

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**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 for instructions and the latest information.**2024**Open to Public
Inspection**A** For the 2024 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. | | D Employer identification number 04-2572276 | |
| | Doing business as | | | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE MERCANTILE STREET 010 | | E Telephone number 508-755-0980 | |
| | City or town, state or province, country, and ZIP or foreign postal code WORCESTER, MA 01608 | | G Gross receipts \$ 78,728,288. | |
| | F Name and address of principal officer: PETER DUNN SAME AS C ABOVE | | H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | | | |
| J Website: WWW.GREATERWORCESTER.ORG | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other L Year of formation: 1975 M State of legal domicile: MA | | | | |

Part I Summary

| | | | |
|--|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO ENHANCE OUR WORCESTER COUNTY COMMUNITY, NOW AND IN THE FUTURE, THROUGH PHILANTHROPIC LEADERSHIP. | | |
| | 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 15 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 356 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 11,134,837. | 6,914,568. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 313,721. | 381,203. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,268,584. | 7,553,729. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,077. | 0. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13,729,219. | 14,849,500. |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 8,876,784. | 8,528,859. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 1,417,410. | 1,931,820. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 759,198. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,660,270. | 2,349,617. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | 12,954,464. | 12,810,296. |
| | 20 Total assets (Part X, line 16) | 774,755. | 2,039,204. |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 206,196,649. | 227,398,849. |
| | | 47,251,012. | 56,129,163. |
| | | 158,945,637. | 171,269,686. |

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 | | | |
| | PETER DUNN, PRESIDENT & CEO | | | | | |
| Paid Preparer Use Only | Preparer's name | | Preparer's signature | Date | Check if self-employed | PTIN |
| | CAITLIN LIMOGES, CPA | | CAITLIN LIMOGES, CPA | 09/26/25 | <input type="checkbox"/> | P01633588 |
| Paid Preparer Use Only | Firm's name | | Firm's EIN | | | |
| | AAFCPAS, INC. | | 04-2571780 | | | |
| Paid Preparer Use Only | Firm's address | | Phone no. | | | |
| | 50 WASHINGTON STREET WESTBOROUGH, MA 01581 | | 508-366-9100 | | | |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**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 \$ **5,066,575.** including grants of \$ **4,027,719.**) (Revenue \$ **381,203.**)
**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 \$ **3,898,303.** including grants of \$ **3,024,622.**) (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 \$ **2,529,049.** including grants of \$ **1,476,518.**) (Revenue \$)
**OTHER PROGRAM SERVICES INCLUDE: 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 **11,493,927.**

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Form 990 (2024)

04-2572276 Page **3**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Form 990 (2024)

04-2572276 Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

| | | Yes | No |
|--|--------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 15 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | X |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | X |
| 17 Section 501(c)(21) organizations. Did the trust, 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? If "Yes," complete Form 6069. | 17 | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

| | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Enter the number of voting members included on line 1a, above, who are independent 1b 20 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | X |
| 6 Did the organization have members or stockholders? 6 | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? 8a | X | |
| b Each committee with authority to act on behalf of the governing body? 8b | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 | | X |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☒ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 508-755-0980
ONE MERCANTILE STREET, 010, WORCESTER, MA 01608

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) PETER DUNN PRESIDENT & CEO | 37.50 | | | X | | | | 298,665. | 0. | 44,787. |
| (2) JONATHAN COHEN VICE PRESIDENT COMMUNITY IMPACT | 37.50 | | | X | | | | 134,375. | 0. | 33,216. |
| (3) KELLY STIMSON VP PHILANTHROPY | 37.50 | | | X | | | | 141,990. | 0. | 20,576. |
| (4) MELODY MACLEAN DIRECTOR OF COMMUNICATIONS | 37.50 | | | | | X | | 114,537. | 0. | 30,300. |
| (5) SANDRA FLYNN VP OF FINANCE & ADMIN (AS OF 4/2024) | 37.50 | | | X | | | | 110,489. | 0. | 17,697. |
| (6) DIANE ALLAIN VP OF FINANCE & ADMIN (UNTIL 4/2024) | 37.50 | | | X | | | | 53,486. | 0. | 3,559. |
| (7) THOMAS J. BARTHOLOMEW CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (8) SATYA B. MITRA CHAIR ELECT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) MARIA A. HESKES-ALLARD TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (10) JOYCELYN AUGUSTUS CLERK | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (11) JENNIFER DAVIS CAREY DIRECTOR (UNTIL 6/2024) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) MICHAEL ANGELINI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) LINDA CAMMUSO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) CHRISTOPHER W. MCCARTHY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) SONIA PAULINO DIRECTOR (UNTIL 6/2024) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) KIMBERLY M. SALMON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) ERIC TORKORNOO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Form 990 (2024)

04-2572276 Page 8

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) CHE ANDERSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) GERMAN CHIRIBOGA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) RONALD WADDELL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) VALERIE ZOLEZZI-WYNDHAM DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) NAOMI SLEEPER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) ANN TRIPP DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) DENNIS F. KERRIGAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) MARYBETH CAMPBELL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) KOLA AKINDELE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 853,542. | 0. | 150,135. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 853,542. | 0. | 150,135. |

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

5

- 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) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0 | |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Form 990 (2024)

04-2572276

Page **9**

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) |
|---|---|--|--|---------------|------------------------------------|----------------------------|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 390,929. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 6,523,639. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 523,226. | | | |
| | h | Total. Add lines 1a-1f | | 6,914,568. | | | |
| Program Service Revenue | 2 a | AGENCY FUND FEES | Business Code | 523000 | 381,203. | 381,203. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 381,203. | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,626,183. | | |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | | Royalties | | | | | |
| 6 a | | Gross rents | (i) Real | (ii) Personal | | | |
| | | 6b | Less: rental expenses ... | | | | |
| | | 6c | Rental income or (loss) | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7 a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | 7a | 68,806,334. | | | | |
| | | 7b | Less: cost or other basis and sales expenses | | | | |
| 7c | | Gain or (loss) | | | | | |
| d | | Net gain or (loss) | | | 4,927,546. | | 4927546. |
| 8 a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| | | 8a | | | | | |
| b | | Less: direct expenses | 8b | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | 9a | | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| | 10a | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | | 14,849,500. | 381,203. | 0. | 7553729. |

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Form 990 (2024)

04-2572276 Page 10

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 8,508,079. | 8,508,079. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 20,780. | 20,780. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 892,035. | 361,436. | 174,935. | 355,664. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 697,610. | 517,357. | 109,759. | 70,494. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 72,542. | 48,670. | 13,643. | 10,229. |
| 9 Other employee benefits | 144,002. | 84,003. | 26,777. | 33,222. |
| 10 Payroll taxes | 125,631. | 70,353. | 22,614. | 32,664. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 15,439. | | 15,439. | |
| c Accounting | 45,915. | 25,712. | 8,265. | 11,938. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,329,867. | 1,329,867. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 320,384. | 179,389. | 57,680. | 83,315. |
| 12 Advertising and promotion | 96,301. | 53,929. | 17,334. | 25,038. |
| 13 Office expenses | 129,933. | 72,762. | 23,388. | 33,783. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 95,809. | 53,619. | 17,325. | 24,865. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 66,401. | 37,185. | 11,952. | 17,264. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 16,021. | | 16,021. | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a OTHER EXPENSES | 107,234. | 60,051. | 19,302. | 27,881. |
| b SOFTWARE LICENSING AND | 81,038. | 45,381. | 14,587. | 21,070. |
| c MEMBERSHIPS AND SUBSCRI | 31,077. | 17,403. | 5,594. | 8,080. |
| d TEMPORARY HELP | 14,198. | 7,951. | 2,556. | 3,691. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,810,296. | 11,493,927. | 557,171. | 759,198. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Form 990 (2024)

04-2572276 Page **11**

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 830,095. | 1 | 2,734,489. |
| | 2 Savings and temporary cash investments | 2,804,300. | 2 | 3,061,535. |
| | 3 Pledges and grants receivable, net | 876,391. | 3 | 18,518. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | 400,997. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 70,821. | 9 | 60,666. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 94,810. | | |
| | b Less: accumulated depreciation | 69,474. | | |
| | | 39,134. | 10c | 25,336. |
| | 11 Investments - publicly traded securities | 101,058,860. | 11 | 109,396,066. |
| | 12 Investments - other securities. See Part IV, line 11 | 100,048,175. | 12 | 111,301,182. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 468,873. | 15 | 400,060. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 206,196,649. | 16 | 227,398,849. | |
| Liabilities | 17 Accounts payable and accrued expenses | 203,002. | 17 | 173,959. |
| | 18 Grants payable | 195,000. | 18 | 1,502,150. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 46,853,010. | 25 | 54,453,054. |
| | 26 Total liabilities. Add lines 17 through 25 | 47,251,012. | 26 | 56,129,163. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 7,851,932. | 27 | 10,256,206. |
| | 28 Net assets with donor restrictions | 151,093,705. | 28 | 161,013,480. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 158,945,637. | 32 | 171,269,686. |
| | 33 Total liabilities and net assets/fund balances | 206,196,649. | 33 | 227,398,849. |

Form **990** (2024)

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Form 990 (2024)

04-2572276 Page 12

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 14,849,500. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,810,296. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,039,204. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 158,945,637. |
| 5 | Net unrealized gains (losses) on investments | 5 | 19,135,142. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -811,750. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -8,038,547. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 171,269,686. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2024)

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 for instructions and the latest information.

OMB No. 1545-0047

2024

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 | | | | | | |

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Schedule A (Form 990) 2024

04-2572276 Page 2

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13163124. | 12891363. | 15178162. | 11134837. | 6914568. | 59282054. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 13163124. | 12891363. | 15178162. | 11134837. | 6914568. | 59282054. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 8248542. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 51033512. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|----------|--------------------------|
| 7 Amounts from line 4 | 13163124. | 12891363. | 15178162. | 11134837. | 6914568. | 59282054. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1703920. | 2788716. | 2233669. | 2569815. | 2626183. | 11922303. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 71204357. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,152,278. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 71.67 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 72.81 | % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

Schedule A (Form 990) 2024

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. 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 - 2023. 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 |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**GREATER WORCESTER COMMUNITY FOUNDATION,
INC.**

Schedule A (Form 990) 2024

04-2572276 Page 6

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<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 | Minimum Asset Amount (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) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2024

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Schedule A (Form 990) 2024

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 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Schedule A (Form 990) 2024

GREATER WORCESTER COMMUNITY FOUNDATION,
INC.

Schedule A (Form 990) 2024

04-2572276 Page 8

Part VI

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

COPY

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 for instructions and the latest information.

OMB No. 1545-0047

2024

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) 2024

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 (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|-----------------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f 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. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j 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 (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2024

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 |
| 1 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: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 3,600. |
| j Total. Add lines 1c through 1i | | | 3,600. |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d 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 |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 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."

| | | |
|--|----|--|
| 1 Dues, assessments, and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid): | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 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 | |
| 5 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 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 | 104 | |
| 2 Aggregate value of contributions to (during year) | 962,374. | |
| 3 Aggregate value of grants from (during year) | 1,588,703. | |
| 4 Aggregate value at end of year | 20,687,146. | |
| 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)

GREATER WORCESTER COMMUNITY FOUNDATION,

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

04-2572276 Page 2

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 |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 | 131,091,217. | 110,816,955. | 134,888,044. | 121,400,888. | 115,823,376. |
| b Contributions | 1,111,807. | 5,626,365. | 1,854,354. | 2,673,311. | 323,454. |
| c Net investment earnings, gains, and losses | 16,417,339. | 20,233,262. | -19,605,393. | 15,213,259. | 11,850,788. |
| d Grants or scholarships | 5,508,672. | 3,751,794. | 4,538,442. | 2,374,658. | 5,018,455. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 2,977,779. | 1,833,571. | 1,781,608. | 2,024,756. | 1,578,275. |
| g End of year balance | 140,133,912. | 131,091,217. | 110,816,955. | 134,888,044. | 121,400,888. |

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 73.5000 %

c Term endowment 26.5000 %

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. | 1,549. | 9,295. |
| d Equipment | | 83,966. | 67,925. | 16,041. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). | | | | 25,336. |

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 | 43,064,117. | END-OF-YEAR MARKET VALUE |
| (B) INTERNATIONAL EQUITIES | 7,790,271. | END-OF-YEAR MARKET VALUE |
| (C) HEDGED EQUITY | 53,069,136. | END-OF-YEAR MARKET VALUE |
| (D) REAL ASSET FUNDS | 7,377,658. | END-OF-YEAR MARKET VALUE |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 111,301,182. | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, 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) | |
| Total. (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 | 53,225,772. |
| (3) SPLIT INTEREST AGREEMENTS | 816,775. |
| (4) OPERATING LEASE LIABILITY | 410,507. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 54,453,054. |

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.

04-2572276 Page 4

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 23,496,419. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 19,135,142. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -9,158,356. |
| e | Add lines 2a through 2d | 2e | 9,976,786. |
| 3 | Subtract line 2e from line 1 | 3 | 13,519,633. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,329,867. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 1,329,867. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 14,849,500. |

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 10,360,620. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -1,119,809. |
| e | Add lines 2a through 2d | 2e | -1,119,809. |
| 3 | Subtract line 2e from line 1 | 3 | 11,480,429. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,329,867. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 1,329,867. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 12,810,296. |

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, 2024. 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 | -14,192. |
| INVESTMENT RETURN FOR AGENCY ENDOWMENTS | -5,902,836. |
| GIFTS AND DONATIONS FOR AGENCY ENDOWMENTS | -3,241,328. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | -9,158,356. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--------------------------------|-------------|
| DISTRIBUTIONS FOR AGENCY FUNDS | -1,119,809. |
|--------------------------------|-------------|

Part XIII Supplemental Information *(continued)*

COPY

**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 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| 19 CARTER 19 CARTER STREET BERLIN, MA 01503 | 30-0515317 | 501(C)(3) | 9,500. | 0. | | | ARTS, CULTURE & HUMANITIES |
| 2GETHER WE EAT P.O. BOX 121 WORCESTER, MA 01613 | 85-2778948 | 501(C)(3) | 12,500. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| 508 FOREVER YOUNG, INC. 104 CISCO STREET SOUTHBRIDGE, MA 01550 | 83-2972057 | 501(C)(3) | 10,000. | 0. | | | YOUTH DEVELOPMENT |
| ABBY'S HOUSE 52 HIGH STREET WORCESTER, MA 01609-2409 | 04-2648411 | 501(C)(3) | 114,765. | 0. | | | HOUSING & SHELTER |
| AFRICAN COMMUNITY EDUCATION PROGRAM (ACE) - 51 GAGE STREET - WORCESTER, MA 01605 | 14-1970474 | 501(C)(3) | 31,000. | 0. | | | EDUCATION |
| AIDS PROJECT WORCESTER 165 SOUTHBRIDGE STREET WORCESTER, MA 01608 | 04-2970467 | 501(C)(3) | 10,410. | 0. | | | HEALTH CARE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **202.**

3 Enter total number of other organizations listed in the line 1 table **23.**

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ALL SAINTS EPISCOPAL CHURCH 10 IRVING STREET WORCESTER, MA 01609-3210 | 31-1629166 | | 23,896. | 0. | | | RELIGION-RELATED |
| AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609-1636 | 04-2103652 | 501(C)(3) | 30,446. | 0. | | | ARTS, CULTURE & HUMANITIES |
| ANSAAR OF WORCESTER 26 SHREWSBURY STREET WEST BOYLSTON, MA 01583-2104 | 82-1371776 | 501(C)(3) | 27,500. | 0. | | | HUMAN SERVICES |
| ART IN THE PARK WORCESTER PO BOX 20603 WORCESTER, MA 01602 | 22-3217131 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| ARTSWORCESTER 44 PORTLAND STREET WORCESTER, MA 01608-2023 | 04-2768202 | 501(C)(3) | 52,618. | 0. | | | ARTS, CULTURE & HUMANITIES |
| ASCENTRIA COMMUNITY SERVICES, INC. 261 SHEEP DAVIS ROAD, SUITE A-1 CONCORD, NH 03301 | 04-3566243 | 501(C)(3) | 20,000. | 0. | | | HUMAN SERVICES |
| ASSUMPTION UNIVERSITY 500 SALISBURY STREET WORCESTER, MA 01609-1296 | 04-2105776 | | 104,650. | 0. | | | EDUCATION |
| BABSON COLLEGE STUDENT FINANCIAL SERVICES BABSON PARK, MA 02457-0310 | 04-2103544 | | 10,000. | 0. | | | EDUCATION |
| BANCROFT SCHOOL 110 SHORE DRIVE WORCESTER, MA 01605-3198 | 04-2103861 | | 67,145. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| BE LIKE BRIT FOUNDATION, INC. 66 PULLMAN ST. WORCESTER, MA 01606 | 27-1857525 | 501(C)(3) | 21,000. | 0. | | | HUMAN SERVICES |
| BIG BROTHERS/BIG SISTERS OF CENTRAL MASS/METROWEST, INC. - 18 CHESTNUT ST. - WORCESTER, MA 01608-1556 | 04-2317926 | 501(C)(3) | 14,420. | 0. | | | YOUTH DEVELOPMENT |
| BOYLSTON PUBLIC LIBRARY 695 MAIN STREET BOYLSTON, MA 01505-1399 | 22-2474855 | 501(C)(3) | 32,250. | 0. | | | EDUCATION |
| BOYS & GIRLS CLUB OF WEBSTER-DUDLEY - 55 OXFORD AVENUE - DUDLEY, MA 01571 | 04-2238069 | 501(C)(3) | 10,000. | 0. | | | YOUTH DEVELOPMENT |
| BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610-2520 | 04-2105851 | 501(C)(3) | 82,257. | 0. | | | YOUTH DEVELOPMENT |
| CASITA CULTURA LATINA 56 WILLIAMS STREET WORCESTER, MA 01609 | 88-3675966 | 501(C)(3) | 15,000. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| CATHOLIC CHARITIES OF THE DIOCESE OF WORCESTER - 10 HAMMOND STREET - WORCESTER, MA 01610 | 04-2103979 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| CENTER FOR FAMILY CONNECTION 30 TYLER PRENTICE RD'' WORCESTER, MA 01605 | 87-2650254 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| CENTER FOR HEALTH IMPACT 35 HARVARD STREET, SUITE 300 WORCESTER, MA 01609-2828 | 04-2775264 | 501(C)(3) | 7,500. | 0. | | | HEALTH CARE |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CENTER FOR WOMEN & ENTERPRISE- BOSTON - 44 SCHOOL STREET, RM 200 - BOSTON, MA 02108-4209 | 04-3256236 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| CENTRAL MASSACHUSETTS HOUSING ALLIANCE, INC. - 6 INSTITUTE ROAD - WORCESTER, MA 01609 | 04-2791448 | 501(C)(3) | 19,600. | 0. | | | HOUSING & SHELTER |
| CENTRAL NEW ENGLAND EQUINE RESCUE 96 NEW BRAINTREE RD. WEST BROOKFIELD, MA 01585 | 42-1608505 | 501(C)(3) | 5,408. | 0. | | | ANIMAL RELATED |
| CHILDREN'S FRIEND, AN AFFILIATE OF SEVEN HILLS FOUNDATION - 135 GOLD STAR BLVD - WORCESTER, MA 01606-2738 | 04-2105856 | 501(C)(3) | 5,582. | 0. | | | HUMAN SERVICES |
| CHURCH ON THE HILL UCC 55 MAIN ST. LENOX, MA 01240 | 04-2433953 | | 132,500. | 0. | | | RELIGION-RELATED |
| CITY OF WORCESTER 455 MAIN STREET WORCESTER, MA 01608 | 04-6001418 | GOV'T | 36,000. | 0. | | | PUBLIC & SOCIETAL BENEFIT |
| CITY OF WORCESTER DEPT. OF PARKS, RECREATION & CEMETERY, FORESTRY DIVISION - 50 OFFICER MANNY FAMILIA WAY - WORCESTER, MA 01605 | 04-6001418 | GOV'T | 8,350. | 0. | | | PUBLIC & SOCIETAL BENEFIT |
| CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610 | 04-2111203 | | 7,425. | 0. | | | EDUCATION |
| COALITION FOR A HEALTHY GREATER WORCESTER - 18 CHESTNUT STREET, SUITE 500 - WORCESTER, MA 01608 | 04-2382160 | 501(C)(3) | 20,000. | 0. | | | HEALTH CARE |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| COMMUNITY HARVEST PROJECT 37 WHEELER ROAD NORTH GRAFTON, MA 01536-1104 | 04-3424018 | 501(C)(3) | 23,920. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| COMMUNITY HEALTH AWARENESS NETWORK GROWS EQUITY (CHANGE) - 51 GAGE STREET - WORCESTER, MA 01605-3014 | 83-3277432 | 501(C)(3) | 17,500. | 0. | | | HEALTH CARE |
| COMMUNITY HEALTHLINK 72 JAQUES AVE WORCESTER, MA 01610 | 04-2626179 | 501(C)(3) | 6,012. | 0. | | | HEALTH CARE |
| COMMUNITY LEGAL AID, INC. 370 MAIN ST STE 200 WORCESTER, MA 01608-1748 | 04-2446242 | 501(C)(3) | 33,950. | 0. | | | CRIME & LEGAL-RELATED |
| COMMUNITY SERVINGS 179 ARMORY STREET JAMAICA PLAIN, MA 02130 | 22-3154028 | 501(C)(3) | 12,810. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| CREATIVE HUB WORCESTER 653 MAIN STREET WORCESTER, MA 01608 | 81-2613929 | 501(C)(3) | 9,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| CROCODILE RIVER MUSIC 44 PORTLAND STREET, 7TH FLOOR WORCESTER, MA 01608 | 87-4613875 | 501(C)(3) | 70,400. | 0. | | | ARTS, CULTURE & HUMANITIES |
| DCF MASSACHUSETTS WONDERFUND, INC. 600 WASHINGTON STREET, 6TH FLOOR BOSTON, MA 02111-1744 | 04-3443890 | 501(C)(3) | 25,000. | 0. | | | HUMAN SERVICES |
| DEJA NEW LEICESTER, INC. 100 SOUTH MAIN STREET LEICESTER, MA 01524 | 85-2381079 | 501(C)(3) | 6,000. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATIONS |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DIGNITY MATTERS, INC. P.O. BOX 1262 WESTBOROUGH, MA 01581 | 81-4572839 | 501(C)(3) | 15,300. | 0. | | | HUMAN SERVICES |
| DIOCESE OF WORCESTER 49 ELM STREET WORCESTER, MA 01609 | 04-2106686 | 501(C)(3) | 18,015. | 0. | | | RELIGION-RELATED |
| DISMAS HOUSE OF MASSACHUSETTS, INC. - 30 RICHARDS STREET - WORCESTER, MA 01603 | 54-2075825 | 501(C)(3) | 23,000. | 0. | | | HUMAN SERVICES |
| DRESS FOR SUCCESS WORCESTER INC. 120 STAFFORD ST., STE. A WORCESTER, MA 01603-1461 | 26-3168663 | 501(C)(3) | 13,320. | 0. | | | EMPLOYMENT |
| EAST DOUGLAS EVERGREEN CEMETERY COMPANY - 53 SOUTHEAST MAIN STREET - DOUGLAS, MA 01516-2019 | 04-6002475 | 501(C)(3) | 9,491. | 0. | | | HUMAN SERVICES |
| ECOTARIUM (WORCESTER NATURAL HISTORY SOCIETY) - 222 HARRINGTON WAY - WORCESTER, MA 01604 | 04-2105868 | 501(C)(3) | 545,611. | 0. | | | ARTS, CULTURE & HUMANITIES |
| EDWARD M. KENNEDY COMMUNITY HEALTH CENTER - 115 NE CUTOFF BUILDING 2 - WORCESTER, MA 01606 | 04-2513817 | 501(C)(3) | 22,115. | 0. | | | HEALTH CARE |
| EDWARD STREET CHILD SERVICES 50 PORTLAND STREET WORCESTER, MA 01608 | 04-2133874 | 501(C)(3) | 38,800. | 0. | | | EDUCATION |
| EL BUEN SAMARITANO FOOD PROGRAM 39 PIEDMONT STREET WORCESTER, MA 01610 | 04-3117161 | 501(C)(3) | 29,500. | 0. | | | FOOD, AGRICULTURE & NUTRITION |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| EL SALON 5 WESBY ST WORCESTER, MA 01609 | 05-0566468 | 501(C)(3) | 7,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| ELDER SERVICES OF WORCESTER AREA, INC. - 67 MILLBROOK STREET - WORCESTER, MA 01606 | 04-2545221 | 501(C)(3) | 27,649. | 0. | | | HEALTH CARE |
| ELLIE FUND 200 RESERVOIR STREET, SUITE 300 NEEDHAM, MA 02494 | 04-3280390 | 501(C)(3) | 15,000. | 0. | | | HEALTH CARE |
| EMPOWER CHILDREN FOR SUCCESS 44 TOWNSEND STREET FITCHBURG, MA 01420 | 36-2154972 | 501(C)(3) | 19,500. | 0. | | | YOUTH DEVELOPMENT |
| FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610 | 04-2485308 | 501(C)(3) | 19,570. | 0. | | | HEALTH CARE |
| FAMILY SERVICES OF CENTRAL MASSACHUSETTS, AN AFFILIATE OF SEVEN HILLS FOUNDATION - 799 WEST BOYLSTON STREET - WORCESTER, MA | 04-2103767 | 501(C)(3) | 16,216. | 0. | | | HUMAN SERVICES |
| FIRST UNITARIAN CHURCH 90 MAIN STREET WORCESTER, MA 01608-1173 | 04-2125013 | | 28,325. | 0. | | | RELIGION-RELATED |
| FITCHBURG CULTURAL ALLIANCE, INC. PO BOX 2587 FITCHBURG, MA 01420 | 22-2571430 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| FITCHBURG STATE UNIVERSITY FOUNDATION, INC. - 160 PEARL STREET - FITCHBURG, MA 01420 | 04-2661048 | 501(C)(3) | 50,000. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FREE WORCESTER 14 RUPERT ST. WORCESTER, MA 01602 | 83-0882346 | 501(C)(3) | 7,000. | 0. | | | HUMAN SERVICES |
| FRESH START FURNITURE BANK 16 BRENT DRIVE HUDSON, MA 01749-2904 | 46-2512827 | 501(C)(3) | 18,000. | 0. | | | HOUSING & SHELTER |
| FRIENDLY HOUSE 36 WALL STREET WORCESTER, MA 01604 | 04-2104239 | 501(C)(3) | 41,000. | 0. | | | HUMAN SERVICES |
| FRIENDS OF GALE FREE LIBRARY 23 HIGHLAND STREET HOLDEN, MA 01520 | 22-3021983 | 501(C)(3) | 30,000. | 0. | | | EDUCATION |
| FRIENDS OF HOPE CEMETERY 119 WEBSTER STREET WORCESTER, MA 01603-1915 | 04-3145864 | 501(C)(3) | 64,000. | 0. | | | ENVIRONMENT |
| FRIENDS OF ST LUKE'S, INC 141 MAIN STREET SOUTHBRIDGE, MA 01550 | 81-5437066 | 501(C)(3) | 7,500. | 0. | | | HOUSING & SHELTER |
| FRIENDS OF THE GLADYS E. KELLY PUBLIC LIBRARY - 2 LAKE ST. - WEBSTER, MA 01570 | 14-1930471 | 501(C)(3) | 50,000. | 0. | | | EDUCATION |
| FRIENDS OF THE LENOX MEETING HOUSE, INC. - PO BOX 1871 - LENOX, MA 01240 | 99-3479377 | 501(C)(3) | 35,712. | 0. | | | HUMAN SERVICES |
| FRIENDS OF THE STONE CHURCH PO BOX 347 GILBERTVILLE, MA 01031 | 47-4575235 | 501(C)(3) | 7,500. | 0. | | | RELIGION-RELATED |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| GARDNER COMMUNITY ACTION COMMITTEE, INC. - 294 PLEASANT STREET - GARDNER, MA 01440 | 51-0140428 | 501(C)(3) | 10,000. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| GENESIS CLUB HOUSE, INC. 274 LINCOLN STREET WORCESTER, MA 01605-2106 | 04-2983234 | 501(C)(3) | 38,500. | 0. | | | MENTAL HEALTH & CRISIS INTERVENTION |
| GINNY'S HELPING HAND, INC. 52 MECHANIC STREET LEOMINSTER, MA 01453 | 04-3556937 | 501(C)(3) | 17,000. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| GIRL SCOUTS OF CENTRAL AND WESTERN MA - 115 CENTURY DRIVE - WORCESTER, MA 01606 | 04-2103856 | 501(C)(3) | 23,775. | 0. | | | YOUTH DEVELOPMENT |
| GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604-5411 | 04-2123666 | 501(C)(3) | 51,920. | 0. | | | HUMAN SERVICES |
| GOOD NEWS MESSENGERS DBA ESTHER'S PLACE - 5550 SINCLAIR ROAD - COLUMBUS, OH 43229 | 31-1366744 | 501(C)(3) | 20,000. | 0. | | | HUMAN SERVICES |
| GROWING PLACES GARDEN PROJECT 325 LINDELL AVENUE LEOMINSTER, MA 01453 | 10-0004885 | 501(C)(3) | 27,000. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| GUARDIANS OF TRADITION 145 FRONT STREET WORCESTER, MA 01608 | 85-1645250 | 501(C)(3) | 12,500. | 0. | | | ARTS, CULTURE & HUMANITIES |
| GUILD OF ST. AGNES 19 HARVARD STREET WORCESTER, MA 01609 | 04-2104267 | 501(C)(3) | 7,500. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HALE YMCA YOUTH AND FAMILY CENTER 9 TECHNOLOGY PARK DRIVE PUTNAM, CT 06260 | 06-0881325 | 501(C)(3) | 69,950. | 0. | | | HUMAN SERVICES |
| HEALTH CARE FOR ALL MASSACHUSETTS 70 FRANKLIN STREET BOSTON, MA 02110 | 04-3071598 | 501(C)(3) | 10,000. | 0. | | | HEALTH CARE |
| HEART OF NEW ENGLAND COUNCIL, SCOUTING AMERICA - 394 PLEASANTDALE ROAD - RUTLAND, MA 01543 | 04-2349692 | 501(C)(3) | 9,864. | 0. | | | YOUTH DEVELOPMENT |
| HILLSIDE SCHOOL 404 ROBIN HILL ROAD MARLBOROUGH, MA 01752 | 04-2111216 | | 6,336. | 0. | | | EDUCATION |
| HOLDEN HISTORICAL SOCIETY, INC. 1157 MAIN STREET HOLDEN, MA 01520 | 04-2615302 | 501(C)(3) | 13,450. | 0. | | | ARTS, CULTURE & HUMANITIES |
| HORIZONS FOR HOMELESS CHILDREN 1785 COLUMBUS AVENUE ROXBURY, MA 02119 | 22-2915188 | 501(C)(3) | 7,500. | 0. | | | HOUSING & SHELTER |
| IN THE HOUR OF NEED FAMILY SHELTER 91 JUNE STREET WORCESTER, MA 01602 | 04-2104239 | 501(C)(3) | 7,800. | 0. | | | HOUSING & SHELTER |
| INNER VOICE OUTER CHANGE 114 WATER TOWER PLAZA LEOMINSTER, MA 01453 | 92-3513709 | 501(C)(3) | 12,500. | 0. | | | HUMAN SERVICES |
| INNOVATION LEARNING CENTER 11 JASPER STREET EXTENSION WESTBOROUGH, MA 01581 | 47-2748316 | 501(C)(3) | 10,000. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| JANE FUND OF CENTRAL MASSACHUSETTS 166 HOLDEN STREET HOLDEN, MA 01520-0562 | 91-1811542 | 501(C)(3) | 51,175. | 0. | | | HEALTH CARE |
| JEREMIAH'S INN 1059 MAIN STREET WORCESTER, MA 01603 | 22-2567080 | 501(C)(3) | 20,200. | 0. | | | HOUSING & SHELTER |
| JEWISH FEDERATION OF CENTRAL MASSACHUSETTS - 646 SALISBURY STREET - WORCESTER, MA 01609-1121 | 04-2104363 | 501(C)(3) | 59,775. | 0. | | | RELIGION-RELATED |
| JOY OF MUSIC PROGRAM, INC. 1 GORHAM STREET WORCESTER, MA 01605-3626 | 04-3055099 | 501(C)(3) | 62,400. | 0. | | | ARTS, CULTURE & HUMANITIES |
| LEGENDARY LEGACIES, INC. 40 SOUTHBRIDGE STREET WORCESTER, MA 01608 | 82-4456424 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| LEICESTER COUNCIL ON AGING LEICESTER SENIOR CENTER LEICESTER, MA 01524-1113 | 04-6001197 | 501(C)(3) | 5,500. | 0. | | | HUMAN SERVICES |
| LITERACY VOLUNTEERS OF GREATER WORCESTER - WORCESTER PUBLIC LIBRARY - WORCESTER, MA 01608 | 04-2914294 | 501(C)(3) | 30,000. | 0. | | | EDUCATION |
| LITERACY VOLUNTEERS OF SOUTH CENTRAL MASSACHUSETTS - C/O JACOB EDWARDS LIBRARY - SOUTHBRIDGE, MA 01550 | 02-0725620 | 501(C)(3) | 7,600. | 0. | | | EDUCATION |
| LOVE YOUR LABELS 4 E CENTRAL STREET WORCESTER, MA 01613 | 83-2749965 | 501(C)(3) | 12,000. | 0. | | | HUMAN SERVICES |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| LUCY'S LOVE BUS P.O. BOX 464 AMESBURY, MA 01913 | 20-4036256 | 501(C)(3) | 7,500. | 0. | | | HEALTH CARE |
| MAB COMMUNITY SERVICES ADVANCEMENT OFFICE ALLSTON, MA 02134 | 04-2109859 | 501(C)(3) | 13,855. | 0. | | | HUMAN SERVICES |
| MAIN SOUTH COMMUNITY DEVELOPMENT CORPORATION - 875 MAIN STREET - WORCESTER, MA 01610 | 04-2921465 | 501(C)(3) | 22,500. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| MASS HUMANITIES 66 BRIDGE STREET NORTHAMPTON, MA 01060 | 22-2504778 | 501(C)(3) | 10,000. | 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 SOCIETY INC. 208 SOUTH GREAT ROAD LINCOLN, MA 01773 | 04-2104702 | 501(C)(3) | 65,875. | 0. | | | ENVIRONMENT |
| MASSACHUSETTS EDUCATION AND CAREER OPPORTUNITIES, INC. - 18 CHESTNUT ST, STE. 210 - WORCESTER, MA 01608 | 23-7055676 | 501(C)(3) | 7,500. | 0. | | | PUBLIC & SOCIETAL BENEFIT |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY - OFFICE OF THE RECORDING SECRETARY - CAMBRIDGE, MA 02139-4822 | 04-2103594 | | 100,000. | 0. | | | EDUCATION |
| MASSACHUSETTS WOMEN OF COLOR COALITION - 100 GROVE STREET - WORCESTER, MA 01605 | 86-1481200 | 501(C)(3) | 10,000. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MERYL'S SAFE HAVEN P.O. BOX 20363 WORCESTER, MA 01602 | 92-1498053 | 501(C)(3) | 11,000. | 0. | | | YOUTH DEVELOPMENT |
| MUSIC MANIA TELEVISION 44 PORTLAND STREET WORCESTER, MA 01608 | 05-0566468 | 501(C)(3) | 12,500. | 0. | | | ARTS, CULTURE & HUMANITIES |
| MUSIC WORCESTER, INC. 319 MAIN STREET WORCESTER, MA 01608-1511 | 04-2171207 | 501(C)(3) | 119,499. | 0. | | | ARTS, CULTURE & HUMANITIES |
| MUSTARD SEED CATHOLIC WORKERS COMMUNITY - P. O. BOX 2592 - WORCESTER, MA 01613 | 47-3600849 | 501(C)(3) | 15,000. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605 | 03-0385377 | | 34,000. | 0. | | | EDUCATION |
| NEADS INC. PO BOX 1100 PRINCETON, MA 01541 | 23-7281887 | 501(C)(3) | 10,650. | 0. | | | ANIMAL RELATED |
| NEADY CATS 215 WORCESTER ROAD STERLING, MA 01564 | 04-3509327 | 501(C)(3) | 6,490. | 0. | | | ANIMAL RELATED |
| NEW DAWN ARTS CENTER, INC. 84 MAIN STREET ASHBURNHAM, MA 01430 | 87-1223027 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| NEW ENGLAND BOTANIC GARDEN AT TOWER HILL (WORCESTER COUNTY HORTICULTURAL SOCIETY - 11 FRENCH DRIVE - BOYLSTON, MA 01505 | 04-1988945 | 501(C)(3) | 227,434. | 0. | | | ENVIRONMENT |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NEW HOPE, INC. 247 MAPLE STREET ATTLEBORO, MA 02703 | 04-2681340 | 501(C)(3) | 7,500. | 0. | | | HUMAN SERVICES |
| NEVVUE COMMUNITIES 470 MAIN STREET FITCHBURG, MA 01420-4292 | 04-2690210 | 501(C)(3) | 26,500. | 0. | | | HOUSING & SHELTER |
| NORTH ANDOVER SCHOLARSHIP FOUNDATION INC - PO BOX 524 - NORTH ANDOVER, MA 01845 | 04-3272675 | 501(C)(3) | 15,000. | 0. | | | EDUCATION |
| NORTH QUABBIN CITIZEN ADVOCACY, INC. - PO BOX 362 - ORANGE, MA 01364 | 04-3218759 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| NORTH STAR FAMILY SERVICES, INC. 758 MAIN STREET LEOMINSTER, MA 01453 | 03-0387748 | 501(C)(3) | 19,000. | 0. | | | HUMAN SERVICES |
| NOTRE DAME HEALTH CARE 555 PLANTATION STREET WORCESTER, MA 01605 | 04-3108782 | 501(C)(3) | 12,500. | 0. | | | HEALTH CARE |
| OPEN DOOR ARTS, INC. 81 HOPE AVE WORCESTER, MA 01603 | 04-2699540 | | 15,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| OPEN SKY COMMUNITY SERVICES 4 MANN STREET WORCESTER, MA 01602-0243 | 04-2701581 | 501(C)(3) | 123,500. | 0. | | | MENTAL HEALTH & CRISIS INTERVENTION |
| ORGANIZATION FOR NONPROFIT EXCELLENCE (ONE WORCESTER) - P.O. BOX 2496 - WORCESTER, MA 01613 | 47-1570314 | 501(C)(3) | 10,500. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| ORGANIZATION FOR REFUGEE AND IMMIGRATION SUCCESS (ORIS) - 434 LAKE AVE. - MANCHESTER, NH 03103 | 76-0826598 | 501(C)(3) | 20,000. | 0. | | | HUMAN SERVICES |
| OUR BRIGHT FUTURE INC 254 LITTLE ALUM ROAD BRIMFIELD, MA 01010 | 81-4077496 | 501(C)(3) | 11,000. | 0. | | | YOUTH DEVELOPMENT |
| OXFORD ECUMENICAL FOOD SHELF P.O.BOX 448 NORTH OXFORD, MA 01537 | 74-3203534 | 501(C)(3) | 7,000. | 0. | | | HUMAN SERVICES |
| PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER - 10 IRVING STREET, 2ND FLOOR - WORCESTER, MA 01609 | 04-3029253 | | 17,500. | 0. | | | ARTS, CULTURE & HUMANITIES |
| PATHWAYS FOR CHANGE 588 MAIN STREET WORCESTER, MA 01608 | 04-2734584 | 501(C)(3) | 32,570. | 0. | | | MENTAL HEALTH & CRISIS INTERVENTION |
| PEARLE L. CRAWFORD MEMORIAL LIBRARY - 40 SCHOFIELD AVENUE - DUDLEY, MA 01571-3264 | 04-6001134 | | 44,580. | 0. | | | EDUCATION |
| PERNET FAMILY HEALTH SERVICE, INC. 237 MILLBURY STREET WORCESTER, MA 01610 | 04-2453851 | 501(C)(3) | 30,500. | 0. | | | HUMAN SERVICES |
| PLEASANT STREET NEIGHBORHOOD NETWORK CENTER - 301 PLEASANT STREET - WORCESTER, MA 01609 | 77-0690887 | 501(C)(3) | 39,500. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| PLUMMER YOUTH PROMISE 37 WINTER ISLAND ROAD SALEM, MA 01970 | 04-2104844 | 501(C)(3) | 8,000. | 0. | | | YOUTH DEVELOPMENT |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| POWER FORWARD INC 3 WEBSTER SQUARE MARSHFIELD, MA 02050 | 82-4404034 | 501(C)(3) | 5,700. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| PRESERVATION WORCESTER 61 HARVARD STREET WORCESTER, MA 01609-2520 | 23-7073959 | 501(C)(3) | 13,296. | 0. | | | ARTS, CULTURE & HUMANITIES |
| PRIDE PRODUCTIONS INC 210 PARK AVENUE, #282 WORCESTER, MA 01609 | 04-3260297 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| PRIDE WORCESTER 165 SOUTHBRIDGE ST. WORCESTER, MA 01608 | 04-2970467 | 501(C)(3) | 10,000. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY |
| PROJECT NEW HOPE 70 JAMES STREET, SUITE 155 WORCESTER, MA 01603 | 27-4555998 | 501(C)(3) | 12,260. | 0. | | | HUMAN SERVICES |
| QUABOAG HILLS COMMUNITY COALITION 43 CHURCH ST HUDSON, MA 01749 | 46-5415742 | 501(C)(3) | 6,100. | 0. | | | HUMAN SERVICES |
| QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION - 670 WEST BOYLSTON STREET - WORCESTER, MA 01606 | 04-2897624 | 501(C)(3) | 139,500. | 0. | | | EDUCATION |
| RACHEL'S TABLE 633 SALISBURY STREET WORCESTER, MA 01609 | 04-2104363 | 501(C)(3) | 9,000. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| RCAP SOLUTIONS, INC. 191 MAY STREET WORCESTER, MA 01602-4353 | 04-2454675 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| REGIONAL ENVIRONMENTAL COUNCIL, INC. - PO BOX 255 - WORCESTER, MA 01613 | 04-6364350 | 501(C)(3) | 74,122. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| RIA, INC. 330 COCHITUATE ROAD, # 1784 FRAMINGHAM, MA 01701 | 46-2837911 | 501(C)(3) | 6,000. | 0. | | | HUMAN SERVICES |
| RISE ABOVE FOUNDATION P.O. BOX #174 NORTHBRIDGE, MA 01534 | 27-1409946 | 501(C)(3) | 8,100. | 0. | | | YOUTH DEVELOPMENT |
| RITMOS DANCE COMPANY INC. 120 W. BOYLSTON STREET WORCESTER, MA 01606 | 84-4892624 | 501(C)(3) | 20,500. | 0. | | | HUMAN SERVICES |
| RURAL CEMETERY & CREMATORY 180 GROVE STREET WORCESTER, MA 01605-1711 | 04-1795920 | | 13,730. | 0. | | | HUMAN SERVICES |
| SAFE EXIT INITIATIVE 4 EAST CENTRAL STREET #3490 WORCESTER, MA 01613 | 81-3646918 | 501(C)(3) | 45,300. | 0. | | | HUMAN SERVICES |
| SECOND CHANCE ANIMAL SERVICES, INC. - PO BOX 136 - EAST BROOKFIELD, MA 01515 | 04-3490671 | 501(C)(3) | 20,387. | 0. | | | ANIMAL RELATED |
| SENIOR CONNECTION 330 SW CUTOFF STE 203 WORCESTER, MA 01604-2730 | 04-2547633 | 501(C)(3) | 14,500. | 0. | | | HUMAN SERVICES |
| SHREWSBURY YOUTH & FAMILY SERVICES, INC. - 222 MAPLE AVENUE - SHREWSBURY, MA 01545 | 22-2506543 | 501(C)(3) | 24,000. | 0. | | | HUMAN SERVICES |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 50 PORTLAND STREET - WORCESTER, MA 01608 | 04-3393955 | 501(C)(3) | 50,000. | 0. | | | HUMAN SERVICES |
| ST. MARY'S ASSUMPTION ALBANIAN ORTHODOX CHURCH - 535 SALISBURY ST. - WORCESTER, MA 01609-1307 | 04-2691050 | | 50,000. | 0. | | | RELIGION-RELATED |
| STRAIGHT AHEAD MINISTRIES, INC. 791 MAIN STREET WORCESTER, MA 01610 | 04-3103694 | 501(C)(3) | 25,500. | 0. | | | HUMAN SERVICES |
| STUDENT CLINIC FOR IMMIGRANT JUSTICE, INC. - 217 HANOVER STREET - BOSTON, MA 02113 | 85-1956744 | 501(C)(3) | 15,000. | 0. | | | YOUTH DEVELOPMENT |
| STUDIO THEATRE WORCESTER 87 CALUMET AVENUE WORCESTER, MA 01606 | 82-4747202 | 501(C)(3) | 5,500. | 0. | | | ARTS, CULTURE & HUMANITIES |
| TEMPLE EMANUEL SINAI 661 SALISBURY STREET WORCESTER, MA 01609-1120 | 04-2200149 | 501(C)(3) | 15,550. | 0. | | | RELIGION-RELATED |
| THAYER MEMORIAL LIBRARY 717 MAIN STREET LANCASTER, MA 01523 | 04-3295887 | | 7,571. | 0. | | | EDUCATION |
| THE CASA PROJECT 100 GROVE STREET, SUITE 403 WORCESTER, MA 01605-2630 | 04-2711865 | 501(C)(3) | 75,100. | 0. | | | CRIME & LEGAL-RELATED |
| THE CLUB: LUNENBURG TEEN CENTER 15 MEMORIAL DRIVE LUNENBURG, MA 01462 | 27-3086626 | 501(C)(3) | 12,500. | 0. | | | YOUTH DEVELOPMENT |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| THE HEARTWELL INSTITUTE 4 E. CENTRAL STREET, # 2220 WORCESTER, MA 01613 | 46-4361938 | 501(C)(3) | 12,500. | 0. | | | MENTAL HEALTH & CRISIS INTERVENTION |
| THE JUNIPER OUTREACH FOUNDATION P.O. BOX 91 PAXTON, MA 01612 | 85-3940411 | 501(C)(3) | 29,165. | 0. | | | HUMAN SERVICES |
| THE SHINE INITIATIVE 44 PORTLAND STREET WORCESTER, MA 01608 | 83-4467250 | 501(C)(3) | 20,000. | 0. | | | MENTAL HEALTH & CRISIS INTERVENTION |
| THE STAR KIDS SCHOLARSHIP PROGRAM - NEWPORT/FALL RIVER - P.O. BOX 6214 - MIDDLETOWN, RI 02842 | 04-3623364 | 501(C)(3) | 9,000. | 0. | | | YOUTH DEVELOPMENT |
| THE TORCH FOUNDATION 3435 WILSHIRE BLVD, 14TH FLOOR LOS ANGELES, CA 90010 | 95-4816158 | 501(C)(3) | 10,000. | 0. | | | YOUTH DEVELOPMENT |
| THE WELLSTORM, INC. 24 ASHLAND AVE SOUTHBRIDGE, MA 01550-2802 | 86-2885174 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| TOGETHER FOR KIDS COALITION 50 PORTLAND STREET WORCESTER, MA 01608 | 04-2133874 | | 15,000. | 0. | | | EDUCATION |
| TOWN OF HOLDEN 1204 MAIN STREET HOLDEN, MA 01520 | 04-6001182 | 501(C)(3) | 57,000. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| TRAINING RESOURCES OF AMERICA, INC. - 390 MAIN STREET, SUITE 806 - WORCESTER, MA 01562 | 04-2652922 | 501(C)(3) | 10,000. | 0. | | | EMPLOYMENT |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| TRINITY LUTHERAN CHURCH 73 LANCASTER STREET WORCESTER, MA 01609 | 41-1568278 | | 36,603. | 0. | | | RELIGION-RELATED |
| TRI-VALLEY, INC. 10 MILL STREET DUDLEY, MA 01571 | 04-2594201 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| UMASS CHAN MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655 | 04-3167352 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| UMASS CHAN MEDICAL SCHOOL FOUNDATION, INC. - 333 SOUTH STREET - SHREWSBURY, MA 01545 | 04-3108190 | 501(C)(3) | 40,810. | 0. | | | EDUCATION |
| UMASS MEMORIAL HEALTH CARE, INC. 365 PLANTATION STREET WORCESTER, MA 01605 | 04-3358566 | 501(C)(3) | 22,050. | 0. | | | HEALTH CARE |
| UNITED WAY OF CENTRAL MASSACHUSETTS - 18 CHESTNUT STREET - WORCESTER, MA 01608-1880 | 04-2104017 | | 268,240. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATIONS |
| UNITED WAY OF TRI-COUNTY 46 PARK STREET, SUITE 2 FRAMINGHAM, MA 01702-6652 | 04-2104231 | | 10,000. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATIONS |
| UPC - BLACKSTONE VALLEY EMERGENCY SHELTER - BVES - WHITINSVILLE, MA 01588 | 13-4148824 | 501(C)(3) | 10,000. | 0. | | | HOUSING & SHELTER |
| URBAN MISSIONARIES OF OUR LADY OF HOPE - 242 CANTERBURY STREET - WORCESTER, MA 01603 | 04-3259150 | 501(C)(3) | 8,000. | 0. | | | HUMAN SERVICES |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| VNA CARE NETWORK, INC. 67 MILLBROOK STREET WORCESTER, MA 01606 | 04-2103825 | 501(C)(3) | 8,267. | 0. | | | HEALTH CARE |
| WACHUSETT FOOD PANTRY, INC P.O. BOX 62 JEFFERSON, MA 01522 | 04-3296418 | 501(C)(3) | 13,000. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| WEBSTER DUDLEY FOOD SHARE INC 4 CHURCH ST # 2 WEBSTER, MA 01570 | 47-4757961 | 501(C)(3) | 7,000. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| WELCOMING ALLIANCE FOR REFUGEE MINISTRY - 210 PARK AVENUE, SUITE 306 - WORCESTER, MA 01609 | 30-1101287 | 501(C)(3) | 31,500. | 0. | | | HUMAN SERVICES |
| WENDELL P. CLARK YMCA 155 CENTRAL STREET WINCHENDON, MA 01475 | 04-2173363 | 501(C)(3) | 7,500. | 0. | | | HUMAN SERVICES |
| WEST ANDERSON CHURCH OF GOD 101 ROGERS STREET ANDERSON, SC 29625 | 57-0655430 | 501(C)(3) | 100,000. | 0. | | | RELIGION-RELATED |
| WESTBOROUGH CONNECTS, INC. PO BOX 1476 WESTBOROUGH, MA 01581 | 84-1751472 | 501(C)(3) | 10,000. | 0. | | | COMMUNITY IMPROVEMENT & CAPACITY BUILDING |
| WHITIN COMMUNITY CENTER 60 MAIN STREET WHITINSVILLE, MA 01588 | 04-6087769 | 501(C)(3) | 123,668. | 0. | | | HUMAN SERVICES |
| WHITINSVILLE CHRISTIAN SCHOOL 279 LINWOOD AVENUE WHITINSVILLE, MA 01588 | 04-6004402 | 501(C)(3) | 21,000. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WICN PUBLIC RADIO, INC. 50 PORTLAND STREET WORCESTER, MA 01608 | 04-2500578 | 501(C)(3) | 13,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WILLARD HOUSE & CLOCK MUSEUM INC 11 WILLARD ST NORTH GRAFTON, MA 01536 | 04-2671799 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WINCHENDON COMMUNITY ACTION COMMITTEE, INC. - 273 CENTRAL STREET, STE., 1 - WINCHENDON, MA 01475 | 04-2543492 | 501(C)(3) | 7,500. | 0. | | | HUMAN SERVICES |
| WORCESTER ACADEMY 81 PROVIDENCE STREET WORCESTER, MA 01604 | 04-2105855 | | 39,810. | 0. | | | EDUCATION |
| WORCESTER ANIMAL RESCUE LEAGUE 139 HOLDEN STREET WORCESTER, MA 01606 | 04-2133247 | 501(C)(3) | 11,906. | 0. | | | ANIMAL RELATED |
| WORCESTER AREA MISSION SOCIETY 6 INSTITUTE ROAD WORCESTER, MA 01609-2706 | 04-2157063 | 501(C)(3) | 7,930. | 0. | | | HUMAN SERVICES |
| WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609-3196 | 04-1988530 | 501(C)(3) | 169,125. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER ARTS COUNCIL OF CITY OF WORCESTER - 455 MAIN STREET, ROOM 409 - WORCESTER, MA 01608-1707 | 04-6001418 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER CARIBBEAN AMERICAN CARNIVAL ASSOCIATION - P.O. BOX 70301 - WORCESTER, MA 01607 | 46-0938079 | 501(C)(3) | 8,000. | 0. | | | ARTS, CULTURE & HUMANITIES |

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 CENTER FOR CRAFTS (WCC) 25 SAGAMORE ROAD WORCESTER, MA 01605-3974 | 04-2105859 | 501(C)(3) | 17,970. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER CENTER FOR PERFORMING ARTS (HANOVER THEATRE) - 2 SOUTHBRIDGE STREET - WORCESTER, MA 01608 | 05-0521735 | 501(C)(3) | 36,360. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER CHAMBER MUSIC SOCIETY 323 MAIN STREET WORCESTER, MA 01608 | 20-8538873 | 501(C)(3) | 20,460. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER COMMON GROUND, INC. 5 PIEDMONT STREET WORCESTER, MA 01610 | 22-2976657 | 501(C)(3) | 38,500. | 0. | | | HOUSING & SHELTER |
| WORCESTER COMMUNITY HOUSING RESOURCES, INC. - 85 PRESCOTT STREET, UNIT 101 - WORCESTER, MA 01605 | 22-2719744 | 501(C)(3) | 17,800. | 0. | | | HOUSING & SHELTER |
| WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545 | 04-3071457 | 501(C)(3) | 9,725. | 0. | | | FOOD, AGRICULTURE & NUTRITION |
| WORCESTER COUNTY LAW LIBRARY TRUST 19 IMPERIAL COURT WESTBOROUGH, MA 01581 | 04-6331338 | 501(C)(3) | 49,210. | 0. | | | CRIME & LEGAL-RELATED |
| WORCESTER COUNTY MECHANICS ASSOCIATION (MECHANICS HALL) - 321 MAIN STREET - WORCESTER, MA 01608 | 04-1988955 | 501(C)(3) | 42,500. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER COUNTY POETRY ASSOCIATION - P.O. BOX 804 - WORCESTER, MA 01613 | 23-7157372 | 501(C)(3) | 27,924. | 0. | | | ARTS, CULTURE & HUMANITIES |

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 CULTURAL COALITION 455 MAIN STREET ROOM 402 WORCESTER, MA 01608 | 81-5010462 | 501(C)(3) | 39,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER EARN A BIKE INC. 4 KING STREET WORCESTER, MA 01610 | 20-3185694 | 501(C)(3) | 15,000. | 0. | | | RECREATION & SPORTS |
| WORCESTER EDUCATION COLLABORATIVE 18 CHESTNUT STREET WORCESTER, MA 01608 | 04-2104017 | | 35,500. | 0. | | | EDUCATION |
| WORCESTER FIRE DEPARTMENT 141 GROVE STREET WORCESTER, MA 01605 | 04-6001418 | 501(C)(3) | 55,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF |
| WORCESTER FREE CARE COLLABORATIVE INCORPORATED - 152 MAIN ST - SHREWSBURY, MA 01545 | 92-0979304 | 501(C)(3) | 25,000. | 0. | | | HEALTH CARE |
| WORCESTER HISTORICAL MUSEUM (DBA MUSEUM OF WORCESTER) - 30 ELM STREET - WORCESTER, MA 01609 | 04-2105858 | 501(C)(3) | 457,810. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WORCESTER JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 01609-1120 | 04-2104353 | 501(C)(3) | 24,316. | 0. | | | HUMAN SERVICES |
| WORCESTER PUBLIC LIBRARY FOUNDATION - 3 SALEM SQUARE - WORCESTER, MA 01608-2074 | 20-0066770 | 501(C)(3) | 12,310. | 0. | | | EDUCATION |
| WORCESTER PUBLIC SCHOOLS 20 IRVING STREET WORCESTER, MA 01609 | 04-6001418 | GOV'T | 8,690. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WORCESTER REFUGEE ASSISTANCE PROJECT - PO BOX 1142 - WORCESTER, MA 01613 | 32-0309547 | 501(C)(3) | 16,850. | 0. | | | HUMAN SERVICES |
| WORCESTER REGIONAL RESEARCH BUREAU, INC. - 100 FRONT STREET - WORCESTER, MA 01608 | 04-2901298 | 501(C)(3) | 41,450. | 0. | | | PUBLIC & SOCIETAL BENEFIT |
| WORCESTER RISE FOR HEALTH 18 CHESTNUT STREET WORCESTER, MA 01608 | 93-1505125 | 501(C)(3) | 87,000. | 0. | | | HUMAN SERVICES |
| WORCESTER STATE FOUNDATION PO BOX 20248 WORCESTER, MA 01602 | 22-3248067 | 501(C)(3) | 36,720. | 0. | | | EDUCATION |
| WORCESTER TECHNICAL HIGH SCHOOL 1 SKYLINE DRIVE WORCESTER, MA 01605 | 04-6001418 | | 7,307. | 0. | | | EDUCATION |
| WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602-3440 | 04-3245867 | 501(C)(3) | 27,500. | 0. | | | YOUTH DEVELOPMENT |
| WORCESTER YOUTH ORCHESTRAS PO BOX 991 WORCESTER, MA 01613 | 04-2470999 | 501(C)(3) | 20,768. | 0. | | | ARTS, CULTURE & HUMANITIES |
| WRITEBOSTON 555 AMORY STREET JAMAICA PLAIN, MA 02130 | 46-1255108 | 501(C)(3) | 15,000. | 0. | | | ARTS, CULTURE & HUMANITIES |
| YES WE CARE, INC. 55 ILLINOIS STREET WORCESTER, MA 01610 | 27-2939066 | 501(C)(3) | 7,500. | 0. | | | YOUTH DEVELOPMENT |

Schedule I (Form 990)

Schedule I (Form 990)

Page 1

[illegible]

432241
04-01-24

GREATER WORCESTER COMMUNITY FOUNDATION,

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

04-2572276

Page **2**

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 | 5 | 8,600. | 0. | | |
| GRANT- AWARD & SPEAKER | 2 | 7,500. | 0. | | |
| LEADERSHIP GRANT | 1 | 4,680. | 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 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

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input 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 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
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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 |

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

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

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

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

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

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

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

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

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

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

Yes No

| | | |
|----|---|---|
| | | |
| 1b | X | |
| 2 | | X |
| | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| | | |
| 7 | X | |
| | | |
| 8 | | X |
| | | |
| 9 | | |

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

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

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

Page 2

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.

[illegible]

Part III Supplemental Information

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.

PART I, LINE 7:

PERFORMANCE BONUS. STARTING IN CALENDAR YEAR 2024, THE EMPLOYEE SHALL BE ELIGIBLE TO RECEIVE AN ANNUAL PERFORMANCE BONUS OF UP TO TEN PERCENT (10%) OF THE EMPLOYEE'S BASE SALARY ("PERFORMANCE BONUS") WITH CRITERIA TO BE MUTUALLY AGREED UPON BY THE FOUNDATION AND THE EMPLOYEE AND TO BE PAID OUT BY THE END OF THE FIRST QUARTER OF THE NEXT CALENDAR YEAR, BEGINNING IN THE FIRST QUARTER OF 2025. HOWEVER, THE DECISION TO PROVIDE A PERFORMANCE BONUS SHALL BE AT THE DISCRETION OF THE BOARD.

COPY

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

Employer identification number
04-2572276

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 34 | 523,226. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other ... | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (.....) | | | | |
| 26 Other (.....) | | | | |
| 27 Other (.....) | | | | |
| 28 Other (.....) | | | | |

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

29

30a During the year, did the organization receive by contribution any property reported on 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?

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?

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

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.

Yes No

| | | |
|-----|--|---|
| | | |
| 30a | | X |
| 31 | | X |
| 32a | | X |
| | | |

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

Schedule M (Form 990) 2024

Part II

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

COPY

**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 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 |
|---|---|

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

| | |
|---|-------------|
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| INVESTMENT RETURN FOR AGENCY ENDOWMENTS | -5,902,836. |
| GIFTS AND DONATIONS FOR AGENCY ENDOWMENTS | -3,241,328. |
| DISTRIBUTION FOR AGENCY FUNDS | 1,119,809. |
| CHANGE OF VALUE IN SPLIT-INTEREST AGREEMENTS | -14,192. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -8,038,547. |

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 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.

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

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

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 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** 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

| | | | |
|---|-----------|----|-----------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

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