

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2025**  
Open to Public  
Inspection**A For the 2025 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

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

**ONE MERCANTILE STREET**Room/suite  
**010**

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

**WORCESTER, MA 01608****F** Name and address of principal officer: **PETER DUNN****SAME AS C ABOVE****D** Employer identification number**04-2572276****E** Telephone number**508-755-0980****G** Gross receipts \$ **128,222,149.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.GREATERWORCESTER.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1975** **M** State of legal domicile: **MA****Part I Summary**

|                             |                                                                                  |                                                                                                                                                                                        |
|-----------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities & Governance     | <b>1</b>                                                                         | Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE OUR WORCESTER COUNTY COMMUNITY, NOW AND IN THE FUTURE, THROUGH PHILANTHROPIC LEADERSHIP.</b> |
|                             | <b>2</b>                                                                         | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                |
|                             | <b>3</b>                                                                         | Number of voting members of the governing body (Part VI, line 1a) <b>20</b>                                                                                                            |
|                             | <b>4</b>                                                                         | Number of independent voting members of the governing body (Part VI, line 1b) <b>20</b>                                                                                                |
|                             | <b>5</b>                                                                         | Total number of individuals employed in calendar year 2025 (Part V, line 2a) <b>17</b>                                                                                                 |
|                             | <b>6</b>                                                                         | Total number of volunteers (estimate if necessary) <b>367</b>                                                                                                                          |
|                             | <b>7a</b>                                                                        | Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>                                                                                                         |
| <b>7b</b>                   | Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b> |                                                                                                                                                                                        |
| Revenue                     | <b>8</b>                                                                         | Contributions and grants (Part VIII, line 1h) <b>6,914,568.</b>                                                                                                                        |
|                             | <b>9</b>                                                                         | Program service revenue (Part VIII, line 2g) <b>381,203.</b>                                                                                                                           |
|                             | <b>10</b>                                                                        | Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>7,553,729.</b>                                                                                                        |
|                             | <b>11</b>                                                                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>                                                                                                     |
|                             | <b>12</b>                                                                        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>14,849,500.</b>                                                                                  |
|                             | Expenses                                                                         | <b>13</b>                                                                                                                                                                              |
| <b>14</b>                   |                                                                                  | Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>                                                                                                                |
| <b>15</b>                   |                                                                                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,931,820.</b>                                                                                    |
| <b>16a</b>                  |                                                                                  | Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>                                                                                                                |
| <b>b</b>                    |                                                                                  | Total fundraising expenses (Part IX, column (D), line 25) <b>1,091,545.</b>                                                                                                            |
| <b>17</b>                   |                                                                                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>2,349,617.</b>                                                                                                         |
| <b>18</b>                   |                                                                                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>12,810,296.</b>                                                                                           |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12 <b>2,039,204.</b>           |                                                                                                                                                                                        |
| Net Assets or Fund Balances | <b>20</b>                                                                        | Total assets (Part X, line 16) <b>227,398,849.</b>                                                                                                                                     |
|                             | <b>21</b>                                                                        | Total liabilities (Part X, line 26) <b>56,129,163.</b>                                                                                                                                 |
|                             | <b>22</b>                                                                        | Net assets or fund balances. Subtract line 21 from line 20 <b>171,269,686.</b>                                                                                                         |

**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                                                    | Date                                                                     |
|                        | <b>PETER DUNN, PRESIDENT &amp; CEO</b><br>Type or print name and title  |                                                                          |
| Paid Preparer Use Only | Preparer's name<br><b>CAITLIN LIMOGES, CPA</b>                          | Preparer's signature<br><b>CAITLIN LIMOGES, CPA</b>                      |
|                        | Date<br><b>07/24/26</b>                                                 | Check if self-employed <input type="checkbox"/> PTIN<br><b>P01633588</b> |
| Preparer Use Only      | Firm's name<br><b>AAFCPAS, INC.</b>                                     | Firm's EIN<br><b>04-2571780</b>                                          |
|                        | Firm's address<br><b>50 WASHINGTON STREET<br/>WESTBOROUGH, MA 01581</b> | Phone no.<br><b>508-366-9100</b>                                         |

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

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INC.

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**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:  
**TO ENHANCE OUR WORCESTER COUNTY COMMUNITY, NOW AND IN THE FUTURE,  
THROUGH PHILANTHROPIC LEADERSHIP.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **5,940,088.** including grants of \$ **5,291,828.** ) (Revenue \$ **428,898.** )  
**DONOR ADVISED, AGENCY AND DESIGNATED GRANTMAKING: FORMALLY STRUCTURED  
TO ALLOW THE DONOR TO GRANT FROM THEIR FUND TO SPECIFIED CHARITABLE  
ORGANIZATIONS. THESE FUNDS MAY BE EITHER ENDOWED AND NON-ENDOWED.**

**4b** (Code: ) (Expenses \$ **3,405,900.** including grants of \$ **2,273,974.** ) (Revenue \$ )  
**DISCRETIONARY AND FIELD OF INTEREST GRANTMAKING: THESE FUNDS HAVE NO  
DONOR RELATED RESTRICTIONS ON THEIR GRANT PURPOSE. THE FOUNDATION  
SELECTS THE GRANTEES BASED ON THE RELATED FUND'S GENERAL OBJECTIVES,  
THIS MAY INCLUDE A COMPETITIVE PROCESS FOR AWARDS. THESE FUNDS ARE  
TYPICALLY ENDOWED.**

**4c** (Code: ) (Expenses \$ **2,732,641.** including grants of \$ **1,898,321.** ) (Revenue \$ )  
**OTHER PROGRAM SERVICES INCLUDE: SCHOLARSHIPS, COMMUNITY LEADERSHIP  
SERVICES, NON-PROFIT MANAGEMENT EDUCATION AND SUPPORT, DONOR EDUCATION  
AND OPERATING ACTIVITIES.**

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

**4e** Total program service expenses **12,078,629.**

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**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes      | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions                                                                                                                                                                                                          | <b>X</b> |          |
| <b>3</b> 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>                                                                                                                      |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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>                                                                                                       | <b>X</b> |          |
| <b>5</b> 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>                                                                                      |          | <b>X</b> |
| <b>6</b> 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>                                                    | <b>X</b> |          |
| <b>7</b> 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>                                                                                            |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |          | <b>X</b> |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i>         |          | <b>X</b> |
| <b>10</b> 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>                                                                                                                               | <b>X</b> |          |
| <b>11</b> 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.                                                                                                                                                                |          |          |
| <b>a</b> 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>                                                                                                                                                                       | <b>X</b> |          |
| <b>b</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>                                                                                                  | <b>X</b> |          |
| <b>c</b> 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>                                                                                                  |          | <b>X</b> |
| <b>d</b> 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>                                                                                                                     |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | <b>X</b> |          |
| <b>f</b> 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>                                                            | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |          | <b>X</b> |
| <b>b</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> |          | <b>X</b> |
| <b>15</b> 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>                                                                                                           |          | <b>X</b> |
| <b>16</b> 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>                                                                                                     |          | <b>X</b> |
| <b>17</b> 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. See instructions</i>                                                                                             |          | <b>X</b> |
| <b>18</b> 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>                                                                                                                           |          | <b>X</b> |
| <b>19</b> 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>                                                                                                                                                     |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     |          |          |
| <b>21</b> 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>                                                                                            | <b>X</b> |          |

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INC.

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**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes         | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>22</b> 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> .....                                                                                                                                                                                        | <b>22</b> X |    |
| <b>23</b> 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> .....                                                                                                                            | <b>23</b> X |    |
| <b>24a</b> 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> .....                                                                                                  | <b>24a</b>  | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  | <b>24d</b>  |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....                                                                                                                                                               | <b>25a</b>  | X  |
| <b>b</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> .....                                                                                                               | <b>25b</b>  | X  |
| <b>26</b> 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> .....                                                       | <b>26</b>   | X  |
| <b>27</b> 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> ..... | <b>27</b>   | X  |
| <b>28</b> 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):                                                                                                                                                                                           |             |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              | <b>28a</b>  | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b>  | X  |
| <b>c</b> 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> .....                                                                                                                                                                                                                                      | <b>28c</b>  | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          | <b>29</b> X |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         | <b>30</b>   | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               | <b>31</b>   | X  |
| <b>32</b> 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> .....                                                                                                                                                                                                                                             | <b>32</b>   | X  |
| <b>33</b> 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> .....                                                                                                                                                                                             | <b>33</b>   | X  |
| <b>34</b> 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> .....                                                                                                                                                                                                                                         | <b>34</b>   | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | <b>35a</b>  | X  |
| <b>b</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> .....                                                                                                                                                                 | <b>35b</b>  |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                  | <b>36</b>   | X  |
| <b>37</b> 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> .....                                                                                                                                                    | <b>37</b>   | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....                                                                                                                                                                                                                                                                          | <b>38</b> 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> 33 |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> 0  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> X  |    |

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

|                                                                                                                                                                                                                                                      |              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>2a</b> 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                                                              | <b>2a</b> 17 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              | <b>2b</b>    | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                 | <b>3b</b>    |     |    |
| <b>4a</b> 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)? | <b>4a</b>    |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |              |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>    |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | <b>5b</b>    |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           | <b>5c</b>    |     |    |
| <b>6a</b> 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?                                    | <b>6a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | <b>6b</b>    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |              |     |    |
| <b>a</b> 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?                                                                                             | <b>7a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | <b>7b</b>    |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | <b>7c</b>    |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           | <b>7d</b>    |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | <b>7e</b>    |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | <b>7f</b>    |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | <b>7g</b>    |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | <b>7h</b>    |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | <b>8</b>     |     | X  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |              |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | <b>9a</b>    |     | X  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | <b>9b</b>    |     | X  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |              |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    | <b>10a</b>   |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 | <b>10b</b>   |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |              |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                   | <b>11a</b>   |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b>   |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | <b>12a</b>   |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                       | <b>12b</b>   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |              |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            | <b>13a</b>   |     |    |
| <b>b</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                                                                                   | <b>13b</b>   |     |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                        | <b>13c</b>   |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | <b>14a</b>   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                   | <b>14b</b>   |     |    |
| <b>15</b> 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>    |     | X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               | <b>16</b>    |     | X  |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.      | <b>17</b>    |     |    |

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**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 ☒ **X**

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                            |              | Yes      | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                              | <b>1a</b> 20 |          |          |
| 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.          |              |          |          |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent                                                                                                                                | <b>1b</b> 20 |          |          |
| <b>2</b> 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?                                             | <b>2</b>     | <b>X</b> |          |
| <b>3</b> 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? | <b>3</b>     |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                  | <b>4</b>     |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                        | <b>5</b>     |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                | <b>6</b>     | <b>X</b> |          |
| <b>7a</b> 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?                                                               | <b>7a</b>    | <b>X</b> |          |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                         | <b>7b</b>    | <b>X</b> |          |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                 |              |          |          |
| <b>a</b> The governing body?                                                                                                                                                                                               | <b>8a</b>    | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                             | <b>8b</b>    | <b>X</b> |          |
| <b>9</b> 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      | <b>9</b>     |          | <b>X</b> |

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

|                                                                                                                                                                                                                                                                                                       |            | Yes      | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> |          | <b>X</b> |
| <b>b</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?                                                                   | <b>10b</b> |          |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | <b>X</b> |          |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |            |          |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | <b>X</b> |          |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | <b>X</b> |          |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done                                                                                                                                           | <b>12c</b> | <b>X</b> |          |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | <b>X</b> |          |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | <b>X</b> |          |
| <b>15</b> 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?                                                                        |            |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | <b>X</b> |          |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | <b>X</b> |          |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                    |            |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> |          | <b>X</b> |
| <b>b</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? | <b>16b</b> |          |          |

**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**  
**ONE MERCANTILE STREET, 010, WORCESTER, MA 01608**

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**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, box 6 of 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)<br>Name and title                                 | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) PETER DUNN<br>PRESIDENT & CEO                     | 37.50                                                                               |                                                                                                              |                       | X       |              |                              |        | 350,680.                                                                      | 0.                                                                                 | 47,632.                                                                                       |
| (2) SANDRA FLYNN<br>VP OF FINANCE & ADMINISTRATION    | 37.50                                                                               |                                                                                                              |                       | X       |              |                              |        | 160,615.                                                                      | 0.                                                                                 | 21,717.                                                                                       |
| (3) JONATHAN COHEN<br>VICE PRESIDENT COMMUNITY IMPACT | 37.50                                                                               |                                                                                                              |                       | X       |              |                              |        | 144,000.                                                                      | 0.                                                                                 | 34,230.                                                                                       |
| (4) KELLY STIMSON<br>VP PHILANTHROPY                  | 37.50                                                                               |                                                                                                              |                       | X       |              |                              |        | 148,154.                                                                      | 0.                                                                                 | 20,787.                                                                                       |
| (5) MELODY MACLEAN<br>DIRECTOR OF COMMUNICATIONS      | 37.50                                                                               |                                                                                                              |                       |         |              | X                            |        | 123,461.                                                                      | 0.                                                                                 | 31,072.                                                                                       |
| (6) SARAH SHUGRUE<br>DIRECTOR OF GRANT MAKING         | 37.50                                                                               |                                                                                                              |                       |         |              | X                            |        | 103,115.                                                                      | 0.                                                                                 | 24,812.                                                                                       |
| (7) MARIA A. HESKES-ALLARD<br>CHAIR ELECT             | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (8) JOYCELYN AUGUSTUS<br>CHAIR                        | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) THOMAS J. BARTHOLOMEW<br>TREASURER                | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10) DENNIS F. KERRIGAN<br>CLERK                      | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (11) MICHAEL ANGELINI<br>DIRECTOR                     | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (12) LINDA CAMMUSO<br>DIRECTOR                        | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (13) ERIC TORKORNOO<br>DIRECTOR                       | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (14) CHE ANDERSON<br>DIRECTOR                         | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (15) GERMAN CHIRIBOGA<br>DIRECTOR                     | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (16) RONALD WADDELL<br>DIRECTOR                       | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (17) VALERIE ZOLEZZI-WYNDHAM<br>DIRECTOR              | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

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

| (A)<br>Name and title                                                | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                             | Individual trustee or director                                                                                     | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                                  |                                                                                                    |                                                                                                                    |
| (18) NAOMI SLEEPER<br>DIRECTOR                                       | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (19) ANN TRIPP<br>DIRECTOR                                           | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (20) MARYBETH CAMPBELL<br>DIRECTOR                                   | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (21) KOLA AKINDELE<br>DIRECTOR                                       | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (22) CHRISTINE CASSIDY<br>DIRECTOR                                   | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (23) ROSS DIK<br>DIRECTOR                                            | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (24) CHARRAN FISHER<br>DIRECTOR                                      | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (25) JULIAN DAVIS WADE<br>DIRECTOR                                   | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (26) ELIZABETH WAMBUI<br>DIRECTOR                                    | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| <b>1b Subtotal</b> .....                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        | 1,030,025.                                                                                       | 0.                                                                                                 | 180,250.                                                                                                           |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                                             |                                                                                                                    |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                                             |                                                                                                                    |                       |         |              |                              |        | 1,030,025.                                                                                       | 0.                                                                                                 | 180,250.                                                                                                           |

**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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 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? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | 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)<br>Name and business address                                                                                                                                          | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| NONE                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0                              |                     |

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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)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                                                  | <b>1 a</b> Federated campaigns .....                                                           | <b>1a</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> Membership dues .....                                                                 | <b>1b</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> Fundraising events .....                                                              | <b>1c</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> Related organizations .....                                                           | <b>1d</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> Government grants (contributions) .....                                               | <b>1e</b>                                                                                      | 75,876.                   |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ... | <b>1f</b>                                                                                      | 22,423,952.               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g</b> Noncash contributions included in lines 1a-1f                                         | <b>1g</b>                                                                                      | \$ 1,412,665.             |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>h Total.</b> Add lines 1a-1f .....                                                          |                                                                                                | 22,499,828.               |                      |                                              |                                      |                                                                 |
| <b>Program Service<br/>Revenue</b>                                                                                                                 | <b>2 a</b> AGENCY FUND FEES .....                                                              | <b>Business Code</b>                                                                           | 523000                    | 428,898.             | 428,898.                                     |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> .....                                                                                 |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> .....                                                                                 |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> .....                                                                                 |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other program service revenue .....                                               |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g Total.</b> Add lines 2a-2f .....                                                          |                                                                                                | 428,898.                  |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>Other Revenue</b>                                                                           | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                           | 4,630,068.           |                                              |                                      | 4630068.                                                        |
| <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                  |                                                                                                |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>5</b> Royalties .....                                                                                                                           |                                                                                                |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>6 a</b> Gross rents .....                                                                                                                       |                                                                                                | <b>6a</b>                                                                                      | (i) Real (ii) Personal    |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: rental expenses ...                                                                                                                 |                                                                                                | <b>6b</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
| <b>c</b> Rental income or (loss) .....                                                                                                             |                                                                                                | <b>6c</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
| <b>d</b> Net rental income or (loss) .....                                                                                                         |                                                                                                |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....                                                                         |                                                                                                | <b>7a</b>                                                                                      | (i) Securities (ii) Other | 100,663,355.         |                                              |                                      |                                                                 |
| <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                     |                                                                                                | <b>7b</b>                                                                                      | 88,863,556.               |                      |                                              |                                      |                                                                 |
| <b>c</b> Gain or (loss) .....                                                                                                                      |                                                                                                | <b>7c</b>                                                                                      | 11,799,799.               |                      |                                              |                                      |                                                                 |
| <b>d</b> Net gain or (loss) .....                                                                                                                  |                                                                                                |                                                                                                | 11,799,799.               |                      |                                              | 11799799.                            |                                                                 |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |                                                                                                | <b>8a</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               |                                                                                                | <b>8b</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                                        |                                                                                                |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....                                                                      |                                                                                                | <b>9a</b>                                                                                      |                           |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               | <b>9b</b>                                                                                      |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from gaming activities .....                                                                                         |                                                                                                |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....                                                                         | <b>10a</b>                                                                                     |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost of goods sold .....                                                                                                            | <b>10b</b>                                                                                     |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from sales of inventory .....                                                                                        |                                                                                                |                                                                                                |                           |                      |                                              |                                      |                                                                 |
| <b>Miscellaneous<br/>Revenue</b>                                                                                                                   | <b>11 a</b> .....                                                                              | <b>Business Code</b>                                                                           |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> .....                                                                                 |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> All other revenue .....                                                               |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e Total.</b> Add lines 11a-11d .....                                                        |                                                                                                |                           |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>12 Total revenue.</b> See instructions .....                                                |                                                                                                | 39,358,593.               | 428,898.             | 0.                                           | 16429867.                            |                                                                 |

**GREATER WORCESTER COMMUNITY FOUNDATION,  
INC.**

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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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                    | 9,410,558.            | 9,410,558.                      |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                               | 53,565.               | 53,565.                         |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                                                        |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                | 927,815.              | 377,385.                        | 182,332.                               | 368,098.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                            |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                | 748,503.              | 408,251.                        | 110,248.                               | 230,004.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      | 51,796.               | 28,229.                         | 7,671.                                 | 15,896.                     |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                 | 132,357.              | 58,444.                         | 24,544.                                | 49,369.                     |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                          | 131,088.              | 61,490.                         | 22,916.                                | 46,682.                     |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                                   | 131,039.              |                                 | 131,039.                               |                             |
| <b>c</b> Accounting                                                                                                                                                                                                                              | 61,864.               | 29,003.                         | 10,797.                                | 22,064.                     |
| <b>d</b> Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                                                              | 1,264,564.            | 1,264,564.                      |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 260,551.              | 145,300.                        | 24,499.                                | 90,752.                     |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                              | 118,766.              | 59,383.                         |                                        | 59,383.                     |
| <b>13</b> Office expenses                                                                                                                                                                                                                        | 52,115.               | 13,920.                         | 5,182.                                 | 33,013.                     |
| <b>14</b> Information technology                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                              | 95,750.               | 44,889.                         | 16,711.                                | 34,150.                     |
| <b>17</b> Travel                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                 | 110,873.              | 35,668.                         |                                        | 75,205.                     |
| <b>20</b> Interest                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                              | 13,742.               |                                 | 13,742.                                |                             |
| <b>23</b> Insurance                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>24</b> 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.)                                    |                       |                                 |                                        |                             |
| <b>a</b> <b>SOFTWARE LICENSING AND</b>                                                                                                                                                                                                           | 92,993.               | 43,597.                         | 16,230.                                | 33,166.                     |
| <b>b</b> <b>OTHER EXPENSES</b>                                                                                                                                                                                                                   | 54,113.               | 25,370.                         | 9,444.                                 | 19,299.                     |
| <b>c</b> <b>MEMBERSHIPS AND SUBSCRI</b>                                                                                                                                                                                                          | 40,554.               | 19,013.                         | 7,077.                                 | 14,464.                     |
| <b>d</b>                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 13,752,606.           | 12,078,629.                     | 582,432.                               | 1,091,545.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

**GREATER WORCESTER COMMUNITY FOUNDATION,  
INC.**

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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)<br>Beginning of year |              | (B)<br>End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                           | 2,734,489.               | <b>1</b>     | 540,704.           |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                                | 3,061,535.               | <b>2</b>     | 7,860,893.         |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                                    | 18,518.                  | <b>3</b>     | 135,155.           |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                              |                          | <b>4</b>     |                    |
|                                                                                  | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                                  |                          | <b>6</b>     |                    |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                       | 400,997.                 | <b>7</b>     | 1,002,650.         |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                           |                          | <b>8</b>     |                    |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                                 | 60,666.                  | <b>9</b>     | 149,036.           |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....                                                                                                                              | 94,810.                  |              |                    |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                        | 83,216.                  |              |                    |
|                                                                                  |                                                                                                                                                                                                                                      | 25,336.                  | <b>10c</b>   | 11,594.            |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                             | 109,396,066.             | <b>11</b>    | 163,277,382.       |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                                 | 111,301,182.             | <b>12</b>    | 100,206,965.       |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                                  |                          | <b>13</b>    |                    |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                                    |                          | <b>14</b>    |                    |
| <b>15</b> Other assets. See Part IV, line 11 .....                               | 400,060.                                                                                                                                                                                                                             | <b>15</b>                | 328,306.     |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 227,398,849.                                                                                                                                                                                                                         | <b>16</b>                | 273,512,685. |                    |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                                | 173,959.                 | <b>17</b>    | 168,118.           |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                       | 1,502,150.               | <b>18</b>    | 1,623,005.         |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                                     |                          | <b>19</b>    |                    |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                          |                          | <b>20</b>    |                    |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                                |                          | <b>21</b>    |                    |
|                                                                                  | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          | <b>22</b>    |                    |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                       |                          | <b>23</b>    |                    |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                         |                          | <b>24</b>    |                    |
|                                                                                  | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....                                          | 54,453,054.              | <b>25</b>    | 62,312,965.        |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                    | 56,129,163.              | <b>26</b>    | 64,104,088.        |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                          |                          |              |                    |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                                | 10,256,206.              | <b>27</b>    | 42,933,598.        |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                                   | 161,013,480.             | <b>28</b>    | 166,474,999.       |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                                   |                          |              |                    |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                                   |                          | <b>29</b>    |                    |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                                     |                          | <b>30</b>    |                    |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                                     |                          | <b>31</b>    |                    |
|                                                                                  | <b>32</b> <b>Total net assets or fund balances</b> .....                                                                                                                                                                             | 171,269,686.             | <b>32</b>    | 209,408,597.       |
|                                                                                  | <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....                                                                                                                                                                | 227,398,849.             | <b>33</b>    | 273,512,685.       |

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**GREATER WORCESTER COMMUNITY FOUNDATION,  
INC.**

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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 ☒ **X**

|           |                                                                                                                |           |              |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 39,358,593.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 13,752,606.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 25,605,987.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 171,269,686. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 20,656,929.  |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |              |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | -8,124,005.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 209,408,597. |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes       | No       |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                             |           |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | <b>X</b> |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>2b</b> | <b>X</b> |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                     | <b>2c</b> | <b>X</b> |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           | <b>3a</b> | <b>X</b> |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                      | <b>3b</b> |          |

Form **990** (2025)

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public  
Inspection

Name of the organization GREATER WORCESTER COMMUNITY FOUNDATION, INC.

Employer identification number  
04-2572276

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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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) 2021  | (b) 2022  | (c) 2023  | (d) 2024 | (e) 2025  | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 12891363. | 15178162. | 11134837. | 6914568. | 22499828. | 68618758. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |           |           |           |          |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |           |           |           |          |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        | 12891363. | 15178162. | 11134837. | 6914568. | 22499828. | 68618758. |
| <b>5</b> 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) ..... |           |           |           |          |           | 17734150. |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |           |           |           |          |           | 50884608. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                    | (a) 2021  | (b) 2022  | (c) 2023  | (d) 2024 | (e) 2025  | (f) Total  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|----------|-----------|------------|
| <b>7</b> Amounts from line 4 .....                                                                                                             | 12891363. | 15178162. | 11134837. | 6914568. | 22499828. | 68618758.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 2788716.  | 2233669.  | 2569815.  | 2626183. | 4630068.  | 14848451.  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                              |           |           |           |          |           |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |           |           |           |          |           |            |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                |           |           |           |          |           | 83467209.  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                |           |           |           |          | 12        | 2,130,637. |

**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** ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) ..... | <b>14</b> | 60.96 % |
| <b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 .....                        | <b>15</b> | 71.67 % |

**16a 33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**17a 10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

**b 10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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**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) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2024 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2025</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2024</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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>                                                                                                                                                                                                                    |     |    |
| <b>2</b> 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>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> 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>b</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>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> 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>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> 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>b</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>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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>                                                                                                                                                                               |     |    |
| <b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>6</b> 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>                                                              |     |    |
| <b>7</b> 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>                                                                                                                                                                                                  |     |    |
| <b>8</b> 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>                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>9a</b> 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>b</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>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> 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>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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>b</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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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**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<br>(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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                                |

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year<br>(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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):                               |                |                                |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                                |

| Section C - Distributable Amount |                                                                                                                                                                           | (A) Prior Year | (B) Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     |                | Current Year     |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     |                |                  |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    |                |                  |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        |                |                  |
| 5                                | Income tax imposed in prior year                                                                                                                                          |                |                  |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             |                |                  |
| 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). |                |                  |

Schedule A (Form 990) 2025

GREATER WORCESTER COMMUNITY FOUNDATION,  
INC.

Schedule A (Form 990) 2025

04-2572276 Page 7

**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                         | <b>Total annual distributions.</b> Add lines 1 through 5.                                                                                           | 6            |
| 7                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 7            |
| 8                         | Distributable amount for 2025 from Section C, line 6                                                                                                | 8            |
| 9                         | Line 7 amount divided by line 8 amount                                                                                                              | 9            |

| Section E - Distribution Allocations (see instructions)                                                                                                                           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2025 | (iii)<br>Distributable<br>Amount for 2025 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2025 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2025                                                                                                                                 |                             |                                        |                                           |
| a From 2020                                                                                                                                                                       |                             |                                        |                                           |
| b From 2021                                                                                                                                                                       |                             |                                        |                                           |
| c From 2022                                                                                                                                                                       |                             |                                        |                                           |
| d From 2023                                                                                                                                                                       |                             |                                        |                                           |
| e From 2024                                                                                                                                                                       |                             |                                        |                                           |
| f <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| g Applied to under distributions of prior years                                                                                                                                   |                             |                                        |                                           |
| h Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| i Carryover from 2020 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| 4 Distributions for 2025 from Section D, line 6: \$                                                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| b Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| 7 <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| a Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| b Excess from 2022                                                                                                                                                                |                             |                                        |                                           |
| c Excess from 2023                                                                                                                                                                |                             |                                        |                                           |
| d Excess from 2024                                                                                                                                                                |                             |                                        |                                           |
| e Excess from 2025                                                                                                                                                                |                             |                                        |                                           |

Schedule A (Form 990) 2025



SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public  
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                      |                                              |                                      |            |
|----------------------|----------------------------------------------|--------------------------------------|------------|
| Name of organization | GREATER WORCESTER COMMUNITY FOUNDATION, INC. | Employer identification number (EIN) | 04-2572276 |
|----------------------|----------------------------------------------|--------------------------------------|------------|

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2025 Created 7/1/25

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    | (a) Filing organization's totals        | (b) Affiliated group totals |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table> | IF the amount on line 1e, column (a) or (b), is:   | THEN the lobbying nontaxable amount is: | not over \$500,000          | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. |  |  |  |
| IF the amount on line 1e, column (a) or (b), is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THEN the lobbying nontaxable amount is:            |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20% of the amount on line 1e.                      |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$100,000 plus 15% of the excess over \$500,000.   |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$175,000 plus 10% of the excess over \$1,000,000. |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$225,000 plus 5% of the excess over \$1,500,000.  |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$1,000,000.                                       |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                         |                             |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year<br>(or fiscal year beginning in)                      | (a) 2022 | (b) 2023 | (c) 2024 | (d) 2025 | (e) Total |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2025

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                         | (a) |    | (b)    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                         | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                    |     | X  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                   |     | X  |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                          |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                               |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                            |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                           |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                    |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                      |     | X  |        |
| <b>i</b> Other activities?                                                                                                                                                                                                              | X   |    | 6,000. |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                 |     |    | 6,000. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?                                                                                                                                 |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                              |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                     |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                   |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                                        | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

|                                                                                                                                                                                                                                                      |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| <b>1</b> Dues, assessments, and similar amounts from members                                                                                                                                                                                         | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):                                                                                  |    |  |
| <b>a</b> Current year                                                                                                                                                                                                                                | 2a |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                    | 2b |  |
| <b>c</b> Total                                                                                                                                                                                                                                       | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                             | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions                                                                                                                                                                     | 5  |  |

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:****MEMBERSHIP DUES PAID TO AN ORGANIZATION THAT CONDUCTS LOBBYING ACTIVITIES ON BEHALF OF THE FOUNDATION**

SCHEDULE D  
(Form 990)

(Rev. December 2024)

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](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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 .....                                                                                                                                                                                                                                         | 106                                     |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   | 2,180,334.                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        | 1,727,026.                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      | 24,114,820.                             |                              |
| 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 on line 2a .....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 ..... \$ .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

## GREATER WORCESTER COMMUNITY FOUNDATION,

Schedule D (Form 990) (Rev. 12-2024) INC.

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**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | 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 in Part XIII ☐

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

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 140,133,912.     | 131,091,217.   | 110,816,955.       | 134,888,044.         | 121,400,888.        |
| b Contributions                                  | 16,112,181.      | 1,111,807.     | 5,626,365.         | 1,854,354.           | 2,673,311.          |
| c Net investment earnings, gains, and losses     | 20,006,430.      | 16,417,339.    | 20,233,262.        | -19,605,393.         | 15,213,259.         |
| d Grants or scholarships                         | 6,175,132.       | 5,508,672.     | 3,751,794.         | 4,538,442.           | 2,374,658.          |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 1,559,969.       | 2,977,779.     | 1,833,571.         | 1,781,608.           | 2,024,756.          |
| g End of year balance                            | 168,517,422.     | 140,133,912.   | 131,091,217.       | 110,816,955.         | 134,888,044.        |

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 81.5000 %

c Term endowment 18.5000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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                                                                       |                                      | 10,844.                         | 4,075.                       | 6,769.         |
| d Equipment                                                                                    |                                      | 83,966.                         | 79,141.                      | 4,825.         |
| e Other                                                                                        |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 11,594.        |

Schedule D (Form 990) (Rev. 12-2024)

## GREATER WORCESTER COMMUNITY FOUNDATION,

Schedule D (Form 990) (Rev. 12-2024) INC.

04-2572276 Page 3

**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                                                   | 49,155,274.    | END-OF-YEAR MARKET VALUE                                  |
| (B) HEDGED EQUITY                                                       | 32,534,267.    | END-OF-YEAR MARKET VALUE                                  |
| (C) REAL ASSET FUNDS                                                    | 9,870,666.     | END-OF-YEAR MARKET VALUE                                  |
| (D) PRIVATE EQUITIES                                                    | 8,646,758.     | END-OF-YEAR MARKET VALUE                                  |
| (E)                                                                     |                |                                                           |
| (F)                                                                     |                |                                                           |
| (G)                                                                     |                |                                                           |
| (H)                                                                     |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 100,206,965.   |                                                           |

**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)                                                                     |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |                                                           |

**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)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**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                                                 | 61,131,534.    |
| (3) SPLIT INTEREST AGREEMENTS                                             | 840,240.       |
| (4) OPERATING LEASE LIABILITY                                             | 341,191.       |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 62,312,965.    |

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

## GREATER WORCESTER COMMUNITY FOUNDATION,

Schedule D (Form 990) (Rev. 12-2024) INC.

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**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.

|          |                                                                                                      |           |              |
|----------|------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>  | 48,319,779.  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |              |
| <b>a</b> | Net unrealized gains (losses) on investments .....                                                   | <b>2a</b> | 20,656,929.  |
| <b>b</b> | Donated services and use of facilities .....                                                         | <b>2b</b> |              |
| <b>c</b> | Recoveries of prior year grants .....                                                                | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                 | <b>2d</b> | -10,431,179. |
| <b>e</b> | Add lines 2a through 2d .....                                                                        | <b>2e</b> | 10,225,750.  |
| <b>3</b> | Subtract line 2e from line 1 .....                                                                   | <b>3</b>  | 38,094,029.  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> | 1,264,564.   |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                 | <b>4b</b> |              |
| <b>c</b> | Add lines 4a and 4b .....                                                                            | <b>4c</b> | 1,264,564.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>  | 39,358,593.  |

**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.

|          |                                                                                                       |           |             |
|----------|-------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      | <b>1</b>  | 10,180,868. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |             |
| <b>a</b> | Donated services and use of facilities .....                                                          | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments .....                                                                          | <b>2b</b> |             |
| <b>c</b> | Other losses .....                                                                                    | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                  | <b>2d</b> | -2,307,174. |
| <b>e</b> | Add lines 2a through 2d .....                                                                         | <b>2e</b> | -2,307,174. |
| <b>3</b> | Subtract line 2e from line 1 .....                                                                    | <b>3</b>  | 12,488,042. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> | 1,264,564.  |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                  | <b>4b</b> |             |
| <b>c</b> | Add lines 4a and 4b .....                                                                             | <b>4c</b> | 1,264,564.  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>  | 13,752,606. |

**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, 2025. THE FOUNDATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

|                                              |              |
|----------------------------------------------|--------------|
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 85,655.      |
| INVESTMENT RETURN FOR AGENCY ENDOWMENTS      | -8,135,455.  |
| GIFTS AND DONATIONS FOR AGENCY ENDOWMENTS    | -2,381,379.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D        | -10,431,179. |

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

|                                |             |
|--------------------------------|-------------|
| DISTRIBUTIONS FOR AGENCY FUNDS | -2,307,174. |
|--------------------------------|-------------|

[illegible]

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

| <b>1 (a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| 19 CARTER<br>19 CARTER STREET<br>BERLIN, MA 01503                                                | 30-0515317     | 501(C)3                                | 23,000.                         | 0.                                      |                                                              |                                              | ARTS, CULTURE &<br>HUMANITIES             |
| 508 C.H.E.E.R.S.<br>30 STANTON STREET, APT 1<br>WORCESTER, MA 01605                              | 99-3506646     | 501(C)3                                | 25,000.                         | 0.                                      |                                                              |                                              | HUMAN SERVICES                            |
| ABBY'S HOUSE<br>52 HIGH STREET<br>WORCESTER, MA 01609-2409                                       | 04-2648411     | 501(C)3                                | 137,205.                        | 0.                                      |                                                              |                                              | HOUSING & SHELTER                         |
| ADAPTIVE RECOVERY TEACHING<br>INCORPORATED - 482 SOUTHBRIDGE<br>STREET, #356 - AUBURN, MA 01501  | 99-3951044     | 501(C)3                                | 10,000.                         | 0.                                      |                                                              |                                              | EDUCATION                                 |
| ADULT & TEEN CHALLENGE<br>MASSACHUSETTS WORCESTER - 81<br>CHATHAM ST - WORCESTER, MA 01609       | 04-2401399     | 501(C)3                                | 10,000.                         | 0.                                      |                                                              |                                              | HUMAN SERVICES                            |
| AFRICAN COMMUNITY EDUCATION<br>PROGRAM (ACE) - 484 MAIN ST.,<br>SUITE #355 - WORCESTER, MA 01608 | 14-1970474     | 501(C)3                                | 96,500.                         | 0.                                      |                                                              |                                              | EDUCATION                                 |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **265.**

**3** Enter total number of other organizations listed in the line 1 table ..... **21.**

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

Schedule I (Form 990) (Rev. 12-2024)

**GREATER WORCESTER COMMUNITY FOUNDATION,  
INC.**

Schedule I (Form 990)

04-2572276

Page 1

**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 |
|-----------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| AIDS PROJECT WORCESTER<br>484 MAIN ST., STE. 4<br>WORCESTER, MA 01608-1852                    | 04-2970467 | 501(C)3                       | 10,910.                  | 0.                               |                                                       |                                        | HEALTH CARE                        |
| ALL SAINTS EPISCOPAL CHURCH<br>10 IRVING STREET<br>WORCESTER, MA 01609-3210                   | 04-2109840 | 501(C)3                       | 24,540.                  | 0.                               |                                                       |                                        | RELIGION-RELATED                   |
| AMERICAN ANTIQUARIAN SOCIETY<br>185 SALISBURY STREET<br>WORCESTER, MA 01609-1636              | 04-2103652 | 501(C)3                       | 36,905.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| ANSAAR OF WORCESTER<br>334 BOSTON TURNPIKE<br>SHREWSBURY, MA 01545                            | 82-1371776 | 501(C)3                       | 22,500.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| APPLEWILD SCHOOL<br>120 PROSPECT STREET<br>FITCHBURG, MA 01420                                | 04-2225643 | 501(C)3                       | 11,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| ARTSWORCESTER<br>44 PORTLAND STREET<br>WORCESTER, MA 01608-2023                               | 04-2768202 | 501(C)3                       | 25,460.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| ASCENTRIA CARE ALLIANCE<br>11 SHATTUCK STREET<br>WORCESTER, MA 01605                          | 04-2496563 | 501(C)3                       | 21,200.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| ASCENTRIA COMMUNITY SERVICES, INC.<br>11 SHATTUCK STREET<br>WORCESTER, MA 01606               | 04-3566243 | 501(C)3                       | 25,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| ASPIRE! - AN AFFILIATE OF SEVEN<br>HILLS FOUNDATION - 81 HOPE AVENUE<br>- WORCESTER, MA 01603 | 04-2274992 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |

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 |
|----------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ASSUMPTION UNIVERSITY<br>OFFICE OF FINANCIAL AID, 500<br>SALISBURY STREET - WORCESTER, MA<br>01609-1296  | 04-2105776 | 501(C)3                       | 12,328.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| ASSUMPTION UNIVERSITY<br>OFFICE OF FINANCIAL AID, 500<br>SALISBURY STREET - WORCESTER, MA<br>01609-1296  | 04-2105776 | 501(C)3                       | 12,328.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| AUBURN YOUTH AND FAMILY SERVICES<br>21 PHEASANT COURT<br>AUBURN, MA 01501-2457                           | 04-2658899 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| BANCROFT SCHOOL<br>110 SHORE DRIVE<br>WORCESTER, MA 01605-3198                                           | 04-2103861 | 501(C)3                       | 51,397.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| BARD COLLEGE<br>OFFICE OF FINANCIAL AID, PO BOX<br>5000 ANNANDALE ROAD -<br>ANNANDALE-ON-HUDSON, N       |            | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| BATES COLLEGE<br>STUDENT FINANCIAL SERVICES, 44 MOUN<br>LEWISTON, ME 04240                               |            | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| BE LIKE BRIT FOUNDATION, INC.<br>66 PULLMAN STREET<br>WORCESTER, MA 01606                                | 27-1857525 | 501(C)3                       | 17,650.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| BENTLEY UNIVERSITY<br>STUDENT FINANCIAL SERVICES, 175<br>FOREST STREET, RAUCH 104 -<br>WALTHAM, MA 02154 | 04-1081650 | 501(C)3                       | 7,200.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| BERKLEE COLLEGE OF MUSIC<br>1140 BOYLSTON ST., MS-921 OSA<br>BOSTON, MA 02215                            |            | 501(C)3                       | 13,500.                  | 0.                               |                                                       |                                        | EDUCATION                          |

Schedule I (Form 990)

**GREATER WORCESTER COMMUNITY FOUNDATION,  
INC.**

Schedule I (Form 990)

04-2572276

Page 1

**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 |
|------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| BIG BROTHERS/BIG SISTERS OF CENTRAL MASS/METROWEST, INC. - 18 CHESTNUT ST., SUITE 340 - WORCESTER, MA 01608-1556 | 04-2317926 | 501(C)3                       | 28,080.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| BLACK EXCELLENCE ACADEMY ALL SAINTS EPISCOPAL CHURCH, 10 IRVING STREET, 2ND FLOOR - WORCESTER, MA 016            | 04-3338778 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| BLACKSTONE HERITAGE CORRIDOR, INC. 670 LINWOOD AVENUE, LINWOOD MILL BU WHITINSVILLE, MA 01588                    | 27-3086245 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| BLACKSTONE VALLEY EDUCATION FOUNDATION - PO BOX 158 - WHITINSVILLE, MA 01588                                     | 04-3467394 | 501(C)3                       | 60,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| BODIES MOVING 128 WOODLAND DRIVE LUNENBURG, MA 01462                                                             | 04-3064755 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| BOSTON COLLEGE OFFICE OF STUDENT SERVICES, 140 COMMONWEALTH AVENUE, LYONS HALL 103 - CHESTN                      | 04-2103545 | 501(C)3                       | 21,350.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| BOSTON SYMPHONY ORCHESTRA, INC. 301 MASSACHUSETTS AVE BOSTON, MA 02115                                           | 04-2103550 | 501(C)3                       | 25,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| BOSTON UNIVERSITY 25 BUICK STREET, SUITE 130 BOSTON, MA 02215                                                    | 04-2103547 | 501(C)3                       | 16,350.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| BOYS & GIRLS CLUB OF WEBSTER-DUDLEY - 55 OXFORD AVENUE - DUDLEY, MA 01571                                        | 04-2238069 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |

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| BOYS & GIRLS CLUB OF WORCESTER<br>65 BOYS & GIRLS CLUB WAY<br>WORCESTER, MA 01610-2520                   | 04-2105851 | 501(C)3                       | 565,464.                 | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                            |
| BOYS AND GIRLS CLUB OF FITCHBURG,<br>LEOMINSTER & GARDNER - 365 LINDELL<br>AVENUE - LEOMINSTER, MA 01453 | 04-3576700 | 501(C)3                       | 15,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                            |
| BRIGHAM YOUNG UNIVERSITY<br>BYU SCHOLARSHIP OFFICE, A-41 ASB<br>PROVO, UT 84602                          |            | 501(C)3                       | 6,000.                   | 0.                               |                                                       |                                        | EDUCATION                                    |
| BROWN UNIVERSITY<br>CASHIER'S OFFICE, BOX 1911, 69<br>BROWN STREET, 2ND FLOOR -<br>PROVIDENCE, RI 0291   | 05-0258809 | 501(C)3                       | 27,000.                  | 0.                               |                                                       |                                        | EDUCATION                                    |
| BRYANT UNIVERSITY<br>FINANCIAL AID OFFICE, 1150 DOUGLAS<br>SMITHFIELD, RI 02917-1284                     | 05-0258810 | 501(C)3                       | 12,000.                  | 0.                               |                                                       |                                        | EDUCATION                                    |
| CARNEGIE MELLON UNIVERSITY<br>FINANCIAL AID OFFICE, 5000 FORBES A<br>PITTSBURGH, PA 15213-3890           | 25-0969449 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                                    |
| CASITA CULTURA LATINA<br>56 WILLIAMS STREET<br>WORCESTER, MA 01609                                       | 88-3675966 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT &<br>CAPACITY BUILDING |
| CATHOLIC CHARITIES WORCESTER<br>COUNTY - 216 WEST BOYLSTON STREET<br>#300 - WEST BOYLSTON, MA 01583      | 04-2103979 | 501(C)3                       | 25,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                               |
| CENTER FOR HEALTH IMPACT<br>35 HARVARD STREET, SUITE 300<br>WORCESTER, MA 01609-2828                     | 04-2775264 | 501(C)3                       | 22,500.                  | 0.                               |                                                       |                                        | HEALTH CARE                                  |

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| CENTRAL NEW ENGLAND EQUINE RESCUE<br>96 NEW BRAINTREE RD.<br>WEST BROOKFIELD, MA 01585                    | 42-1608505 | 501(C)3                       | 5,575.                   | 0.                               |                                                       |                                        | ANIMAL RELATED                     |
| CHILDREN'S FRIEND, AN AFFILIATE OF<br>SEVEN HILLS FOUNDATION - PO BOX<br>774 - SHIRLEY, MA 01464          | 04-2105856 | 501(C)3                       | 5,736.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| CITY OF WORCESTER<br>455 MAIN STREET, WORCESTER CITY HAL<br>WORCESTER, MA 01604                           | 04-6001418 |                               | 37,525.                  | 0.                               |                                                       |                                        | PUBLIC & SOCIETAL<br>BENEFIT       |
| CLARK UNIVERSITY<br>OFFICE OF FINANCIAL ASSISTANCE,<br>950 MAIN STREET - WORCESTER, MA<br>01610-1477      | 04-2111203 | 501(C)3                       | 10,148.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| CLEAR PATH FOR VETERANS NEW<br>ENGLAND - 84 ANTIETAM ST - DEVENS,<br>MA 01434                             | 82-0681735 | 501(C)3                       | 5,100.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| CLEMSON UNIVERSITY<br>STUDENT FINANCIAL AID, G-01 SIKES<br>HALL, BOX 345123 - CLEMSON, SC<br>29634        |            | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| COALITION FOR A HEALTHY GREATER<br>WORCESTER - 18 CHESTNUT STREET,<br>SUITE 500 - WORCESTER, MA 01608     | 04-2382160 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | HEALTH CARE                        |
| COLLEGE OF THE HOLY CROSS<br>HOGAN CAMPUS CENTER, SUITE 314, 1<br>COLLEGE STREET - WORCESTER, MA<br>01610 | 04-2103558 | 501(C)3                       | 5,828.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| COLLEGE OF THE HOLY CROSS<br>HOGAN CAMPUS CENTER, SUITE 314, 1<br>COLLEGE STREET - WORCESTER, MA<br>01610 | 04-2103558 | 501(C)3                       | 5,828.                   | 0.                               |                                                       |                                        | EDUCATION                          |

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| COLUMBIA UNIVERSITY, FINANCIAL AID AND EDUCATIONAL FINANCING - KENT HALL, 1140 AMSTERDAM AVENUE - NEW YORK, NY 10027 | 13-5598093 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                                           |
| COMMUNITY HARVEST PROJECT<br>37 WHEELER ROAD<br>NORTH GRAFTON, MA 01536-1104                                         | 04-3424018 | 501(C)3                       | 65,940.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION                       |
| COMMUNITY HEALTH AWARENESS NETWORK GROWS EQUITY (CHANGE) - 51 GAGE STREET - WORCESTER, MA 01605                      | 83-3277432 | 501(C)3                       | 29,000.                  | 0.                               |                                                       |                                        | HEALTH CARE                                         |
| COMMUNITY LEGAL AID, INC.<br>370 MAIN STREET, SUITE 300<br>WORCESTER, MA 01608                                       | 04-2446242 | 501(C)3                       | 13,220.                  | 0.                               |                                                       |                                        | CRIME & LEGAL-RELATED                               |
| COMMUNITY SERVINGS<br>179 ARMORY STREET<br>JAMAICA PLAIN, MA 02130                                                   | 22-3154028 | 501(C)3                       | 12,830.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION                       |
| CORNELL UNIVERSITY<br>OFFICE OF FINANCIAL AID & STUDENT EMPLOYMENT, SCHOLARSHIP DIVISION - PO BOX                    | 15-0532082 | 501(C)3                       | 9,750.                   | 0.                               |                                                       |                                        | EDUCATION                                           |
| CROCODILE RIVER MUSIC<br>44 PORTLAND STREET, 7TH FLOOR<br>WORCESTER, MA 01608                                        | 87-4613875 | 501(C)3                       | 77,450.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES                          |
| DAFGIVING360 (SCHWAB CHARITABLE FUND) - 9800 SCHWAB WAY - LONE TREE, CO 80124                                        | 31-1640316 | 501(C)3                       | 25,000.                  | 0.                               |                                                       |                                        | PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATIONS |
| DARTMOUTH COLLEGE<br>CAMPUS BILLING, 6132 MCNUTT HALL, R HANOVER, NH 03755                                           | 02-0222111 | 501(C)3                       | 6,000.                   | 0.                               |                                                       |                                        | EDUCATION                                           |

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| DCF MASSACHUSETTS WONDERFUND, INC.<br>77 ROWE ST<br>AUBURNDALE, MA 02466                 | 04-3443890 | 501(C)3                       | 25,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                                            |
| DEJA NEW LEICESTER, INC.<br>100 SOUTH MAIN STREET<br>LEICESTER, MA 01524                 | 85-2381079 | 501(C)3                       | 12,500.                  | 0.                               |                                                       |                                        | PUBLIC & SOCIETAL<br>BENEFIT                              |
| DETECTOGETHER, INC.<br>53 OTIS STREET, PO BOX 1153<br>WESTBOROUGH, MA 01581              | 26-2873903 | 501(C)3                       | 33,000.                  | 0.                               |                                                       |                                        | HEALTH CARE                                               |
| DIGNITY MATTERS, INC.<br>25 BRIGHAM ST<br>WESTBOROUGH, MA 01581                          | 81-4572839 | 501(C)3                       | 15,300.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                                            |
| DIOCESE OF WORCESTER<br>BISHOP'S FUND, 49 ELM STREET<br>WORCESTER, MA 01609              | 04-2106686 | 501(C)3                       | 18,030.                  | 0.                               |                                                       |                                        | RELIGION-RELATED                                          |
| DISMAS HOUSE OF MASSACHUSETTS,<br>INC. - PO BOX 30125 - WORCESTER,<br>MA 01603           | 54-2075825 | 501(C)3                       | 70,900.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                                            |
| DRESS FOR SUCCESS WORCESTER INC.<br>120 STAFFORD ST., STE. A<br>WORCESTER, MA 01603-1461 | 26-3168663 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | EMPLOYMENT                                                |
| DUDLEY CONSERVATION LAND TRUST<br>PO BOX 14<br>WEBSTER, MA 01570                         | 20-2201367 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | ENVIRONMENT                                               |
| DUDLEY WOMAN'S CLUB<br>P.O. BOX 294<br>DUDLEY, MA 01571                                  | 36-4725293 | 501(C)3                       | 82,000.                  | 0.                               |                                                       |                                        | PHILANTHROPY,<br>VOLUNTARISM & GRANTMAKING<br>FOUNDATIONS |

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| EAST DOUGLAS EVERGREEN CEMETERY COMPANY - 53 SOUTHEAST MAIN STREET - DOUGLAS, MA 01516-2019   | 04-6002475 | 501(C)3                       | 29,882.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| EAST QUABBIN LAND TRUST<br>PO BOX 5, 120 RIDGE ROAD<br>HARDWICK, MA 01037                     | 04-3297978 | 501(C)3                       | 5,500.                   | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| ECOTARIUM (WORCESTER NATURAL HISTORY SOCIETY) - 222 HARRINGTON WAY - WORCESTER, MA 01604      | 04-2105868 | 501(C)3                       | 51,427.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| EDWARD M. KENNEDY COMMUNITY HEALTH CENTER - 2000 CENTURY DRIVE - WORCESTER, MA 01606          | 04-2513817 | 501(C)3                       | 37,885.                  | 0.                               |                                                       |                                        | HEALTH CARE                        |
| EDWARD STREET CHILD SERVICES<br>50 PORTLAND STREET<br>WORCESTER, MA 01608                     | 04-2133874 | 501(C)3                       | 40,600.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| EL BUEN SAMARITANO FOOD PROGRAM<br>39 PIEDMONT STREET<br>WORCESTER, MA 01610                  | 04-3117161 | 501(C)3                       | 21,000.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION      |
| ELDER SERVICES OF WORCESTER AREA, INC. - 67 MILLBROOK STREET, SUITE 100 - WORCESTER, MA 01606 | 04-2545221 | 501(C)3                       | 28,393.                  | 0.                               |                                                       |                                        | HEALTH CARE                        |
| EMMANUEL COLLEGE<br>FINANCIAL AID OFFICE, 400 THE FENWAY<br>BOSTON, MA 02115                  |            | 501(C)3                       | 15,100.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| ENDICOTT COLLEGE<br>FINANCIAL AID OFFICE, 376 HALE STREET<br>BEVERLY, MA 01915                | 04-2103567 | 501(C)3                       | 6,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |

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| FAMILY HEALTH CENTER OF WORCESTER<br>PO BOX 20205<br>WORCESTER, MA 01602-0205                                            | 04-2485308 | 501(C)3                       | 28,020.                  | 0.                               |                                                       |                                        | HEALTH CARE                        |
| FAMILY SERVICES OF CENTRAL MASSACHUSETTS, AN AFFILIATE OF SEVEN HILLS FOUNDATION - 799 WEST BOYLSTON STREET, SUITE 130 - | 04-2103767 | 501(C)3                       | 15,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| FIRST UNITARIAN CHURCH<br>90 MAIN STREET<br>WORCESTER, MA 01608-1173                                                     | 04-2125013 | 501(C)3                       | 28,661.                  | 0.                               |                                                       |                                        | RELIGION-RELATED                   |
| FITCHBURG CULTURAL ALLIANCE, INC<br>675 MAIN STREET<br>FITCHBURG, MA 01420                                               | 22-2571430 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| FITCHBURG STATE UNIVERSITY<br>160 PEARL STREET, SANDERS ADMINISTRATION BUILDING -<br>FITCHBURG, MA 01420                 | 04-2661048 |                               | 11,400.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| FRAMINGHAM STATE UNIVERSITY<br>STUDENT ACCOUNTS, 100 STATE STREET<br>FRAMINGHAM, MA 09101                                | 04-2742666 |                               | 11,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| FRESH START FURNITURE BANK<br>16 BRENT DRIVE<br>HUDSON, MA 01749-2904                                                    | 46-2512827 | 501(C)3                       | 15,000.                  | 0.                               |                                                       |                                        | HOUSING & SHELTER                  |
| FRIENDLY HOUSE<br>36 WALL STREET<br>WORCESTER, MA 01604                                                                  | 04-2104239 | 501(C)3                       | 39,402.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| FRIENDS OF NORTHBRIDGE ELDERS, INC. - C/O NORTHBRIDGE SENIOR CENTER, 20 HIGHLAND STREET - WHITINSVILLE, MA 01588-2102    | 04-2657980 | 501(C)3                       | 74,254.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |

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| FRIENDS OF ST LUKE'S, INC<br>141 MAIN STREET<br>SOUTHBRIDGE, MA 01550                    | 81-5437066 | 501(C)3                       | 11,000.                  | 0.                               |                                                       |                                        | HOUSING & SHELTER                         |
| FRIENDS OF SWAN TAVERN<br>1 PAXTON STREET<br>LEICESTER, MA 01524                         | 92-1016516 | 501(C)3                       | 6,500.                   | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES                |
| FRIENDS OF THE GLADYS E. KELLY<br>PUBLIC LIBRARY - 2 LAKE ST. -<br>WEBSTER, MA 01570     | 14-1930471 | 501(C)3                       | 50,000.                  | 0.                               |                                                       |                                        | EDUCATION                                 |
| GARDNER COMMUNITY ACTION<br>COMMITTEE, INC. - 294 PLEASANT<br>STREET - GARDNER, MA 01440 | 51-0140428 | 501(C)3                       | 7,200.                   | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| GBH (WGBH EDUCATIONAL FOUNDATION)<br>P.O. BOX 412857<br>BOSTON, MA 02241-2857            | 04-2104397 | 501(C)3                       | 12,500.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES                |
| GENESIS CLUB HOUSE, INC.<br>274 LINCOLN STREET<br>WORCESTER, MA 01605-2106               | 04-2983234 | 501(C)3                       | 35,500.                  | 0.                               |                                                       |                                        | MENTAL HEALTH & CRISIS INTERVENTION       |
| GINNY'S HELPING HAND, INC.<br>52 MECHANIC STREET<br>LEOMINSTER, MA 01453                 | 04-3556937 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION             |
| GIRL SCOUTS OF CENTRAL AND WESTERN<br>MA - 115 CENTURY DRIVE -<br>WORCESTER, MA 01606    | 04-2103856 | 501(C)3                       | 25,331.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                         |
| GIRLS INCORPORATED OF WORCESTER<br>125 PROVIDENCE STREET<br>WORCESTER, MA 01604-5411     | 04-2123666 | 501(C)3                       | 30,998.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                            |

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| GOOD NEWS MESSENGERS DBA ESTHER'S PLACE - 5532 SINCLAIR ROAD - COLUMBUS, OH 43229                     | 31-1366744 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| GREATER WORCESTER LAND TRUST<br>4 ASH STREET<br>WORCESTER, MA 01608                                   | 22-2857318 | 501(C)3                       | 28,300.                  | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| GROWING PLACES GARDEN PROJECT<br>325 LINDELL AVENUE<br>LEOMINSTER, MA 01453                           | 10-0004885 | 501(C)3                       | 24,100.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION      |
| GUILD OF ST. AGNES<br>19 HARVARD STREET<br>WORCESTER, MA 01609                                        | 04-2104267 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| HALE YMCA YOUTH AND FAMILY CENTER<br>9 TECHNOLOGY PARK DRIVE<br>PUTNAM, CT 06260                      | 06-0881325 | 501(C)3                       | 71,850.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| HARVARD UNIVERSITY<br>STUDENT ACCOUNTS 801 RICHARD A. AND SUSAN F. SMITH CAMPUS CENTER, 1350 MASSA    | 53-0199180 | 501(C)3                       | 16,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| HEARTS FOR HEAT, INC.<br>PO BOX 69<br>ROCHDALE, MA 01542                                              | 85-2381079 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| HIGH POINT UNIVERSITY<br>OFFICE OF STUDENT FINANCIAL PLANNING, 833 MONTLIEU AVENUE - HIGH POINT, NC 2 | 56-0529999 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| HIGH RIDGE HARMONY FARM<br>83 OVERLOOK RD<br>WESTMINSTER, MA 01473                                    | 86-2097464 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION      |

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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 |
|------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| HILLSIDE SCHOOL<br>404 ROBIN HILL ROAD<br>MARLBOROUGH, MA 01752                                                  | 04-2111216 | 501(C)3                       | 6,508.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| HOLDEN HISTORICAL SOCIETY, INC.<br>1157 MAIN STREET, P.O. BOX 421<br>HOLDEN, MA 01520                            | 04-2615302 | 501(C)3                       | 14,360.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| HOPE AND COMFORT INC.<br>33 4TH AVENUE<br>NEEDHAM, MA 02494                                                      | 45-1329518 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| HORIZONS FOR HOMELESS CHILDREN<br>1785 COLUMBUS AVENUE<br>ROXBURY, MA 02119                                      | 22-2915188 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | HOUSING & SHELTER                  |
| IMPERFECT JOY<br>35 HAYNES HILL ROAD<br>BRIMFIELD, MA 01010                                                      | 46-2660255 | 501(C)3                       | 11,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| INNER VOICE OUTER CHANGE<br>114 WATER TOWER PLAZA, #1020<br>LEOMINSTER, MA 01453                                 | 92-3513709 | 501(C)3                       | 15,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| INVESTING IN GIRLS ALLIANCE<br>18 CHESTNUT STREET, SUITE 530, C/O<br>UNITED WAY OF CENTRAL MA -<br>WORCESTER, MA | 04-2104017 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| JACKSON STATE UNIVERSITY,<br>FINANCIAL AID OFFICE - PO BOX<br>17065 - JACKSON, MS 39217                          |            | 501(C)3                       | 5,500.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| JEAN MCDONOUGH ARTS CENTER (JMAC)<br>20B FRANKLIN STREET<br>WORCESTER, MA 01608                                  | 05-0521735 | 501(C)3                       | 70,500.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |

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| JEREMIAH'S INN<br>PO BOX 30035<br>WORCESTER, MA 01603                                       | 22-2567080 | 501(C)3                       | 25,200.                  | 0.                               |                                                       |                                        | HOUSING & SHELTER                  |
| JOY OF MUSIC PROGRAM, INC.<br>1 GORHAM STREET<br>WORCESTER, MA 01605-3626                   | 04-3055099 | 501(C)3                       | 24,810.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| JUBILEE CAREER CENTER FOR THE PERFORMING ARTS, INC. - 653 MAIN STREET - WORCESTER, MA 01610 | 46-4969313 | 501(C)3                       | 7,000.                   | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| JUNIPER OUTREACH FOUNDATION<br>P.O. BOX 91<br>PAXTON, MA 01612                              | 85-3940411 | 501(C)3                       | 106,000.                 | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| KAREN KEMPSKIE-AQUINO<br>41 INDIAN HILL ROAD<br>WORCESTER, MA 01606                         |            |                               | 6,700.                   | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| LEGENDARY LEGACIES, INC.<br>40 SOUTHBRIDGE STREET, SUITE 200<br>WORCESTER, MA 01608         | 82-4456424 | 501(C)3                       | 26,500.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| LEICESTER COUNCIL ON AGING<br>LEICESTER SENIOR CENTER, 40 WINSLOW<br>LEICESTER, MA 01524    | 04-6001197 |                               | 8,000.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| LIBERTY UNIVERSITY<br>EXTERNAL AID, PO BOX 10425<br>LYNCHBURG, VA 24515                     | 54-0946734 | 501(C)3                       | 9,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| LITERACY VOLUNTEERS OF GREATER WORCESTER - 3 SALEM STREET, SUITE 322 - WORCESTER, MA 01608  | 04-2914294 | 501(C)3                       | 35,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |

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| LITERACY VOLUNTEERS OF SOUTH CENTRAL MASSACHUSETTS - C/O JACOB EDWARDS LIBRARY, 236 MAIN STREET - SOUTHBRIDGE, MA 01550     | 02-0725620 | 501(C)3                       | 7,600.                   | 0.                               |                                                       |                                        | EDUCATION                                 |
| LOVE YOUR LABELS<br>4 E CENTRAL STREET, PO BOX 2301<br>WORCESTER, MA 01604                                                  | 83-2749965 | 501(C)3                       | 27,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                            |
| LUCY'S LOVE BUS<br>P.O. BOX 464<br>AMESBURY, MA 01913                                                                       | 20-4036256 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HEALTH CARE                               |
| MAB COMMUNITY SERVICES<br>ADVANCEMENT OFFICE, 29 DENBY ROAD<br>ALLSTON, MA 02134                                            | 04-2109859 | 501(C)3                       | 24,405.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                            |
| MAIN SOUTH COMMUNITY DEVELOPMENT CORPORATION - 875 MAIN STREET - WORCESTER, MA 01610                                        | 04-2921465 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| MARQUETTE UNIVERSITY, OFFICE OF STUDENT FINANCIAL AID - ATTN: SCHOLARSHIP ASSISTANT, PO BOX 1881 - MILWAUKEE, WI 53201-1881 |            | 501(C)3                       | 9,000.                   | 0.                               |                                                       |                                        | EDUCATION                                 |
| MASS HUMANITIES<br>13 RACE ST, #203<br>HOLYOKE, MA 01040                                                                    | 22-2504778 | 501(C)3                       | 16,500.                  | 0.                               |                                                       |                                        | CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY    |
| MASSACHUSETTS ADOPTION RESOURCE EXCHANGE - 19 NEEDHAM STREET, SUITE 206 - NEWTON, MA 02461                                  | 04-2227431 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                            |
| MASSACHUSETTS AUDUBON - BROAD MEADOW BROOK WILDLIFE SANCTUARY - 414 MASSASOIT ROAD - WORCESTER, MA 01604-3546               | 04-2104702 | 501(C)3                       | 6,000.                   | 0.                               |                                                       |                                        | ENVIRONMENT                               |

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| MASSACHUSETTS AUDUBON SOCIETY INC.<br>P.O. BOX 1176<br>SARASOTA, FL 34230                                                  | 04-2104702 | 501(C)3                       | 30,118.                  | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| MASSACHUSETTS COLLEGE OF ART AND DESIGN - BUSINESS OFFICE, 621<br>HUNTINGTON AVE. - BOSTON, MA 02115                       | 04-2742359 | 501(C)3                       | 21,900.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| MASSACHUSETTS EDUCATION AND CAREER OPPORTUNITIES, INC. - 18 CHESTNUT ST, STE. 210 - WORCESTER, MA 01608                    | 23-7055676 | 501(C)3                       | 92,561.                  | 0.                               |                                                       |                                        | PUBLIC & SOCIETAL BENEFIT          |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY - STUDENT FINANCIAL SERVICES, MIT ROOM 11-120, 77 MASSACHUSETTS AVE. - CAMBRIDGE, MA | 04-2103594 | 501(C)3                       | 19,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY - STUDENT FINANCIAL SERVICES, MIT ROOM 11-120, 77 MASSACHUSETTS AVE. - CAMBRIDGE, MA | 04-2103594 | 501(C)3                       | 19,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| MASSACHUSETTS PROJECT 351 INC.<br>50 MILK STREET, 16TH FLOOR<br>BOSTON, MA 02109                                           | 45-4103159 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| MASSACHUSETTS SYMPHONY ORCHESTRA, INC. - P.O. BOX 20070, TUCKERMAN HALL - WORCESTER, MA 01602                              | 04-2607807 | 501(C)3                       | 10,400.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| MERRIMACK COLLEGE<br>FINANCIAL AID OFFICE, 315 TURNPIKE<br>NORTH ANDOVER, MA 01845                                         | 04-2103731 | 501(C)3                       | 12,440.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| MERYL'S SAFE HAVEN<br>P.O. BOX 20363<br>WORCESTER, MA 01602                                                                | 92-1498053 | 501(C)3                       | 27,500.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |

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| METACOMET LAND TRUST INC.<br>PO BOX 231<br>FRANKLIN, MA 02038-0231                                | 04-3020897 | 501(C)3                       | 18,000.                  | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| MOM BOMB<br>4 PROSPECT STREET<br>SHREWSBURY, MA 01545                                             | 82-4260386 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| MOUNT GRACE LAND CONSERVATION<br>TRUST - 1461 OLD KEENE ROAD -<br>ATHOL, MA 01331-9689            | 04-2938967 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| MOUNT WACHUSETT COMMUNITY COLLEGE<br>STUDENT ACCOUNTS OFFICE, 444 GREEN<br>GARDNER, MA 01440-1000 | 23-7136083 |                               | 9,300.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| MOUNT WACHUSETT COMMUNITY COLLEGE<br>FOUNDATION, INC. - 444 GREEN<br>STREET - GARDNER, MA 01440   | 23-7136083 | 501(C)3                       | 5,300.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| MUSIC WORCESTER, INC.<br>319 MAIN STREET<br>WORCESTER, MA 01608-1511                              | 04-2171207 | 501(C)3                       | 183,004.                 | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| MUSTARD SEED CATHOLIC WORKERS<br>COMMUNITY - 93 PIEDMONT ST -<br>WORCESTER, MA 01609-2017         | 47-3600849 | 501(C)3                       | 10,500.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE &<br>NUTRITION   |
| NEADS INC.<br>PO BOX 1100<br>PRINCETON, MA 01541                                                  | 23-7281887 | 501(C)3                       | 10,940.                  | 0.                               |                                                       |                                        | ANIMAL RELATED                     |
| NEADY CATS<br>215 WORCESTER ROAD<br>STERLING, MA 01564                                            | 04-3509327 | 501(C)3                       | 6,689.                   | 0.                               |                                                       |                                        | ANIMAL RELATED                     |

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| NEW DAWN ARTS CENTER, INC.<br>84 MAIN STREET, PO BOX 532<br>ASHBURNHAM, MA 01430                                                       | 87-1223027 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| NEW ENGLAND BOTANIC GARDEN AT<br>TOWER HILL (WORCESTER COUNTY<br>HORTICULTURAL SOCIETY - 11 FRENCH<br>DRIVE, PO BOX 598 - BOYLSTON, MA | 04-1988945 | 501(C)3                       | 29,661.                  | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| NEVVUE COMMUNITIES<br>470 MAIN STREET<br>FITCHBURG, MA 01420-4292                                                                      | 04-2690210 | 501(C)3                       | 45,000.                  | 0.                               |                                                       |                                        | HOUSING & SHELTER                  |
| NICHOLS COLLEGE<br>OFFICE OF FINANCIAL ASSISTANCE,<br>129 CENTER ROAD - DUDLEY, MA<br>01571-5000                                       | 04-2104778 | 501(C)3                       | 17,400.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| NORTH ANDOVER SCHOLARSHIP<br>FOUNDATION INC - PO BOX 524 -<br>NORTH ANDOVER, MA 01845                                                  | 04-3272675 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| NORTH COUNTY LAND TRUST<br>325 LINDELL AVE<br>LEOMINSTER, MA 01453                                                                     | 22-3193109 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| NORTH QUABBIN CITIZEN ADVOCACY,<br>INC. - PO BOX 362, 131 W. MAIN<br>STREET, SUITE 210 - ORANGE, MA<br>01364                           | 04-3218759 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| NORTH STAR FAMILY SERVICES, INC.<br>758 MAIN STREET<br>LEOMINSTER, MA 01453                                                            | 03-0387748 | 501(C)3                       | 30,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| NORTHEASTERN UNIVERSITY<br>GENERAL SCHOLARSHIP/FINANCE<br>OFFICE, 354 RI, 360 HUNTINGTON<br>AVENUE - BOSTON,                           | 04-1679980 | 501(C)3                       | 65,400.                  | 0.                               |                                                       |                                        | EDUCATION                          |

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| NOTRE DAME HEALTH CARE<br>555 PLANTATION STREET<br>WORCESTER, MA 01605                                  | 04-3108782 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HEALTH CARE                                  |
| OHIO STATE UNIVERSITY<br>OFFICE OF STUDENT FINANCIAL AID,<br>PO BOX 183029 - COLUMBUS, OH<br>43218-3029 | 31-1145986 | 501(C)3                       | 12,000.                  | 0.                               |                                                       |                                        | EDUCATION                                    |
| OLD STURBRIDGE VILLAGE<br>1 OLD STURBRIDGE VILLAGE ROAD<br>STURBRIDGE, MA 01566                         | 04-2104809 | 501(C)3                       | 10,500.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES                |
| ONE FAMILY, INC.<br>50 MILK STREET, 16TH FLOOR<br>BOSTON, MA 02109                                      | 54-2076936 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | HOUSING & SHELTER                            |
| OPACUM LAND TRUST<br>P.O. BOX 233<br>STURBRIDGE, MA 01566                                               | 04-3501184 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | ENVIRONMENT                                  |
| OPEN DOOR ARTS, AN AFFILIATE OF<br>SEVEN HILLS FOUNDATION - 81 HOPE<br>AVENUE - WORCESTER, MA 01603     | 04-2699540 | 501(C)3                       | 15,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                            |
| OPEN SKY COMMUNITY SERVICES<br>4 MANN STREET<br>WORCESTER, MA 01602-0243                                | 04-2587863 | 501(C)3                       | 94,500.                  | 0.                               |                                                       |                                        | MENTAL HEALTH & CRISIS<br>INTERVENTION       |
| OPPORTUNEITY COMMUNITY CONNECTIONS<br>55 BROOKS POND ROAD<br>SPENCER, MA 01562                          | 99-2486458 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT &<br>CAPACITY BUILDING |
| ORGANIZATION FOR NONPROFIT<br>EXCELLENCE (ONE WORCESTER) - P.O.<br>BOX 2496 - WORCESTER, MA 01613       | 47-1570314 | 501(C)3                       | 12,250.                  | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT &<br>CAPACITY BUILDING |

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| OUR BRIGHT FUTURE INC<br>254 LITTLE ALUM ROAD<br>BRIMFIELD, MA 01010                            | 81-4077496 | 501(C)3                       | 16,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                         |
| PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER - 10 IRVING STREET, 2ND FLOOR - WORCESTER, MA 01609 | 04-3029253 | 501(C)3                       | 12,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES                |
| PATHWAYS FOR CHANGE<br>588 MAIN STREET<br>WORCESTER, MA 01608                                   | 04-2734584 | 501(C)3                       | 32,870.                  | 0.                               |                                                       |                                        | MENTAL HEALTH & CRISIS INTERVENTION       |
| PEARLE L. CRAWFORD MEMORIAL LIBRARY - 40 SCHOFIELD AVENUE - DUDLEY, MA 01571-3264               | 04-6001134 | 501(C)3                       | 57,560.                  | 0.                               |                                                       |                                        | EDUCATION                                 |
| PERNET FAMILY HEALTH SERVICE, INC.<br>237 MILLBURY STREET<br>WORCESTER, MA 01610                | 04-2453851 | 501(C)3                       | 40,150.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                            |
| PLEASANT STREET NEIGHBORHOOD NETWORK CENTER - 301 PLEASANT STREET - WORCESTER, MA 01609         | 77-0690887 | 501(C)3                       | 29,500.                  | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| POWER FORWARD INC<br>3 WEBSTER SQUARE<br>MARSHFIELD, MA 02050                                   | 82-4404034 | 501(C)3                       | 9,000.                   | 0.                               |                                                       |                                        | MENTAL HEALTH & CRISIS INTERVENTION       |
| PRESERVATION WORCESTER<br>10 CEDAR STREET<br>WORCESTER, MA 01609                                | 23-7073959 | 501(C)3                       | 10,869.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES                |
| PRIDE PRODUCTIONS INC<br>210 PARK AVENUE #282<br>WORCESTER, MA 01609                            | 04-3260297 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES                |

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| PROJECT NEW HOPE<br>HAMPTON POND PLAZA #9, 1029 NORTH R<br>WESTFIELD, MA 01085                                 | 27-4555998 | 501(C)3                       | 24,790.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                               |
| PURDUE UNIVERSITY<br>DIVISION OF FINANCIAL AID, 475<br>STADIUM MALL DRIVE, SCHLEMAN HALL,<br>ROOM 305 -        | 35-6002041 | 501(C)3                       | 6,000.                   | 0.                               |                                                       |                                        | EDUCATION                                    |
| QUINNIPIAC UNIVERSITY<br>FINANCIAL AID OFFICE, 275 MOUNT CAR<br>HAMDEN, CT 06518                               | 06-0646701 | 501(C)3                       | 5,600.                   | 0.                               |                                                       |                                        | EDUCATION                                    |
| QUINSIGAMOND COMMUNITY COLLEGE<br>FOUNDATION - 670 WEST BOYLSTON<br>STREET, BOX #58 - WORCESTER, MA<br>01606   | 04-2897624 | 501(C)3                       | 154,210.                 | 0.                               |                                                       |                                        | EDUCATION                                    |
| RACHEL'S TABLE<br>633 SALISBURY STREET<br>WORCESTER, MA 01609                                                  | 04-2104363 | 501(C)3                       | 15,750.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE &<br>NUTRITION             |
| RARE VILLAGE FOUNDATION<br>6808 OLD GLORY CT<br>MCKINNEY, TX 75071                                             | 83-4699994 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                               |
| REFUGEES & IMMIGRANTS CULTURAL<br>EMPOWERMENT MASSACHUSETTS - 75<br>WEBSTER ST - WORCESTER, MA 01603           | 93-4622233 | 501(C)3                       | 14,500.                  | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT &<br>CAPACITY BUILDING |
| REGIONAL ENVIRONMENTAL COUNCIL,<br>INC. - PO BOX 255 - WORCESTER, MA<br>01613                                  | 04-6364350 | 501(C)3                       | 57,000.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE &<br>NUTRITION             |
| RENSSELAER POLYTECHNIC INSTITUTE<br>BUSSAR'S OFFICE - ACADEMY HALL,<br>110 8TH STREET - TROY, NY<br>12180-3590 | 14-1340095 | 501(C)3                       | 24,000.                  | 0.                               |                                                       |                                        | EDUCATION                                    |

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|-------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| RIA, INC.<br>330 COCHITUATE ROAD, # 1784<br>FRAMINGHAM, MA 01701                                                        | 46-2837911 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| RISE ABOVE FOUNDATION<br>PO BOX 174<br>NORTHBRIDGE, MA 01534                                                            | 27-1409946 | 501(C)3                       | 21,120.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| RITMOS DANCE COMPANY INC<br>120 W. BOYLSTON STREET<br>WORCESTER, MA 01606                                               | 84-4892624 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| ROCHESTER INSTITUTE OF TECHNOLOGY<br>FINANCIAL AID OFFICE, BAUSCH &<br>LOMB CENTER, PO BOX 9887 -<br>ROCHESTER, NY 1462 |            | 501(C)3                       | 13,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| RURAL CEMETERY & CREMATORY<br>180 GROVE STREET<br>WORCESTER, MA 01605-1711                                              |            | 501(C)3                       | 264,100.                 | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| RUTGERS UNIVERSITY<br>STUDENT ACCOUNTING OFFICE, 620<br>GEORGE STREET - NEW BRUNSWICK, NJ<br>08901                      |            |                               | 22,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| SAFE EXIT INITIATIVE<br>4 EAST CENTRAL STREET #3490<br>WORCESTER, MA 01613                                              | 81-3646918 | 501(C)3                       | 18,300.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| SAINT JOHN'S HIGH SCHOOL<br>378 MAIN STREET<br>SHREWSBURY, MA 01545                                                     | 04-2178893 | 501(C)3                       | 6,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| SECOND CHANCE ANIMAL SERVICES,<br>INC. - PO BOX 136, 111 YOUNG ROAD<br>- EAST BROOKFIELD, MA 01515                      | 04-3490671 | 501(C)3                       | 38,653.                  | 0.                               |                                                       |                                        | ANIMAL RELATED                     |

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| SENIOR CONNECTION<br>330 SW CUTOFF STE 203<br>WORCESTER, MA 01604-2730                                   | 04-2547633 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| SHREWSBURY YOUTH & FAMILY SERVICES, INC. - 222 MAPLE AVENUE, HIGGINS BUILDING - SHREWSBURY, MA 01545     | 22-2506543 | 501(C)3                       | 16,500.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 50 PORTLAND STREET, SUITE 521 - WORCESTER, MA 01608 | 04-3393955 | 501(C)3                       | 52,500.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| SPANISH AMERICAN CENTER, INC.<br>112 SPRUCE STREET<br>LEOMINSTER, MA 01453                               | 04-2761759 | 501(C)3                       | 27,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| ST. ANNE AND ST. PATRICK PARISH<br>16 CHURCH STREET<br>FISKDALE, MA 01518                                | 04-2155342 |                               | 32,000.                  | 0.                               |                                                       |                                        | RELIGION-RELATED                   |
| ST. JOHN'S FOOD FOR THE POOR<br>20 TEMPLE STREET<br>WORCESTER, MA 01604                                  | 04-2106729 |                               | 7,900.                   | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION      |
| ST. MARY SCHOOL<br>20 SUMMER STREET<br>SHREWSBURY, MA 01545                                              | 04-2232417 | 501(C)3                       | 12,600.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| STRAIGHT AHEAD MINISTRIES, INC.<br>791 MAIN STREET<br>WORCESTER, MA 01610                                | 04-3103694 | 501(C)3                       | 23,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| STUDENT CLINIC FOR IMMIGRANT JUSTICE, INC. - 25 BROOKS PARK, APT. 15 - MEDFORD, MA 02155                 | 85-1956744 | 501(C)3                       | 15,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |

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| STUDIO THEATRE WORCESTER<br>87 CALUMET AVENUE<br>WORCESTER, MA 01606                                | 82-4747202 | 501(C)3                       | 21,500.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| SUDBURY VALLEY TRUSTEES<br>18 WOLBACH RD<br>SUDBURY, MA 01776                                       | 04-6049963 | 501(C)3                       | 25,000.                  | 0.                               |                                                       |                                        | ENVIRONMENT                        |
| SUFFOLK UNIVERSITY<br>STUDENT ACCOUNT SERVICES, 8 ASHBURT<br>BOSTON, MA 02108                       | 04-2133255 | 501(C)3                       | 24,800.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| SWARTHMORE COLLEGE<br>STUDENT ACCOUNTS OFFICE, 500<br>COLLEGE AVENUE - SWARTHMORE, PA<br>19081-1397 |            | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| TEXAS TECH UNIVERISTY-<br>SCHOLARSHIPS - WEST HALL ROOM 301,<br>BOX 45011 - LUBBOCK, TX 79409-5011  |            | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| THAYER MEMORIAL LIBRARY<br>717 MAIN STREET<br>LANCASTER, MA 01523                                   | 04-3367852 | 501(C)3                       | 7,804.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| THE CASA PROJECT<br>100 GROVE STREET, SUITE 403<br>WORCESTER, MA 01605                              | 04-2711865 | 501(C)3                       | 24,200.                  | 0.                               |                                                       |                                        | CRIME & LEGAL-RELATED              |
| THE CLUB: LUNENBURG TEEN CENTER<br>15 MEMORIAL DRIVE<br>LUNENBURG, MA 01462                         | 27-3086626 | 501(C)3                       | 15,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| THE FARM SCHOOL INC<br>488 MOORE HILL ROAD<br>ATHOL, MA 01331                                       | 22-2959081 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | FOOD, AGRICULTURE & NUTRITION      |

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| THE HEARTWELL INSTITUTE<br>4 E. CENTRAL STREET, # 2220<br>WORCESTER, MA 01613                               | 46-4361938 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| THE JUNIPER OUTREACH FOUNDATION<br>P.O. BOX 91<br>PAXTON, MA 01612                                          | 85-3940411 | 501(C)3                       | 22,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                            |
| THE SHINE INITIATIVE<br>9 LEOMINSTER CONNECTOR<br>LEOMINSTER, MA 01453                                      | 83-4467250 | 501(C)3                       | 20,100.                  | 0.                               |                                                       |                                        | MENTAL HEALTH & CRISIS INTERVENTION       |
| THE STAR KIDS SCHOLARSHIP PROGRAM<br>- NEWPORT/FALL RIVER - P.O. BOX<br>6214 - MIDDLETOWN, RI 02842         | 04-3623364 | 501(C)3                       | 9,000.                   | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                         |
| TOGETHER FOR KIDS COALITION<br>50 PORTLAND STREET<br>WORCESTER, MA 01608                                    | 04-2133874 | 501(C)3                       | 40,000.                  | 0.                               |                                                       |                                        | EDUCATION                                 |
| TOWN OF HOLDEN<br>1204 MAIN STREET<br>HOLDEN, MA 01520                                                      | 04-6001182 |                               | 70,000.                  | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| TRAINING RESOURCES OF AMERICA,<br>INC. - 390 MAIN STREET, SUITE 806<br>- WORCESTER, MA 01562                | 04-2652922 | 501(C)3                       | 12,000.                  | 0.                               |                                                       |                                        | EMPLOYMENT                                |
| TRINITY LUTHERAN CHURCH<br>73 LANCASTER STREET<br>WORCESTER, MA 01609                                       | 04-2129136 |                               | 37,590.                  | 0.                               |                                                       |                                        | RELIGION-RELATED                          |
| TUFTS UNIVERSITY, STUDENT<br>FINANCIAL SERVICES - DOWLING HALL,<br>419 BOSTON AVENUE - MEDFORD, MA<br>02155 | 04-2103634 | 501(C)3                       | 16,200.                  | 0.                               |                                                       |                                        | EDUCATION                                 |

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| UMASS CHAN MEDICAL SCHOOL<br>FOUNDATION, INC. - 333 SOUTH<br>STREET - SHREWSBURY, MA 01545                                         | 04-3108190 | 501(C)3                       | 41,768.                  | 0.                               |                                                       |                                        | EDUCATION                                                 |
| UMASS MEMORIAL HEALTH CARE, INC.<br>365 PLANTATION STREET<br>WORCESTER, MA 01605                                                   | 04-3358566 | 501(C)3                       | 203,000.                 | 0.                               |                                                       |                                        | HEALTH CARE                                               |
| UNITED CHURCH OF CHRIST<br>CONGREGATIONAL - 723 MASSACHUSETTS<br>AVENUE - BOXBOROUGH, MA 01719                                     | 04-2835334 |                               | 7,500.                   | 0.                               |                                                       |                                        | RELIGION-RELATED                                          |
| UNITED WAY OF CENTRAL<br>MASSACHUSETTS - 18 CHESTNUT<br>STREET, SUITE 530 - WORCESTER, MA<br>01608-1880                            | 04-2104017 | 501(C)3                       | 261,450.                 | 0.                               |                                                       |                                        | PHILANTHROPY,<br>VOLUNTARISM & GRANTMAKING<br>FOUNDATIONS |
| UNITED WAY OF TRI-COUNTY<br>46 PARK STREET, SUITE 2<br>FRAMINGHAM, MA 01702-6652                                                   | 04-2104231 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | PHILANTHROPY,<br>VOLUNTARISM & GRANTMAKING<br>FOUNDATIONS |
| UNIVERSITY OF CONNECTICUT<br>ATTN: SCHOLARSHIPS BURSAR'S<br>OFFICE, 233 GLENBROOK ROAD, UNIT<br>4100 - STORRS,                     |            |                               | 8,000.                   | 0.                               |                                                       |                                        | EDUCATION                                                 |
| UNIVERSITY OF MASSACHUSETTS AT<br>AMHERST - BURSAR'S OFFICE, 215<br>WHITMORE ADMIN BUILDING, 181<br>PRESIDENTS DRIVE - AMHERST, MA |            |                               | 55,240.                  | 0.                               |                                                       |                                        | EDUCATION                                                 |
| UNIVERSITY OF MASSACHUSETTS<br>DARTMOUTH - FINANCIAL AID OFFICE,<br>285 OLD WESTPORT ROAD - NORTH<br>DARTMOUTH, MA 02747           |            |                               | 10,000.                  | 0.                               |                                                       |                                        | EDUCATION                                                 |
| UNIVERSITY OF MASSACHUSETTS LOWELL<br>STUDENT FINANCIAL SERVICES, 220<br>PAWTUCKET STREET M30 - LOWELL, MA<br>01854                |            |                               | 10,250.                  | 0.                               |                                                       |                                        | EDUCATION                                                 |

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| UNIVERSITY OF NEW ENGLAND<br>C/O STUDENT ACCOUNTS, 11 HILLS<br>BEACH ROAD - BIDDEFORD, ME<br>04005-9526    | 01-0211810 | 501(C)3                       | 12,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| UNIVERSITY OF NEW HAVEN<br>FINANCIAL AID OFFICE, 300 BOSTON PO<br>NEW HAVEN, CT 06516                      | 06-0761704 | 501(C)3                       | 13,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| UNIVERSITY OF RHODE ISLAND<br>FINANCIAL AID OFFICE, GREEN HALL,<br>1 RHODY RAM WAY - KINGSTON, RI<br>02881 |            |                               | 10,300.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| UNIVERSITY OF TAMPA<br>FINANCIAL AID OFFICE, PLANT HALL,<br>ROOM 427 401 W. KENNEDY BLVD. -<br>TAMPA, FL   | 59-0624459 | 501(C)3                       | 6,850.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| UPC - BLACKSTONE VALLEY EMERGENCY<br>SHELTER - 7 SPRING STREET -<br>WHITINSVILLE, MA 01588                 | 86-2802318 | 501(C)3                       | 10,739.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| VILLANOVA UNIVERSITY<br>800 LANCASTER AVENUE<br>VILLANOVA, PA 19085                                        |            | 501(C)3                       | 13,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| VNA CARE NETWORK, INC.<br>67 MILLBROOK STREET, 500 NORTH<br>WORCESTER, MA 01606                            | 04-2103825 | 501(C)3                       | 7,437.                   | 0.                               |                                                       |                                        | HEALTH CARE                        |
| WACHUSETT FOOD PANTRY, INC<br>P.O. BOX 62<br>JEFFERSON, MA 01522                                           | 04-3296418 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE &<br>NUTRITION   |
| WCUW, INC.<br>910 MAIN STREET<br>WORCESTER, MA 01610                                                       | 23-7247980 | 501(C)3                       | 10,300.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |

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| WEBSTER DUDLEY FOOD SHARE INC<br>4 CHURCH ST # 2<br>WEBSTER, MA 01570                                      | 47-4757961 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                               |
| WELCOMING ALLIANCE FOR REFUGEE<br>MINISTRY - 210 PARK AVENUE, SUITE<br>306 - WORCESTER, MA 01609           | 30-1101287 | 501(C)3                       | 20,800.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                               |
| WENDELL P. CLARK YMCA<br>155 CENTRAL STREET<br>WINCHENDON, MA 01475                                        | 04-2173363 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                               |
| WENTWORTH INSTITUTE OF TECHNOLOGY<br>FINANCIAL AID OFFICE, 550<br>HUNTINGTON AVENUE - BOSTON, MA<br>02115  | 04-1958460 | 501(C)3                       | 19,600.                  | 0.                               |                                                       |                                        | EDUCATION                                    |
| WEST BOYLSTON HISTORICAL SOCIETY<br>65 WEST BOYLSTON STREET, PO BOX 201<br>WEST BOYLSTON, MA 01583-1412    | 23-7400581 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES                |
| WESTBOROUGH CONNECTS, INC.<br>PO BOX 1476<br>WESTBOROUGH, MA 01581                                         | 84-1751472 | 501(C)3                       | 12,500.                  | 0.                               |                                                       |                                        | COMMUNITY IMPROVEMENT &<br>CAPACITY BUILDING |
| WESTFIELD STATE UNIVERSITY<br>STUDENT AFFAIRS, 333 WESTERN<br>AVENUE, PO BOX 1630 - WESTFIELD,<br>MA 01086 |            | 501(C)3                       | 6,300.                   | 0.                               |                                                       |                                        | EDUCATION                                    |
| WHITIN COMMUNITY CENTER<br>60 MAIN STREET<br>WHITINSVILLE, MA 01588                                        | 04-6087769 | 501(C)3                       | 120,993.                 | 0.                               |                                                       |                                        | HUMAN SERVICES                               |
| WICN PUBLIC RADIO, INC.<br>50 PORTLAND STREET<br>WORCESTER, MA 01608                                       | 04-2500578 | 501(C)3                       | 13,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES                |

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| WILLARD HOUSE & CLOCK MUSEUM, INC.<br>11 WILLARD ST<br>NORTH GRAFTON, MA 01536                         | 04-2671799 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| WILLIAMS COLLEGE<br>FINANCIAL AID OFFICE, PO BOX 37<br>WILLIAMSTOWN, MA 01267                          | 04-2104847 | 501(C)3                       | 20,000.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| WINCHENDON COMMUNITY ACTION COMMITTEE, INC. - 5 SUMMER DRIVER<br>- WINCHENDON, MA 01475                | 04-2543492 | 501(C)3                       | 7,500.                   | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| WORCESTER ACADEMY<br>81 PROVIDENCE STREET<br>WORCESTER, MA 01604                                       | 04-2105855 | 501(C)3                       | 41,355.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| WORCESTER ANIMAL RESCUE LEAGUE<br>139 HOLDEN STREET<br>WORCESTER, MA 01606                             | 04-2133247 | 501(C)3                       | 11,789.                  | 0.                               |                                                       |                                        | ANIMAL RELATED                     |
| WORCESTER ART MUSEUM<br>55 SALISBURY STREET<br>WORCESTER, MA 01609-3196                                | 04-1988530 | 501(C)3                       | 173,440.                 | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| WORCESTER CENTER FOR CRAFTS (WCC)<br>25 SAGAMORE ROAD<br>WORCESTER, MA 01605-3974                      | 04-2105859 | 501(C)3                       | 15,483.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| WORCESTER CENTER FOR PERFORMING ARTS (HANOVER THEATRE) - 2<br>SOUTHBRIDGE STREET - WORCESTER, MA 01608 | 05-0521735 | 501(C)3                       | 119,290.                 | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |
| WORCESTER CHAMBER MUSIC SOCIETY<br>323 MAIN STREET<br>WORCESTER, MA 01608                              | 20-8538873 | 501(C)3                       | 21,690.                  | 0.                               |                                                       |                                        | ARTS, CULTURE & HUMANITIES         |

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| WORCESTER CHILDREN'S CHORUS<br>1 GORHAM STREET<br>WORCESTER, MA 01605                                      | 27-2819456 | 501(C)3                       | 6,000.                   | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| WORCESTER COMMON GROUND, INC.<br>5 PIEDMONT STREET<br>WORCESTER, MA 01610                                  | 22-2976657 | 501(C)3                       | 32,500.                  | 0.                               |                                                       |                                        | HOUSING & SHELTER                  |
| WORCESTER COMMUNITY HOUSING<br>RESOURCES, INC. - 85 PRESCOTT<br>STREET, SUITE 101 - WORCESTER, MA<br>01605 | 22-2719744 | 501(C)3                       | 46,750.                  | 0.                               |                                                       |                                        | HOUSING & SHELTER                  |
| WORCESTER COUNTY FOOD BANK<br>474 BOSTON TURNPIKE<br>SHREWSBURY, MA 01545                                  | 04-3071457 | 501(C)3                       | 12,395.                  | 0.                               |                                                       |                                        | FOOD, AGRICULTURE &<br>NUTRITION   |
| WORCESTER COUNTY LAW LIBRARY TRUST<br>19 IMPERIAL COURT<br>WESTBOROUGH, MA 01581                           | 04-6331338 | 501(C)3                       | 51,510.                  | 0.                               |                                                       |                                        | CRIME & LEGAL-RELATED              |
| WORCESTER COUNTY MECHANICS<br>ASSOCIATION (MECHANICS HALL) - 321<br>MAIN STREET - WORCESTER, MA 01608      | 04-1988955 | 501(C)3                       | 40,290.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| WORCESTER COUNTY POETRY<br>ASSOCIATION - P.O. BOX 804 -<br>WORCESTER, MA 01613                             | 23-7157372 | 501(C)3                       | 35,700.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| WORCESTER CULTURAL COALITION<br>455 MAIN STREET ROOM 402<br>WORCESTER, MA 01608                            | 81-5010462 | 501(C)3                       | 40,000.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| WORCESTER EARN A BIKE INC.<br>4 KING STREET<br>WORCESTER, MA 01610                                         | 20-3185694 | 501(C)3                       | 8,000.                   | 0.                               |                                                       |                                        | RECREATION & SPORTS                |

Schedule I (Form 990)

**GREATER WORCESTER COMMUNITY FOUNDATION,  
INC.**

Schedule I (Form 990)

04-2572276

Page 1

**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 EDUCATION COLLABORATIVE<br>18 CHESTNUT STREET, SUITE 530<br>WORCESTER, MA 01608         | 04-2104017 | 501(C)3                       | 22,200.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| WORCESTER HISTORICAL MUSEUM (DBA<br>MUSEUM OF WORCESTER) - 30 ELM<br>STREET - WORCESTER, MA 01609 | 04-2105858 | 501(C)3                       | 415,100.                 | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| WORCESTER JEWISH COMMUNITY CENTER<br>633 SALISBURY ST<br>WORCESTER, MA 01609                      | 04-2104353 | 501(C)3                       | 120,910.                 | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| WORCESTER POLYTECHNIC INSTITUTE<br>BURSAR'S OFFICE, 100 INSTITUTE ROAD<br>WORCESTER, MA 01609     | 04-2121659 | 501(C)3                       | 45,570.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| WORCESTER PUBLIC LIBRARY<br>FOUNDATION - 3 SALEM SQUARE -<br>WORCESTER, MA 01608                  | 20-0066770 | 501(C)3                       | 15,253.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| WORCESTER REFUGEE ASSISTANCE<br>PROJECT - P.O. BOX 1142 -<br>WORCESTER, MA 01613                  | 32-0309547 | 501(C)3                       | 25,700.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| WORCESTER REGIONAL RESEARCH<br>BUREAU, INC. - 100 FRONT STREET,<br>FLOOR 19 - WORCESTER, MA 01608 | 04-2901298 | 501(C)3                       | 45,550.                  | 0.                               |                                                       |                                        | PUBLIC & SOCIETAL<br>BENEFIT       |
| WORCESTER RISE FOR HEALTH<br>18 CHESTNUT ST, SUITE 230<br>WORCESTER, MA 01608                     | 93-1505125 | 501(C)3                       | 58,400.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| WORCESTER STATE FOUNDATION<br>PO BOX 20248<br>WORCESTER, MA 01602                                 | 22-3248067 | 501(C)3                       | 38,330.                  | 0.                               |                                                       |                                        | EDUCATION                          |

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 STATE UNIVERSITY<br>486 CHANDLER STREET<br>WORCESTER, MA 01602-2597                                         |            |                               | 21,350.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| WORCESTER STATE UNIVERSITY<br>(BURSAR'S OFFICE) - BURSAR'S OFFICE, 486 CHANDLER STREET -<br>WORCESTER, MA 01602-2597  | 22-3248067 |                               | 16,700.                  | 0.                               |                                                       |                                        | EDUCATION                          |
| WORCESTER TECHNICAL HIGH SCHOOL<br>1 SKYLINE DRIVE<br>WORCESTER, MA 01605                                             | 04-6001418 |                               | 7,507.                   | 0.                               |                                                       |                                        | EDUCATION                          |
| WORCESTER YOUTH CENTER<br>326 CHANDLER STREET<br>WORCESTER, MA 01602-3440                                             | 04-3245867 |                               | 20,000.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| WORCESTER YOUTH ORCHESTRAS<br>149 CENTRAL STREET<br>AUBURN, MA 01501                                                  | 04-2470999 | 501(C)3                       | 27,893.                  | 0.                               |                                                       |                                        | ARTS, CULTURE &<br>HUMANITIES      |
| YES WE CARE, INC.<br>55 ILLINOIS STREET<br>WORCESTER, MA 01610                                                        | 27-2939066 | 501(C)3                       | 7,800.                   | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |
| YMCA OF CAPE COD<br>100 INDEPENDENCE DRIVE, SUITE 2<br>HYANNIS, MA 02601                                              | 04-2394925 | 501(C)3                       | 10,000.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| YMCA OF CENTRAL MASSACHUSETTS<br>766 MAIN STREET<br>WORCESTER, MA 01610                                               | 04-2105885 | 501(C)3                       | 18,943.                  | 0.                               |                                                       |                                        | HUMAN SERVICES                     |
| YOUTH OPPORTUNITIES UPHELD (YOU),<br>AN AFFILIATE OF SEVEN HILLS<br>FOUNDATION - 81 HOPE AVE -<br>WORCESTER, MA 01603 | 04-3293659 | 501(C)3                       | 29,850.                  | 0.                               |                                                       |                                        | YOUTH DEVELOPMENT                  |

Schedule I (Form 990)

Schedule I (Form 990)

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GREATER WORCESTER COMMUNITY FOUNDATION,

Schedule I (Form 990) (Rev. 12-2024) **INC.**

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**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| STUDENT PAID SCHOLARSHIP        | 10                       | 23,425.                  | 0.                                |                                                       |                                       |
| JMAC GRANT                      | 3                        | 20,300.                  | 0.                                |                                                       |                                       |
| AWARDS                          | 2                        | 9,840.                   | 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.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

Part I Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                                                                 | No                                                                       |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------|--|--|
| <b>1a</b> 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.<br><table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table> | <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 checked="" 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) |  |  |
| <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 checked="" 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>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1b</b> <input checked="" type="checkbox"/>                                       |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>2</b> 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? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>2</b>                                                                            | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>3</b> 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.<br><table border="0"><tr><td><input type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>                                                                                             | <input type="checkbox"/> Compensation committee                                     | <input checked="" type="checkbox"/> Written employment contract          | <input type="checkbox"/> Independent compensation consultant | <input checked="" 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 |                                                         |                                                                            |  |  |
| <input type="checkbox"/> Compensation committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Written employment contract                     |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <input type="checkbox"/> Independent compensation consultant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" 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 |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>4</b> 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:<br><b>a</b> Receive a severance payment or change-of-control payment? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4a</b>                                                                           | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4b</b>                                                                           | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4c</b>                                                                           | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>5</b> 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:<br><b>a</b> The organization? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>5a</b>                                                                           | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>b</b> Any related organization? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5b</b>                                                                           | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| If "Yes" on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>6</b> 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:<br><b>a</b> The organization? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b>                                                                           | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>b</b> Any related organization? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6b</b>                                                                           | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| If "Yes" on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>7</b> 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b>                                                                            | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>8</b> 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8</b>                                                                            | <input checked="" type="checkbox"/>                                      |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>9</b>                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                                     |                                                         |                                                                            |  |  |

## GREATER WORCESTER COMMUNITY FOUNDATION,

Schedule J (Form 990) (Rev. 12-2024) INC.

04-2572276

Page 2

**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) PETER DUNN                  | (i)  | 298,186.                                                           | 28,090.                             | 24,404.                             | 23,107.                                        | 24,525.                 | 398,312.                        | 0.                                                                    |
| PRESIDENT & CEO                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) SANDRA FLYNN                | (i)  | 160,615.                                                           | 0.                                  | 0.                                  | 10,959.                                        | 10,758.                 | 182,332.                        | 0.                                                                    |
| VP OF FINANCE & ADMINISTRATION  | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (3) JONATHAN COHEN              | (i)  | 144,000.                                                           | 0.                                  | 0.                                  | 10,208.                                        | 24,022.                 | 178,230.                        | 0.                                                                    |
| VICE PRESIDENT COMMUNITY IMPACT | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (4) KELLY STIMSON               | (i)  | 148,154.                                                           | 0.                                  | 0.                                  | 10,501.                                        | 10,286.                 | 168,941.                        | 0.                                                                    |
| VP PHILANTHROPY                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (5) MELODY MACLEAN              | (i)  | 123,461.                                                           | 0.                                  | 0.                                  | 8,702.                                         | 22,370.                 | 154,533.                        | 0.                                                                    |
| DIRECTOR OF COMMUNICATIONS      | (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) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

Schedule J (Form 990) (Rev. 12-2024)

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part III</b> | <b>Supplemental Information</b> |
|-----------------|---------------------------------|

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public  
Inspection

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

Part I Types of Property

|                                                                       | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>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                             | 40                                                        | 1,412,665.                                                                         | FMV                                                          |
| 10 Securities - Closely held stock .....                              |                               |                                                           |                                                                                    |                                                              |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |                                                           |                                                                                    |                                                              |
| 12 Securities - Miscellaneous .....                                   |                               |                                                           |                                                                                    |                                                              |
| 13 Qualified conservation contribution -<br>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 Acknowledgment ..... 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 3 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.                                                                                                                                                             |     |    |

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

Schedule M (Form 990) 2025 Created 12/29/25

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

|                                                                                     |                                                     |
|-------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>GREATER WORCESTER COMMUNITY FOUNDATION,<br/>INC.</b> | Employer identification number<br><b>04-2572276</b> |
|-------------------------------------------------------------------------------------|-----------------------------------------------------|

FORM 990, PART VI, SECTION A, LINE 2:  
ONE MEMBER OF THE BOARD IS A PARTNER 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:  
THE FOUNDATION PROVIDES THE CONFLICT OF INTEREST POLICY YEARLY TO STAFF AND  
BOARD MEMBERS. ANY ONE ELSE CAN REQUEST IT AT ANY TIME. PRIOR AND AFTER  
BOARD MEETINGS, THE FOUNDATION ASKS ALL DIRECTORS TO DISCLOSE CONFLICTS FOR  
ANY GRANT APPROVALS AND DIRECTORS ARE EXPECTED TO RECUSE THEMSELVES AS  
NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:  
THE FOUNDATION UTILIZES A THIRD PARTY HR VENDOR THAT CONDUCTS RESEARCH ON  
MARKET PRICING ON ALL FOUNDATION SALARIES. EACH YEAR THE CEO WORKS WITH THE  
HR VENDOR TO DETERMINE ANY SALARY INCREASES OR CHANGES FOR EMPLOYEES. IN  
AUGUST OF EACH YEAR, THE CEO UNDERGOES A PERFORMANCE REVIEW BY OUR BOARD'S  
EXECUTIVE COMMITTEE AND SALARY CHANGES FOR THE CEO ARE APPROVED BY THE FULL  
COMMITTEE BASED ON PERFORMANCE AND MARKET RESEARCH FROM THE HR VENDOR.

FORM 990, PART VI, SECTION C, LINE 18:  
GUIDESTAR AND COMMONWEALTH OF MA

FORM 990, PART VI, SECTION C, LINE 19:  
ALL POLICIES ARE AVAILABLE UPON REQUEST. THE AUDIT, 990, INVESTMENT POLICY  
STATEMENT AND SPENDING POLICY ARE ALL AVAILABLE THROUGH THE FOUNDATION'S  
WEBSITE: [WWW.GREATERWORCESTER.COM](http://WWW.GREATERWORCESTER.COM)

|                                                   |             |
|---------------------------------------------------|-------------|
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: |             |
| INVESTMENT RETURN FOR AGENCY ENDOWMENTS           | -8,135,455. |
| GIFTS AND DONATIONS FOR AGENCY ENDOWMENTS         | -2,381,379. |
| DISTRIBUTION FOR AGENCY FUNDS                     | 2,307,174.  |
| CHANGE OF VALUE IN SPLIT-INTEREST AGREEMENTS      | 85,655.     |
| TOTAL TO FORM 990, PART XI, LINE 9                | -8,124,005. |

FORM 990, PART XII, LINE 2C:  
THE OVERSIGHT PROCESS HAS NOT CHANGED DURING THE YEAR.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|                                                                                            |                                                                                                                                 |                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Type or Print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions.<br><b>GREATER WORCESTER COMMUNITY FOUNDATION, INC.</b> | Taxpayer identification number (TIN)<br><br><b>04-2572276</b> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>ONE MERCANTILE STREET, 010</b>                     |                                                               |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WORCESTER, MA 01608</b>          |                                                               |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For                       | Return Code | Application Is For                 | Return Code |
|------------------------------------------|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual)  | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                          | 10          |
| Form 990-PF                              | 04          | Form 6069                          | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                          | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)             | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual)  | 14          |
| Form 1041-A                              | 08          | Form 990-T (governmental entities) | 15          |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **THE ORGANIZATION**

**ONE MERCANTILE STREET, 010 - WORCESTER, MA 01608**

Telephone No. **508-755-0980** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 **25** or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                               |           |    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0.</b> |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2025)