER
COLLEGE OF THE HOLY CROSS ONE COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	9,762.	0.			TELLING JOURNEYS: VISUAL STORYTELLING IN RECOVERY
COMMUNITY HARVEST PROJECT, INC. 37 WHEELER ROAD NORTH GRAFTON, MA 01536-1104	04-3424018	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY HARVEST PROJECT, INC. 37 WHEELER ROAD NORTH GRAFTON, MA 01536-1104	04-3424018	501(C)(3)	10,000.	0.			OPERATING SUPPORT
COMMUNITY HEALTH AWARENESS NETWORK 114 ENDICOTT STREET, # 2 WORCESTER, MA 01610	83-3277432		5,750.	0.			WORCESTER AFRICAN IMMIGRANT COMMUNITY COVID EQUITY VACCINE OUTREACH

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTHLINK 72 JAQUES AVENUE, THIRD FLOOR WORCESTER, MA 01610-2480	04-2626179	501(C)(3)	12,500.	0.			YOUTH AND FAMILY SERVICES
COMMUNITY LEGAL AID 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	15,000.	0.			IMMIGRANT LEGAL ADVOCACY PROJECT
COMMUNITY SERVINGS, INC. 179 ARMORY STREET JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	10,000.	0.			NUTRITION PROGRAM FOR WORCESTER COUNTY RESIDENTS AFFECTED BY CRITICAL & CHRONIC
CRAWFORD MEMORIAL LIBRARY 40 SCHOFIELD AVENUE DUDLEY, MA 01571-3264	04-6001134	501(C)(3)	70,000.	0.			DEVELOPMENT OF VACANT LOT
CRAWFORD MEMORIAL LIBRARY 40 SCHOFIELD AVENUE DUDLEY, MA 01571-3264	04-6001134	501(C)(3)	15,000.	0.			PROGRAMMING
CREATIVE HUB WORCESTER 653 MAIN STREET WORCESTER, MA 01608	81-2613929		10,000.	0.			STRENGTHENING FAMILIES & RAISING RESILIENCE
CROCODILE RIVER MUSIC/AFRICAN ARTS IN EDUCATION - 44 PORTLAND STREET, 7TH FLOOR - WORCESTER, MA 01608	14-1970474		50,000.	0.			CROCODILE RIVER MUSIC
CROCODILE RIVER MUSIC/AFRICAN ARTS IN EDUCATION - 44 PORTLAND STREET, 7TH FLOOR - WORCESTER, MA 01608	14-1970474		20,000.	0.			OPERATING SUPPORT
CULTURAL EXCHANGE THROUGH SOCCER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867		20,000.	0.			YOUTH LEADERSHIP THROUGH SOCCER

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GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE ATTN: CONTRIBUTION SERVICES BROOKLINE, MA 02445-7226	04-2263040	501(C)(3)	10,250.	0.			UNRESTRICTED
DCF MASSACHUSETTS WONDERFUND, INC. 600 WASHINGTON STREET, 6TH FLOOR BOSTON, MA 02111-1744	04-3443890	501(C)(3)	25,000.	0.			TO PURCHASE HOLIDAY GIFTS FOR AREA CHILDREN IN FOSTER CARE.
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	10,000.	0.			ADOPT-A-STUDENT
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	22,500.	0.			LEGACY OF HOPE
DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609	04-2106686	501(C)(3)	10,000.	0.			PARTNERS IN CHARITY
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	30,000.	0.			OPERATING SUPPORT
DISMAS HOUSE OF MASSACHUSETTS 30 RICHARDS STREET WORCESTER, MA 01603	54-2075825	501(C)(3)	12,500.	0.			RECOVERY GROWS WORCESTER
DRESS FOR SUCCESS WORCESTER INC. PO BOX 16115 WORCESTER, MA 01608	26-3168663	501(C)(3)	12,500.	0.			OPERATING SUPPORT
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	32,867.	0.			ENVIRONMENTAL EDUCATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER - 650 LINCOLN STREET, SUITE 1 - WORCESTER, MA 01605-2060	04-2513817	501(C)(3)	13,250.	0.			OPENING UP ACCESS TO ORAL HEALTH CARE FOR BURNCOAT JR. AND SR. HIGH STUDENTS
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER - 650 LINCOLN STREET, SUITE 1 - WORCESTER, MA 01605-2060	04-2513817	501(C)(3)	6,207.	0.			OPTOMETRY SERVICES
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER - 650 LINCOLN STREET, SUITE 1 - WORCESTER, MA 01605-2060	04-2513817	501(C)(3)	10,000.	0.			PREVENTATIVE DENTAL CARE AT NORTH HIGH SCHOOL
EDWARD STREET CHILD SERVICES INC 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	25,000.	0.			MASTER TEACHER CONSULTATION PROGRAM
EDWARD STREET CHILD SERVICES INC 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874	501(C)(3)	25,000.	0.			OPERATING SUPPORT
EL BUEN SAMARITANO FOOD PROGRAM, INC. - 39 PIEDMONT STREET - WORCESTER, MA 01610	04-3117161	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ELDER SERVICES OF WORCESTER AREA, INC. - 67 MILLBROOK STREET, SUITE 100 - WORCESTER, MA 01606	04-2545221	501(C)(3)	23,431.	0.			UNRESTRICTED
ELLIE FUND 200 RESERVOIR STREET, SUITE 300 NEEDHAM HEIGHTS, MA 02494	04-3280390		17,500.	0.			EQUITABLE PATHWAYS TO BREAST CANCER CARE IN WORCESTER COUNTY
FAITH BAPTIST CHURCH FOUNDATION 22 FAITH AVE AUBURN, MA 01501	36-2154972		8,000.	0.			FRIDGE PURCHASE

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FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610-2473	04-2485308	501(C)(3)	25,000.	0.			HEALTH CARE FOR HOMELESS FAMILIES PROGRAM
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610-2473	04-2485308	501(C)(3)	15,000.	0.			PERINATAL GROUP PROGRAMS
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610-2473	04-2485308	501(C)(3)	12,416.	0.			VISION CARE AND PRESCRIPTION EYE WEAR
FIRST CONGREGATIONAL PARISH, UNITARIAN PETERSHAM - PO BOX 307 - PETERSHAM, MA 01366-0305	04-2121641	501(C)(3)	8,000.	0.			CHURCH REPAIR
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173	04-2125013	501(C)(3)	5,380.	0.			FOR OPERATIONAL SUPPORT
FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173	04-2125013	501(C)(3)	10,820.	0.			OPERATING SUPPORT
FOOD BANK OF WESTERN MASSACHUSETTS, INC. AKA THE FOOD BANK - P.O. BOX 160 - HATFIELD, MA 01038	04-2751023		7,500.	0.			UNRESTRICTED
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	11,500.	0.			COVID RELIEF FUND THROUGH FRIENDLY HOUSE, INC.
FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	25,000.	0.			FRANCES PERKINS TRANSITIONAL HOUSING

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FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	12,500.	0.			SUPPORT FOR FOOD INITIATIVES
FRIENDS OF HOPE CEMETERY 119 WEBSTER STREET WORCESTER, MA 01603-1915	04-3145864	501(C)(3)	75,000.	0.			REPLACE ALL STREET SIGNS AT HOPE CEMETERY
FRIENDS OF ST. LUKE'S 141 MAIN STREET SOUTHBRIDGE, MA 01550	81-5437066	501(C)(3)	10,000.	0.			HOUSING & WRAP AROUND SUPPORT
GENESIS CLUB HOUSE, INC. 274 LINCOLN STREET WORCESTER, MA 01605-2106	04-2983234	501(C)(3)	30,000.	0.			OPERATING SUPPORT
GIRLS INC., OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604-5411	04-2123666	501(C)(3)	7,500.	0.			HEALTH AND FAMILY SERVICES
GIRLS INC., OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604-5411	04-2123666	501(C)(3)	20,000.	0.			OPERATING SUPPORT
GREATER WORCESTER LAND TRUST 4 ASH STREET WORCESTER, MA 01608	22-2857318	501(C)(3)	10,000.	0.			OPERATING SUPPORT
GROWING PLACES GARDEN PROJECT, INC. - 325 LINDELL AVENUE - LEOMINSTER, MA 01453	10-0004885	501(C)(3)	12,000.	0.			FRESH FOOD EQUITY THROUGH SNAP & HIP
GROWING PLACES GARDEN PROJECT, INC. - 325 LINDELL AVENUE - LEOMINSTER, MA 01453	10-0004885	501(C)(3)	10,000.	0.			OPERATING SUPPORT

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HILLSIDE SCHOOL 404 ROBIN HILL ROAD MARLBOROUGH, MA 01752	04-2111216	501(C)(3)	6,088.	0.			UNRESTRICTED
HOPE COALITION 16 SHAFFNER STREET WORCESTER, MA 01605	04-3358566		12,500.	0.			WORCESTER ADDRESSES CHILDHOOD TRAUMA
HOPE HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908	59-2128697	501(C)(3)	10,000.	0.			UNRESTRICTED
INTERFAITH HOSPITALITY NETWORK OF GREATER WORCESTER - 91 JUNE STREET - WORCESTER, MA 01602	04-2104239		15,000.	0.			OPERATING SUPPORT
IVY CHILD INTERNATIONAL PO BOX 1265 CONCORD, MA 01742-1265	27-4835424	501(C)(3)	10,000.	0.			BREATHE FOR JUSTICE: YOUTH YOGA & MINDFULNESS TEACHER TRAINING INITIATIVE
JEREMIAH'S INN 1059 MAIN STREET WORCESTER, MA 01603	22-2567080	501(C)(3)	7,500.	0.			NUTRITION CENTER
JEREMIAH'S INN 1059 MAIN STREET WORCESTER, MA 01603	22-2567080	501(C)(3)	25,000.	0.			OPERATING SUPPORT
JOY OF MUSIC PROGRAM, INC. 1 GORHAM STREET WORCESTER, MA 01605-3626	04-3055099	501(C)(3)	15,000.	0.			OPERATING SUPPORT
JOY OF MUSIC PROGRAM, INC. 1 GORHAM STREET WORCESTER, MA 01605-3626	04-3055099	501(C)(3)	9,650.	0.			OPERATIONAL SUPPORT

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LATINO EDUCATION INSTITUTE OF WORCESTER STATE UNIVERSITY - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067		82,500.	0.			ASPIRE COMMUNITY ACADEMY (ACA): A COMMUNITY LEARNING HUB
LATINO EDUCATION INSTITUTE OF WORCESTER STATE UNIVERSITY - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067		24,112.	0.			HEALTH AMBASSADOR PILOT PROJECT AT GREAT BROOK VALLEY
LATINO EDUCATION INSTITUTE OF WORCESTER STATE UNIVERSITY - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067		50,000.	0.			OPERATING SUPPORT
LEGENDARY LEGACIES, INC. 46 GREENWOOD STREET WORCESTER, MA 01602	82-4456424		40,000.	0.			OPERATING SUPPORT
LEGENDARY LEGACIES, INC. 46 GREENWOOD STREET WORCESTER, MA 01602	82-4456424		125,000.	0.			VOTING LEGACY
LEICESTER COUNCIL ON AGING LEICESTER SENIOR CENTER LEICESTER, MA 01524-1113	04-6001197	501(C)(3)	6,600.	0.			OUTREACH COORDINATOR
LGBT ASYLUM SUPPORT TASK FORCE 6 CLOVER STREET WORCESTER, MA 01603	04-6074571		20,000.	0.			OPERATING SUPPORT
LITERACY VOLUNTEERS OF GREATER WORCESTER - WORCESTER PUBLIC LIBRARY - WORCESTER, MA 01608	04-2914294	501(C)(3)	20,000.	0.			OPERATING SUPPORT
LITERACY VOLUNTEERS OF SOUTH CENTRAL MASSACHUSETTS - C/O JACOB EDWARDS LIBRARY - SOUTHBRIDGE, MA 01550	02-0725620	501(C)(3)	10,000.	0.			ESOL AND BASIC LITERACY TUTORING PROGRAM

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LIVING IN FREEDOM TOGETHER (LIFT) P.O. BOX 16724 WORCESTER, MA 01610	81-3646918		10,000.	0.			CLOTHING & ACCESSORIES NOT FOR SALE: AN EXHIBIT EXPOSING THE REALITIES OF THE SEX TRADE
LIVING IN FREEDOM TOGETHER (LIFT) P.O. BOX 16724 WORCESTER, MA 01610	81-3646918		40,000.	0.			OPERATING SUPPORT
LOVIN' SPOONFULS, INC. 1304 COMMONWEALTH AVENUE, SUITE E ALLSTON, MA 02134	27-1810597		10,000.	0.			FOOD RESCUE IN WORCESTER COUNTY
MAB COMMUNITY SERVICES - CENTRAL MA - 799 WEST BOYLSTON STREET, SUITE 7 - WORCESTER, MA 01606-3071	04-2109859	501(C)(3)	6,207.	0.			VISION REHABILITATION PROGRAM FOR ELDERS
MAIN SOUTH COMMUNITY DEVELOPMENT CORPORATION - 875 MAIN STREET - WORCESTER, MA 01610	04-2921465	501(C)(3)	50,000.	0.			OPERATING SUPPORT
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	22,596.	0.			ENVIRONMENTAL EDUCATION
MASSACHUSETTS EDUCATION AND CAREER OPPORTUNITIES, INC. - 484 MAIN STREET, SUITE 500 - WORCESTER, MA 01608-1874	23-7055676	501(C)(3)	10,000.	0.			ON OUR WAY
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - OFFICE OF THE RECORDING SECRETARY - CAMBRIDGE, MA 02139-4822	04-2103594		70,000.	0.			MISTI/MEET INITIATIVE FOR MENTORSHIP, INSTRUCTORSHIP, AND CAPTURING IMPACT.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - OFFICE OF THE RECORDING SECRETARY - CAMBRIDGE, MA 02139-4822	04-2103594		200,000.	0.			MOSTEC STRATEGIC INITIATIVES FUND"

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MASSACHUSETTS ORGANIZATION OF AFRICAN DESCENDANTS - 1023 MAIN STREET - WORCESTER, MA 01603	45-0576321		10,000.	0.			COVID VACCINE ACCESS FOR WORCESTER AFRICAN COMMUNITY
MASSACHUSETTS PROJECT 351 INC. 50 CONGRESS STREET, SUITE 351 BOSTON, MA 02109	45-4103159		7,500.	0.			UNRESTRICTED
MONTACHUSETT OPPORTUNITY COUNCIL 601 RIVER STREET FITCHBURG, MA 01420	04-2401111	501(C)(3)	10,000.	0.			YOUTH INNOVATION CENTER AND AFTER SCHOOL PROGRAM
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 01608-1511	04-2171207	501(C)(3)	20,950.	0.			AGENCY FUND DISTRIBUTION
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 01608-1511	04-2171207	501(C)(3)	20,000.	0.			OPERATING SUPPORT
MUSIC WORCESTER 319 MAIN STREET WORCESTER, MA 01608-1511	04-2171207	501(C)(3)	29,722.	0.			UNRESTRICTED
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	13,000.	0.			UNRESTRICTED
NEADS INC. PO BOX 1100 PRINCETON, MA 01541	23-7281887	501(C)(3)	10,230.	0.			OPERATIONAL SUPPORT
NEADY CATS 215 WORCESTER ROAD STERLING, MA 01564	04-3509327	501(C)(3)	6,162.	0.			OPERATING SUPPORT

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NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 01610-3134	83-0876779	501(C)(3)	15,000.	0.			UNRESTRICTED
NEW HOPE 247 MAPLE STREET ATTLEBORO, MA 02703	04-2681340	501(C)(3)	10,000.	0.			MJ LEADERHAM SUPERVISED VISITATION PROGRAM
NEWPORT COUNTY YMCA 792 VALLEY ROAD MIDDLETOWN, RI 02842	05-0258916		10,000.	0.			CAPITAL CAMPAIGN
NEVVUE COMMUNITIES 470 MAIN STREET FITCHBURG, MA 01420-4292	04-2690210	501(C)(3)	25,000.	0.			OPERATING SUPPORT
NORTH STAR FAMILY SERVICES, INC. 758 MAIN STREET LEOMINSTER, MA 01453	03-0387748	501(C)(3)	10,000.	0.			OPERATING SUPPORT
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 01602-0243	04-2701581	501(C)(3)	15,000.	0.			SAFE HOMES AND SAFE HOMES NORTH
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 01602-0243	04-2701581	501(C)(3)	10,000.	0.			SAFE HOMES PROGRAM
OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 01602-0243	04-2701581	501(C)(3)	15,000.	0.			SOUTH COUNTY HOMELESS SERVICES
OUR FATHER'S HOUSE, INC. 199 SUMMER STREET FITCHBURG, MA 01420	22-2515061	501(C)(3)	10,000.	0.			ENSURING HEALTH & WELLNESS IN HOMELESS CHILDREN

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OURSTORY EDUTAINMENT 4 KING STREET WORCESTER, MA 01605	04-2105783		15,000.	0.			KWANZAA ACADEMY
OURSTORY EDUTAINMENT 4 KING STREET WORCESTER, MA 01605	04-2105783		15,000.	0.			OPERATING SUPPORT
PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER - 10 IRVING STREET - WORCESTER, MA 01609	04-3029253	501(C)(3)	7,360.	0.			ELM PARK SCHOOL MAKES MUSIC WITH PAKACHOAG
PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER - 10 IRVING STREET - WORCESTER, MA 01609	04-3029253	501(C)(3)	15,000.	0.			OPERATING SUPPORT
PATHWAYS FOR CHANGE 588 MAIN STREET WORCESTER, MA 01608	04-2734584	501(C)(3)	10,000.	0.			MEDICAL ACCOMPANIMENT
PATHWAYS FOR CHANGE 588 MAIN STREET WORCESTER, MA 01608	04-2734584	501(C)(3)	15,000.	0.			OPERATING SUPPORT
PEPIN ACADEMIES FOUNDATION 9304 CAMDEN FIELD PARKWAY RIVERVIEW, FL 33578	26-1710411		10,000.	0.			ERROL CRAWFORD PEPIN SCHOLARSHIP FUND
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	7,000.	0.			EMERGENCY ASSISTANCE PROGRAM
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	10,000.	0.			EQUITY, DIVERSITY & INCLUSION CHARTER

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PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	17,500.	0.			MATERNAL & INFANT HEALTH - NURSING PROGRAM
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	40,000.	0.			OPERATING SUPPORT
PERNET FAMILY HEALTH SERVICE 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	150,000.	0.			UNIVERSAL NEWBORN HOME VISITING FOR WORCESTER
PLEASANT STREET NEIGHBORHOOD NETWORK CENTER - 301 PLEASANT STREET - WORCESTER, MA 01609	77-0690887	501(C)(3)	10,000.	0.			NEIGHBORHOOD ORGANIZING
PROJECT NEW HOPE 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	27-4555998	501(C)(3)	15,000.	0.			OPERATING SUPPORT
PURUSHA SEVA PROJECT/ WORCESTER COMMUNITY FRIDGES - 3739 BALBOA STREET, SUITE 146 - SAN FRANCISCO, CA 94121	26-3894229	501(C)(3)	10,500.	0.			OPERATING SUPPORT
PUSH WORCESTER 5 1/2 WINSLOW STREET WORCESTER, MA 01609	05-0566468	501(C)(3)	6,000.	0.			DIY PAINT N SKATE YOUTH PROGRAM
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION - 670 WEST BOYLSTON STREET - WORCESTER, MA 01606	04-2897624	501(C)(3)	36,137.	0.			ENDOWMENT FUND FOR OPERATIONS
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION - 670 WEST BOYLSTON STREET - WORCESTER, MA 01606	04-2897624	501(C)(3)	9,000.	0.			FOOD PANTRY AND RESOURCE CENTER

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QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION - 670 WEST BOYLSTON STREET - WORCESTER, MA 01606	04-2897624	501(C)(3)	36,137.	0.			SCHOLARSHIP ENDOWMENT FUND FOR OPERATIONS
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION - 670 WEST BOYLSTON STREET - WORCESTER, MA 01606	04-2897624	501(C)(3)	34,606.	0.			SCHOLARSHIP ENDOWMENT FUND FOR SCHOLARSHIPS
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION - 670 WEST BOYLSTON STREET - WORCESTER, MA 01606	04-2897624	501(C)(3)	10,000.	0.			STUDENT EMERGENCY AID
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION - 670 WEST BOYLSTON STREET - WORCESTER, MA 01606	04-2897624	501(C)(3)	14,000.	0.			SUPPORT FOR NEW PANTRY LOCATION
RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609	04-2104363		10,000.	0.			OPERATING SUPPORT
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328		5,500.	0.			UNRESTRICTED
REFUGEE AND IMMIGRANT ASSISTANCE CENTER - 340 MAIN STREET, STE 800 - WORCESTER, MA 01608-1606	04-3430294	501(C)(3)	15,000.	0.			COMPREHENSIVE CASE MANAGEMENT
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	10,000.	0.			COMMUNITY & MOBILE MARKETS
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT

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REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	10,000.	0.			MOVING EXPENSES
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	25,000.	0.			OPERATING SUPPORT
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	125,000.	0.			SUSTAINABLE FOOD SECURITY STRATEGIES: A COMMUNITY AND PARTNERSHIP DRIVEN HIP OUTREACH CAMPAIGN
RELIANT FOUNDATION 311 MAIN STREET, SUITE 203 WORCESTER, MA 01608-1429	22-2912515	501(C)(3)	50,000.	0.			UNRESTRICTED
RENDER CREATIVE, INC./MAIN IDEA 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	10,000.	0.			OPERATING SUPPORT
RENDER CREATIVE, INC./MAIN IDEA 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	10,000.	0.			STAFF HIRING & CAPACITY BUILDING PLANNING
RISE ABOVE FOUNDATION P.O. BOX #174 NORTHBRIDGE, MA 01534	27-1409946	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ROCK OF SALVATION 829 MAIN STREET WORCESTER, MA 01610	04-3137924		7,500.	0.			COVID RELIEF FUND THROUGH GROUND ZERO (ROCK OF SALVATION CHURCH)
ROCK OF SALVATION 829 MAIN STREET WORCESTER, MA 01610	04-3137924		7,500.	0.			FOOD PANTRY

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ROCK OF SALVATION 829 MAIN STREET WORCESTER, MA 01610	04-3137924		15,000.	0.			LA COCINA DE ROCA
RURAL CEMETERY & CREMATORY 180 GROVE STREET WORCESTER, MA 01605-1711	04-1795920	501(C)(13)	20,000.	0.			AGENCY FUND DISTRIBUTION
RURAL CEMETERY & CREMATORY 180 GROVE STREET WORCESTER, MA 01605-1711	04-1795920	501(C)(13)	72,202.	0.			REPAIRS
RURAL CEMETERY & CREMATORY 180 GROVE STREET WORCESTER, MA 01605-1711	04-1795920	501(C)(13)	13,180.	0.			UNRESTRICTED
SECOND CHANCE ANIMAL SHELTER PO BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	17,460.	0.			OPERATING SUPPORT
SEIU EDUCATION & SUPPORT FUND 220 RUSSELL STREET, SUITE 200B HADLEY, MA 01035	52-1761037		7,500.	0.			MA CHILD CARE TRAINING FUND
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603-2212	04-3293659	501(C)(3)	12,500.	0.			FAMILY RESOURCE CENTER OPERATING SUPPORT
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 484 MAIN STREET - WORCESTER, MA 01608	04-3393955	501(C)(3)	12,500.	0.			COVID RELIEF THROUGH SOUTHEAST ASIAN COALITION
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 484 MAIN STREET - WORCESTER, MA 01608	04-3393955	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT

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SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 484 MAIN STREET - WORCESTER, MA 01608	04-3393955	501(C)(3)	50,000.	0.			OPERATING SUPPORT
SPANISH AMERICAN CENTER, INC. 112 SPRUCE STREET LEOMINSTER, MA 01453	04-2761759	501(C)(3)	10,000.	0.			NOS AYUDANDO MUTUAMENTE
SQUARES SQUARED, INC. 1 OAK HILL ROAD WORCESTER, MA 01609	82-1471372	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ST. ANNE'S FREE MEDICAL PROGRAM 130 BOSTON TURNPIKE SHREWSBURY, MA 01545	22-2905331	501(C)(3)	10,000.	0.			INTERPRETER SERVICES FOR FREE MEDICAL CLINICS
STONE SOUP COLLECTIVE ARTISTS ACTIVISTS COMMUNITY RESOURCE CENTER - 4 KING STREET - WORCESTER, MA 01610	27-2179313	501(C)(3)	10,000.	0.			AFROCENTRIC SATURDAY SCHOOL
STONE SOUP COLLECTIVE ARTISTS ACTIVISTS COMMUNITY RESOURCE CENTER - 4 KING STREET - WORCESTER, MA 01610	27-2179313	501(C)(3)	15,000.	0.			OPERATING SUPPORT
STRAIGHT AHEAD MINISTRIES, INC. 791 MAIN STREET WORCESTER, MA 01610	04-3103694	501(C)(3)	10,000.	0.			MATCH GIFT JUNE 2021
STUDIO THEATRE WORCESTER 87 CALUMET AVE WORCESTER, MA 01606	82-4747202		8,275.	0.			3-YEAR STRATEGIC PLANNING INITIATIVE
STUDIO THEATRE WORCESTER 87 CALUMET AVE WORCESTER, MA 01606	82-4747202		10,000.	0.			OPERATING SUPPORT

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THAYER MEMORIAL LIBRARY 717 MAIN STREET LANCASTER, MA 01523	04-3367852	501(C)(3)	7,189.	0.			ENVIRONMENTAL EDUCATION
THE BRIDGE FRIDGE 24 ASHLAND AVE SOUTHBRIDGE, MA 01550	81-5404809		10,500.	0.			THE BRIDGE FRIDGE
THE CASA PROJECT 100 GROVE STREET, SUITE 403 WORCESTER, MA 01605-2630	04-2711865	501(C)(3)	25,000.	0.			OPERATING SUPPORT
THE CASA PROJECT 100 GROVE STREET, SUITE 403 WORCESTER, MA 01605-2630	04-2711865	501(C)(3)	25,000.	0.			SHINING THE LIGHT
THE CASA PROJECT 100 GROVE STREET, SUITE 403 WORCESTER, MA 01605-2630	04-2711865	501(C)(3)	20,000.	0.			UNRESTRICTED
THE COMMUNITY BUILDERS, INC. 185 DARTMOUTH STREET BOSTON, MA 02116-5883	04-2324773	501(C)(3)	10,000.	0.			FAMILY SELF SUFFICIENCY AT PLUMLEY VILLAGE
THE SHINE INITIATIVE 44 PORTLAND STREET WORCESTER, MA 01608	04-3537449		20,000.	0.			OPERATING SUPPORT
THE SHINE INITIATIVE 44 PORTLAND STREET WORCESTER, MA 01608	04-3537449		35,000.	0.			YOUTH MENTAL HEALTH: EVERYONE IS A TOUCHPOINT
THE STAR KIDS SCHOLARSHIP PROGRAM - NEWPORT/FALL RIVER - P.O. BOX 6214 - MIDDLETOWN, RI 02842	04-3623364	501(C)(3)	9,000.	0.			SPONSOR A STAR KID

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TOGETHER FOR KIDS COALITION 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874		175,000.	0.			EVERY WORCESTER CHILD THRIVES!
TOGETHER FOR KIDS COALITION 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874		15,000.	0.			OPERATING SUPPORT
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	10,000.	0.			RACIAL EQUITY TRAINING FOR STAFF
TOWER HILL BOTANIC GARDEN 11 FRENCH DRIVE BOYLSTON, MA 01505	04-1988945	501(C)(3)	14,741.	0.			UNRESTRICTED
TOWN OF LEICESTER 3 WASHBURN SQUARE LEICESTER, MA 01524	04-6001197	501(C)(3)	6,400.	0.			TARENTINO MEMORIAL PARK PLAYGROUND
TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01609	41-1568278	501(C)(3)	26,168.	0.			UNRESTRICTED
TRI-VALLEY, INC. 10 MILL STREET DUDLEY, MA 01571	04-2594201	501(C)(3)	10,000.	0.			OPERATING SUPPORT
TUNNEL TO TOWER FOUNDATION 2361 HYLAN BLVD. STATEN ISLAND, NY 10306	02-0554654		9,400.	0.			THE SMART HOME PROGRAM
UMASS MEDICAL SCHOOL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 01545-7807	04-3108190	501(C)(3)	12,390.	0.			BARRE HEALTH CENTER

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UMASS MEDICAL SCHOOL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 01545-7807	04-3108190	501(C)(3)	12,000.	0.			CANDO CLINIC IN DEPT OF PSYCHIATRY
UMASS MEDICAL SCHOOL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 01545-7807	04-3108190	501(C)(3)	6,088.	0.			RESEARCH FELLOWSHIPS FOR THE STUDY OF HEART/ARTERIAL DISEASE OR ARTHRITIS AT UMass
UMASS MEDICAL SCHOOL FOUNDATION OFFICE OF ADVANCEMENT SHREWSBURY, MA 01545-7807	04-3108190	501(C)(3)	10,468.	0.			UNRESTRICTED
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	22,720.	0.			ANNUAL CAMPAIGN/ALEXIS DE TOCQUEVILLE SOCIETY
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	5,500.	0.			INCENTIVIZING VACCINATION
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	13,350.	0.			MIIS DATA LEAD FOR VACCINE EQUITY CLINICS
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	65,000.	0.			MOBILE VACCINE UNIT
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	10,000.	0.			PROGRAM SPECIFIC
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	147,770.	0.			UNRESTRICTED

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UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	10,000.	0.			VACCINE COORDINATOR SUPPORT
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	26,400.	0.			VACCINE EQUITY EXPANSION
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	7,500.	0.			WOMEN'S INITIATIVE
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	15,000.	0.			WOMEN'S INITIATIVE FUND
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	33,930.	0.			WOMEN'S INITIATIVE PROGRAM SUPPORT
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	7,500.	0.			YOUTH VACCINE EQUITY PROJECT
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET, STE. 300 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	12,500.	0.			YOUTHCONNECT
UNITED WAY OF TRI-COUNTY 46 PARK STREET, SUITE 2 FRAMINGHAM, MA 01702-6652	04-2104231	501(C)(3)	12,000.	0.			WHEAT COMMUNITY CONNECTIONS
UNITED WAY OF TRI-COUNTY 46 PARK STREET, SUITE 2 FRAMINGHAM, MA 01702-6652	04-2104231	501(C)(3)	7,500.	0.			WHEAT COMMUNITY CONNECTIONS MEAL DELIVERY

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VISITATION HOUSE, INC. 119 ENDICOTT STREET WORCESTER, MA 01606	01-0595450	501(C)(3)	6,000.	0.			UNRESTRICTED
VNA CARE NETWORK AND HOSPICE 120 THOMAS STREET WORCESTER, MA 01608	04-2103825	501(C)(3)	6,021.	0.			WORCESTER AREA PROGRAMS
WAYSIDE YOUTH & FAMILY SUPPORT NETWORK - 1 FREDERICK ABBOTT WAY - FRAMINGHAM, MA 01701	04-2630450	501(C)(3)	7,500.	0.			PRIDESIDE CHARLTON
WEST ANDERSON CHURCH OF GOD 101 ROGERS STREET ANDERSON, SC 29625	57-0655430	501(C)(3)	10,000.	0.			OUTREACH FUND
WEST STOCKBRIDGE HISTORICAL SOCIETY - PO BOX 266 - WEST STOCKBRIDGE, MA 01266	04-3228137		10,000.	0.			UNRESTRICTED
WGBH EDUCATIONAL FOUNDATION P.O. BOX 412857 BOSTON, MA 02241-2857	04-2104397	501(C)(3)	15,000.	0.			UNRESTRICTED
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	35,440.	0.			OPERATIONAL AND CAPITAL IMPROVEMENTS
WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588	04-6087769	501(C)(3)	25,000.	0.			OUTREACH PROGRAM
WICN PUBLIC RADIO 50 PORTLAND STREET WORCESTER, MA 01608-2013	04-2500578	501(C)(3)	10,000.	0.			OPERATING SUPPORT

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WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604	04-2105855	501(C)(3)	37,250.	0.			CHAPIN RILEY SCHOLARSHIP
WORCESTER ANIMAL RESCUE LEAGUE 139 HOLDEN STREET WORCESTER, MA 01606	04-2133247	501(C)(3)	10,271.	0.			OPERATING SUPPORT
WORCESTER ANTI-FORECLOSURE TEAM 70 JAMES STREET, SUITE 129-B WORCESTER, MA 01603	22-2976657		7,500.	0.			OPERATING SUPPORT
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609-3196	04-1988530	501(C)(3)	37,250.	0.			CONTEMPORARY ART ACQUISITION
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609-3196	04-1988530	501(C)(3)	7,040.	0.			FOR CONSERVATION OF THE COLLECTION
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609-3196	04-1988530	501(C)(3)	77,270.	0.			FOR EDUCATION AND OUTREACH
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609-3196	04-1988530	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609-3196	04-1988530	501(C)(3)	10,000.	0.			ORECUERDA LA MEMORIAO: LATINO STORYTELLING ON LOSS AND HOPE DURING COVID. A MIXED MEDIA ART
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609-3196	04-1988530	501(C)(3)	35,829.	0.			UNRESTRICTED

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WORCESTER CARIBBEAN AMERICAN CARNIVAL ASSOCIATION - P.O. BOX 70301 - WORCESTER, MA 01607	46-0938079		7,500.	0.			CARNIVAL OUTREACH & PROMOTION
WORCESTER CARIBBEAN AMERICAN CARNIVAL ASSOCIATION - P.O. BOX 70301 - WORCESTER, MA 01607	46-0938079		10,000.	0.			ORGANIZATION SUSTAINABILITY AND BOARD STRUCTURE ENHANCEMENTS
WORCESTER CENTER FOR CRAFTS 25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)(3)	10,000.	0.			FIBER ARTS, FROM SHEEP TO CRAFT
WORCESTER CENTER FOR CRAFTS 25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)(3)	15,000.	0.			OPERATING SUPPORT
WORCESTER CENTER FOR CRAFTS 25 SAGAMORE ROAD WORCESTER, MA 01605	04-2105859	501(C)(3)	10,000.	0.			YOUTH STUDIO PROGRAMS AND KRICKORIAN GALLERY
WORCESTER CENTER FOR THE PERFORMING ARTS (HANOVER THEATRE) - 2 SOUTHBRIDGE STREET - WORCESTER, MA 01608	05-0521735	501(C)(3)	10,000.	0.			WORCESTER YOUTH SPEAK HONESTLY (WYSH) PROJECT
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 01608-1511	20-8538873	501(C)(3)	6,000.	0.			MUSIC AND HEALING CONCERT SERIES
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 01608-1511	20-8538873	501(C)(3)	10,000.	0.			NEIGHBORHOOD STRINGS
WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 01608-1511	20-8538873	501(C)(3)	19,470.	0.			UNRESTRICTED

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WORCESTER COMMON GROUND 5 PIEDMONT STREET WORCESTER, MA 01610	22-2976657	501(C)(3)	25,000.	0.			OPERATING SUPPORT
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET, SUITE 200 WORCESTER, MA 01608-1810	04-2382160	501(C)(3)	175,000.	0.			COORDINATING CHANGE: A SYSTEMS THINKING APPROACH TO LASTING OUTCOMES FOR SHARED CLIENTS
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET, SUITE 200 WORCESTER, MA 01608-1810	04-2382160	501(C)(3)	8,000.	0.			OPERATIONAL SUPPORT FOR UNDOCUMENTED HOUSEHOLD RELIEF FUND
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET, SUITE 200 WORCESTER, MA 01608-1810	04-2382160	501(C)(3)	1,183,631.	0.			RELIEF FUNDS FOR UNDOCUMENTED HOUSEHOLDS
WORCESTER COMMUNITY HOUSING RESOURCES - 11 PLEASANT STREET, SUITE 300 - WORCESTER, MA 01609	22-2719744	501(C)(3)	181,500.	0.			LANDLORD INCENTIVE PROGRAM
WORCESTER COMMUNITY HOUSING RESOURCES - 11 PLEASANT STREET, SUITE 300 - WORCESTER, MA 01609	22-2719744	501(C)(3)	20,000.	0.			OPERATING SUPPORT
WORCESTER COUNTY FOOD BANK, INC. 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	19,945.	0.			UNRESTRICTED
WORCESTER COUNTY LAW LIBRARY TRUST 300 MAIN STREET WORCESTER, MA 01608	04-6331338	501(C)(3)	42,900.	0.			UNRESTRICTED
WORCESTER COUNTY MECHANICS ASSOCIATION (MECHANICS HALL) - 321 MAIN STREET - WORCESTER, MA 01608-1532	04-1988955	501(C)(3)	15,000.	0.			OPERATING SUPPORT

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WORCESTER COUNTY MECHANICS ASSOCIATION (MECHANICS HALL) - 321 MAIN STREET - WORCESTER, MA 01608-1532	04-1988955	501(C)(3)	25,000.	0.			TO SUPPLEMENT REGULAR OPERATING INCOME NEEDED TO MEET OPERATING EXPENSES.
WORCESTER COUNTY POETRY ASSOCIATION - P.O. BOX 804 - WORCESTER, MA 01613	23-7157372	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WORCESTER COUNTY POETRY ASSOCIATION - P.O. BOX 804 - WORCESTER, MA 01613	23-7157372	501(C)(3)	10,000.	0.			TO SUPPORT THE CLEMENTE COURSE
WORCESTER CULTURAL COALITION 455 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	81-5010462	501(C)(3)	20,000.	0.			DEIA TRAINING
WORCESTER CULTURAL COALITION 455 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	81-5010462	501(C)(3)	15,000.	0.			OPERATING SUPPORT
WORCESTER EDUCATION COLLABORATIVE 484 MAIN STREET WORCESTER, MA 01608	04-2104017		15,000.	0.			OPERATING SUPPORT
WORCESTER EDUCATION COLLABORATIVE 484 MAIN STREET WORCESTER, MA 01608	04-2104017		15,000.	0.			SUPPORT EDUCATIONAL EXCELLENCE AND EQUITY IN WORCESTER, MA
WORCESTER EDUCATION COLLABORATIVE 484 MAIN STREET WORCESTER, MA 01608	04-2104017		26,200.	0.			TOWARD A MORE PERFECT UNION
WORCESTER EDUCATION COLLABORATIVE 484 MAIN STREET WORCESTER, MA 01608	04-2104017		262,500.	0.			WOO-LABS: REIMAGINING AND AMPLIFYING TEACHING AND LEARNING IN WORCESTER

Schedule I (Form 990)

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

04-2572276

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER HIP HOP CONGRESS 1 COLLEGE STREET, MUSIC DEPARTMENT CHERRY VALLEY, MA 01610	86-3086516		9,100.	0.			ALL IN TOGETHER NOW
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609-2570	04-2105858	501(C)(3)	170,750.	0.			AGENCY FUND DISTRIBUTION
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609-2570	04-2105858	501(C)(3)	41,960.	0.			CURATOR OPERATIONS AND EXHIBITIONS
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609-2570	04-2105858	501(C)(3)	154,610.	0.			OPERATING SUPPORT
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609-2570	04-2105858	501(C)(3)	16,370.	0.			SALISBURY MANSION
WORCESTER HISTORICAL MUSEUM 30 ELM STREET WORCESTER, MA 01609-2570	04-2105858	501(C)(3)	7,570.	0.			UNRESTRICTED
WORCESTER HOMECOMING 172 SHREWSBURY STREET WORCESTER, MA 01604	04-3521743		20,000.	0.			WORCESTER HOMECOMING
WORCESTER INTERFAITH 111 PARK AVENUE WORCESTER, MA 01609-1613	04-3158699	501(C)(3)	18,000.	0.			BIPOC VACCINE EQUITY CLINIC OUTREACH PROGRAM
WORCESTER INTERFAITH 111 PARK AVENUE WORCESTER, MA 01609-1613	04-3158699	501(C)(3)	10,500.	0.			COVID RELIEF THROUGH WORCESTER INTERFAITH

Schedule I (Form 990)

GREATER WORCESTER COMMUNITY FOUNDATION,
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER INTERFAITH 111 PARK AVENUE WORCESTER, MA 01609-1613	04-3158699	501(C)(3)	35,000.	0.			OPERATING SUPPORT
WORCESTER JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 01609-1120	04-2104353	501(C)(3)	16,758.	0.			AGENCY FUND DISTRIBUTION
WORCESTER REGIONAL RESEARCH BUREAU 500 SALISBURY STREET WORCESTER, MA 01609-1265	04-2901298	501(C)(3)	82,500.	0.			BROADENING BROADBAND
WORCESTER REGIONAL RESEARCH BUREAU 500 SALISBURY STREET WORCESTER, MA 01609-1265	04-2901298	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 01602-2597	22-3248067	501(C)(3)	25,000.	0.			STUDENT ENTREPRENEUR AMBASSADORS
WORCESTER TECHNICAL HIGH SCHOOL 1 SKYLINE DRIVE WORCESTER, MA 01605	04-6001418	501(C)(3)	6,021.	0.			UNRESTRICTED
WORCESTER YOUTH CENTER INC 326 CHANDLER STREET WORCESTER, MA 01602-3440	04-3245867	501(C)(3)	10,000.	0.			CREATIVE LEADERSHIP INSTITUTE (CLI)
WORCESTER YOUTH CENTER INC 326 CHANDLER STREET WORCESTER, MA 01602-3440	04-3245867	501(C)(3)	20,000.	0.			OPERATING SUPPORT
WORCESTER YOUTH ORCHESTRAS PO BOX 991 WORCESTER, MA 01613	04-2470999	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRITEBOSTON 2300 WASHINGTON STREET, FLOOR 6 ROXBURY, MA 02119	46-1255108		10,000.	0.			ARTS AND CHANGE WORKSHOP" (PART OF ALTAS SUMMER 2022 PROGRAM)
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	10,000.	0.			MINORITY ACHIEVER'S PROGRAM
YMCA OF GREATER HARTFORD 50 STATE HOUSE SQUARE 2ND FLOOR HARTFORD, CT 06103	06-0881325	501(C)(3)	64,326.	0.			HALE YMCA YOUTH AND FAMILY CENTER
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608-2015	04-2105873	501(C)(3)	15,000.	0.			DAYBREAK SERVICES
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608-2015	04-2105873	501(C)(3)	10,000.	0.			GIRL'S CHOICE
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608-2015	04-2105873	501(C)(3)	10,000.	0.			LIVE FUND
YWCA OF CENTRAL MASSACHUSETTS ONE SALEM SQUARE WORCESTER, MA 01608-2015	04-2105873	501(C)(3)	40,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARTS, CULTURE	1	10,000.	0.		
COMMUNITY DEVELOPMENT	1	5,000.	0.		
EDUCATION	135	683,400.	0.		
COLLEGES/UNIVERSITIES	3	1,500.	0.		
HEALTH & HUMAN SERVICES	2	6,000.	0.		

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

PART I, LINE 2:

ANY GRANTS AND SUPPORT GIVEN ARE CLOSELY MONITORED VIA REVIEW OF BACKUP DOCUMENTATION AND PROOF OF EXPENSE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SERVINGS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: NUTRITION PROGRAM FOR WORCESTER COUNTY RESIDENTS AFFECTED BY CRITICAL & CHRONIC ILLNESSES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UMASS MEDICAL SCHOOL FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: WORCESTER ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: ORECUERDA LA MEMORIAO: LATINO
STORYTELLING ON LOSS AND HOPE DURING COVID. A MIXED MEDIA ART PROJECT.



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

04-2572276

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA FIELDS PRESIDENT & CEO (UNTIL 3/21)	(i)	163,762.	0.	0.	8,188.	8,792.	180,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROLYN STEPLER INTERIM PRESIDENT & CEO (AS OF 3/21)	(i)	152,775.	0.	0.	7,639.	0.	160,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MICHAEL ANGELINI	CHAIRMAN, BOWDITCH	76,206.	MICHAEL IS		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

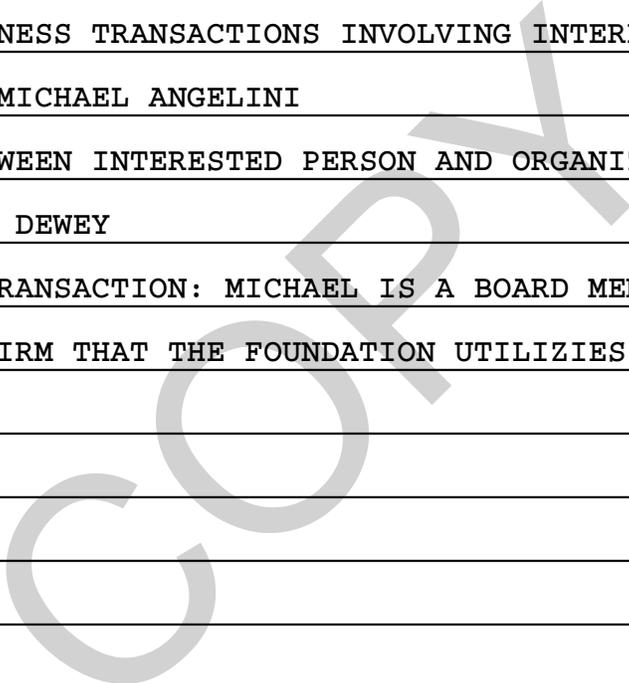
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL ANGELINI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHAIRMAN, BOWDITCH & DEWEY

(D) DESCRIPTION OF TRANSACTION: MICHAEL IS A BOARD MEMBER AND IS A PARTNER AT THE LAW FIRM THAT THE FOUNDATION UTILIZES.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	54	3,748,067.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Employer identification number
04-2572276

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTRAL MASSACHUSETTS. THE FOUNDATION WORKS WITH DONORS, BUILDS
CHARITABLE ENDOWMENTS, AND PROVIDES SUPPORT TO NONPROFITS IN THE AREA.

FORM 990, PART VI, SECTION A, LINE 2:

TWO MEMBERS OF THE BOARD ARE PARTNERS IN A LAW FIRM.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE CORPORATION ARE KNOWN AS CORPORATORS, COMMUNITY
VOLUNTEERS WHO SERVE WITHOUT COMPENSATION AND REPRESENT THE VARIOUS
CONSTITUENCIES IMPACTED BY THE FOUNDATION'S MISSION. TERM OF SERVICE IS 5
YEARS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CORPORATORS ELECT THE DIRECTORS AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETED 990 IS DISTRIBUTED ELECTRONICALLY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD AND COMMITTEE MEMBERS ABSTAIN FROM VOTING ON MATTERS WHERE REAL OR
PERCEIVED CONFLICTS OF INTEREST MAY EXIST.

Name of the organization	GREATER WORCESTER COMMUNITY FOUNDATION, INC.	Employer identification number	04-2572276
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FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND SETS COMPENSATION BASED ON PERFORMANCE. FACTORS OF COMPARABLE WAGES AND BENEFITS ARE CONSIDERED.

REVIEW AND APPROVAL OF KEY EMPLOYEE COMPENSATION IS MANAGED BY THE CEO USING ANNUAL PERFORMANCE REVIEW METRICS AND COMPARABLE SALARY DATA.

FORM 990, PART VI, SECTION C, LINE 18:

GUIDESTAR AND COMMONWEALTH OF MA

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE POSTED TO OUR WEBSITE. SEVERAL POLICIES ARE ALSO AVAILABLE ON THE WEBSITE. GOVERNING DOCUMENTS ARE CIRCULATED TO INTERESTED PARTIES AS NEEDED AND ON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INVESTMENT RETURN FOR AGENCY ENDOWMENTS	-4,371,222.
GIFTS AND DONATIONS FOR AGENCY ENDOWMENTS	-5,574,718.
DISTRIBUTION FOR AGENCY FUNDS	3,303,465.
CHANGE OF VALUE IN SPLIT-INTEREST AGREEMENTS	-133,757.
TOTAL TO FORM 990, PART XI, LINE 9	-6,776,232.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED DURING THE YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021
Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FAIRLAWN FOUNDATION INC. - 04-2983690 370 MAIN STREET SUITE 650 WORCESTER, MA 01608-1738	HEALTH GRANTMAKING	MASSACHUSETTS	501(C)(3)	LINE 12D, III-0			X

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

