

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, **2010, and ending** 6/30, **2011**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

COMMUNITY FOUNDATION OF NORTH CENTRAL
MASSACHUSETTS INC
285 JOHN FITCH HIGHWAY #1
FITCHBURG, MA 01420

D Employer Identification Number

04-3537449

E Telephone number

978-345-8383

G Gross receipts \$ 11,498,737.

F Name and address of principal officer:

Same As C Above

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation:

M State of legal domicile:

Part I Summary

| | | | |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>The Community Foundation raises funds through public support. The Foundation's guiding principle is to carefully grow charitable investments and to distribute the proceeds in ways that help organizations develop their capacity to serve their communities most effectively.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a)..... | 3 | 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b)..... | 4 | 19 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)..... | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary)..... | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12..... | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34..... | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h)..... | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g)..... | 6,314,146. | 2,211,167. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... | 563. | 4,333. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... | -332,955. | 1,330,745. |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... | 5,981,754. | 3,546,245. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... | 2,832,058. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)..... | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)..... | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 169,450. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... | | 306,000. | 312,155. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... | 3,138,058. | 6,600,171. | |
| 19 Revenue less expenses. Subtract line 18 from line 12..... | 2,843,696. | -3,053,926. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16)..... | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26)..... | 25,064,060. | 25,288,638. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20..... | 50,184. | 215,256. |
| | | 25,013,876. | 25,073,382. |

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: PHILIP GRZEWINSKI Date: _____
Type or print name and title: President

Paid Preparer Use Only

Print/Type preparer's name: Marina Raher, CPA Preparer's signature: Marina Raher, CPA Date: _____
Check if self-employed PTIN: N/A

Firm's name: Marina Raher, CPA Firm's EIN: N/A
Firm's address: 50 Leominster Rd. Suite 15 Sterling, MA 01564 Phone no.: (978) 422-8180

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 to any question in this Part III [X]

1 Briefly describe the organization's mission:

See Schedule O

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

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 [X] No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code: []) (Expenses \$ 6,323,200. including grants of \$ 6,163,616.) (Revenue \$)

See Schedule O

4b (Code: []) (Expenses \$ including grants of \$ 10,000.) (Revenue \$ 10,000.)

The Foundation's guiding principle is to carefully grow charitable investments and to distribute the proceeds in ways that help organizations develop their capacity to serve their communities most effectively. The Community Foundation has over 100 permanently endowed funds that benefit many causes, which includes the arts, scholarships, environment and health and human services.

With its latest round of grants focused on various recreational, academic, environmental opportunities, The Community Foundation of North Central Massachusetts awarded nine grants.

The Fitchburg Cycling Club, Inc. received \$10,000 for the 52nd Fitchburg Longsjo Classic, one of the oldest and largest pro/am cycling competition in North America.

4c (Code: []) (Expenses \$ including grants of \$ 20,000.) (Revenue \$ 20,000.)

In addition, the Gardner Group received \$20,000 for the Licensing Construction Project which provide funding to update construction to meet building and licensing codes.

4d Other program services. (Describe in Schedule O.) See Schedule O

(Expenses \$ including grants of \$ 94,400.) (Revenue \$ 94,400.)

4e Total program service expenses ▶ 6,323,200.

Part IV Checklist of Required Schedules

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (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 Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> | X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> | X | |
| 11 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, XII, and XIII.</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 |
| 20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i> | | X |
| b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions). | | |

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

| | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="0"/> | | |
| 1 b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/> | | |
| 1 c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/> | | |
| 2 a | 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. <input type="text" value="0"/> | | |
| 2 b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/> | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/> | | X |
| 3 b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/> | | |
| 4 a | 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)? <input type="checkbox"/> | | X |
| 4 b | If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/> | | X |
| 5 b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/> | | X |
| 5 c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/> | | |
| 6 a | 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? <input type="checkbox"/> | | X |
| 6 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/> | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 7 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? <input type="checkbox"/> | | X |
| 7 b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/> | | |
| 7 c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/> | | X |
| 7 d | If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/> | | |
| 7 e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> | | X |
| 7 f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> | | X |
| 7 g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/> | | |
| 7 h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/> | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <input type="checkbox"/> | | X |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| 9 a | Did the organization make any taxable distributions under section 4966? <input type="checkbox"/> | | |
| 9 b | Did the organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/> | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| 10 a | Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/> | | |
| 10 b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/> | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| 11 a | Gross income from members or shareholders. <input type="text"/> | | |
| 11 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/> | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/> | | |
| 12 b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/> | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 13 a | Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/> | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 13 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. <input type="text"/> | | |
| 13 c | Enter the amount of reserves on hand. <input type="text"/> | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/> | | X |
| 14 b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/> | | |

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

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

| | | Yes | No |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. 1 a | | 21 |
| 1 b | Enter the number of voting members included in line 1a, above, who are independent. 1 b | | 19 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule O | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7 a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7 b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? | X | |
| 8 b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ PHIL GRZEWSINSKI 285 JOHN FITCH HIGHWAY FITCHBURG MA 01420 (978) 345-8383

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) PHILIP GRZEWINSKI President | 12 | | | | | | 0. | 0. | 0. | |
| (2) STEVEN STONE Treasurer | 2 | | | | | | 0. | 0. | 0. | |
| (3) ATTORNEY C DEBORAH PHIL Chairman | 2 | | | | | | 0. | 0. | 0. | |
| (4) JAMES GARRISON Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (5) ALBERT STONE Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (6) RONALD ANSIN Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (7) WILLIAM AUBUCHON, III Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (8) ATTORNEY JOHN BARRETT Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (9) PAUL BROWN Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (10) DAVID HUHTALA Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (11) GEORGE GANTZ Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (12) ATTORNEY CHARLES GELINA Vice Chair | 1 | | | | | | 0. | 0. | 0. | |
| (13) ATTORNEY HENRI SANS Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (14) DAVID MCKEEHAN Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (15) Allen I. Rome Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (16) RICHARD NOBILE Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (17) THOMAS BAGLEY III Clerk | 1 | | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Sch O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KEVIN MILLER Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (19) TED LAPRES Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (20) GEORGANA COCHRAN Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (21) ATTORNEY RICHARD CELLA Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (22) PETER HAZEL Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (23) Gary Shepherd Trustee | 1 | | | | | | 0. | 0. | 0. | |
| (24) ----- | | | | | | | | | | |
| (25) ----- | | | | | | | | | | |
| (26) ----- | | | | | | | | | | |
| (27) ----- | | | | | | | | | | |
| (28) ----- | | | | | | | | | | |
| (29) ----- | | | | | | | | | | |
| 1 b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 0. | 0. | 0. | |

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

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---------------------------------------------------------------------|--------------------------------|---------------------|
| United Way of North Central Ma 285 John Fitch Highway Fitchburg, MA | Management Fees | 221,033. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|--|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a 4,055. | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d 63,046. | | | | |
| | e Government grants (contributions) | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 2,144,066. | | | | |
| | g Noncash contributions included in lns 1a-1f: \$ | 148,476. | | | | |
| | h Total. Add lines 1a-1f | ▶ 2,211,167. | | | | |
| PROGRAM SERVICE REVENUE | 2 a <u>Membership Dues & Assessments</u> | | Business Code | | | |
| | b ----- | | 4,333. | | 4,333. | |
| | c ----- | | | | | |
| | d ----- | | | | | |
| | e ----- | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | ▶ 4,333. | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | ▶ 600,020. | | | 600,020. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 8,683,217. | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 7,952,492. | | | |
| | | c Gain or (loss) | 730,725. | | | |
| | d Net gain or (loss) | ▶ 730,725. | 158,523. | | 572,202. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | ▶ | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a ----- | | | | | | |
| b ----- | | | | | | |
| c ----- | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | ▶ | | | | | |
| 12 Total revenue. See instructions | ▶ | 3,546,245. | 158,523. | 0. | 1,176,555. | |

Part IX Statement of Functional Expenses

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 6,192,625. | 6,192,625. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 95,391. | 95,391. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 211,204. | 31,354. | 51,998. | 127,852. |
| b Legal | | | | |
| c Accounting | 31,460. | | 31,460. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 20,530. | | | 20,530. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 7,127. | 188. | 5,948. | 991. |
| 14 Information technology | 7,041. | 544. | 3,635. | 2,862. |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 4,050. | 1,087. | 1,007. | 1,956. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 10,543. | 17. | 352. | 10,174. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,604. | | 3,604. | |
| 23 Insurance | 4,208. | | 4,208. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a <u>Printing and Publications</u> | 4,199. | | 1,541. | 2,658. |
| b <u>Dues & Subscriptions</u> | 2,627. | 1,890. | 737. | |
| c <u>Postage and Shipping</u> | 2,276. | | 2,044. | 232. |
| d <u>Website</u> | 1,650. | | | 1,650. |
| e <u>Telephone</u> | 1,341. | 104. | 692. | 545. |
| f All other expenses | 295. | | 295. | |
| 25 Total functional expenses. Add lines 1 through 24f | 6,600,171. | 6,323,200. | 107,521. | 169,450. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | | |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|-------------|--------|
| ASSETS | 1 | Cash — non-interest-bearing | 88,724. | 1 | 140,483. | |
| | 2 | Savings and temporary cash investments | 4,040,947. | 2 | 2,227,482. | |
| | 3 | Pledges and grants receivable, net | 245,373. | 3 | 105,709. | |
| | 4 | Accounts receivable, net | 27,094. | 4 | 25,087. | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | 7,477. | 9 | 7,014. | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 53,517. | | |
| | b | Less: accumulated depreciation | 10b | 49,241. | 10c | 4,276. |
| | 11 | Investments — publicly traded securities | 17,646,965. | 11 | 22,778,587. | |
| | 12 | Investments — other securities. See Part IV, line 11 | 3,000,412. | 12 | | |
| | 13 | Investments — program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 25,064,060. | 16 | 25,288,638. | | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 30,184. | 17 | 25,856. | |
| | 18 | Grants payable | 20,000. | 18 | 189,400. | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 50,184. | 26 | 215,256. | |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | 7,265,003. | 27 | 7,483,703. | |
| | 28 | Temporarily restricted net assets | 10,898,319. | 28 | 10,394,859. | |
| | 29 | Permanently restricted net assets | 6,850,554. | 29 | 7,194,820. | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 | Total net assets or fund balances. | 25,013,876. | 33 | 25,073,382. | |
| 34 | Total liabilities and net assets/fund balances. | 25,064,060. | 34 | 25,288,638. | | |

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|----------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,546,245. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,600,171. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3,053,926. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 25,013,876. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O). See Schedule O | 5 | 3,113,432. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 25,073,382. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| d | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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 | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

| | | | |
|---------------------------------|---------------------------------------------------------|---------------------------------------|------------|
| Name of the organization | COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS INC | Employer identification number | 04-3537449 |
|---------------------------------|---------------------------------------------------------|---------------------------------------|------------|

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... | | |
| (ii) A family member of a person described in (i) above?..... | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.) | 4,378,547. | 7,653,920. | 6,880,163. | 6,314,709. | 2,226,110. | 27,453,449. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 4,378,547. | 7,653,920. | 6,880,163. | 6,314,709. | 2,226,110. | 27,453,449. |
| 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). | | | | | | 8,346,193. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 19,107,256. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4. | 4,378,547. | 7,653,920. | 6,880,163. | 6,314,709. | 2,226,110. | 27,453,449. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 668,957. | 918,166. | -260,797. | -332,955. | 1,330,745. | 2,324,116. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10. | | | | | | 29,777,565. |
| 12 Gross receipts from related activities, etc (see instructions). | | | | | 12 | 0. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). | 14 | 64.2 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14. | 15 | 0.0 % |
| 16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the 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 – 2009. 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 – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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 yr beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 yr beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests – 2010. 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 – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS INC

Employer identification number

04-3537449

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year..... | 38 | |
| 2 Aggregate contributions to (during year)..... | 321,202. | |
| 3 Aggregate grants from (during year)..... | 2,941,853. | |
| 4 Aggregate value at end of year..... | 5,067,621. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

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

| | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

| | Held at the End of the Tax Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements..... | 2a |
| b Total acreage restricted by conservation easements..... | 2b |
| c Number of conservation easements on a certified historic structure included in (a)..... | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 11,372,355. | 10,136,010. | 4,831,401. | | |
| b Contributions | 1,130,700. | 340,884. | 6,224,466. | | |
| c Net investment earnings, gains, and losses | 2,675,830. | 1,473,620. | -589,674. | | |
| d Grants or scholarships | 694,920. | 466,033. | 286,533. | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 129,805. | 112,126. | 43,650. | | |
| g End of year balance | 14,354,160. | 11,372,355. | 10,136,010. | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 0.50 %
- b Permanent endowment ▶ 0.50 %
- c Term endowment ▶ %

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

| | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 415. | 415. | 0. |
| d Equipment | | 49,302. | 45,396. | 3,906. |
| e Other | | 3,800. | 3,430. | 370. |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 4,276.

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

| (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) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) | | |

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-----------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | |

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

| (a) Description | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column(B), line 15) | |

Part X Other Liabilities. (See Form 990, Part X, line 25)

| (a) Description of liability | (b) Amount |
|----------------------------------------------------------------------------|------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12)..... | 3,546,245. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25)..... | 6,600,171. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1..... | -3,053,926. |
| 4 | Net unrealized gains (losses) on investments..... | 3,113,432. |
| 5 | Donated services and use of facilities..... | |
| 6 | Investment expenses..... | |
| 7 | Prior period adjustments..... | |
| 8 | Other (Describe in Part XIV.) .. See Part XIV..... | -7,356. |
| 9 | Total adjustments (net). Add lines 4 through 8..... | 3,106,076. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9..... | 52,150. |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements..... | 1 | 3,177,093. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains on investments..... | 2a | |
| | b Donated services and use of facilities..... | 2b | 3,600. |
| | c Recoveries of prior year grants..... | 2c | |
| | d Other (Describe in Part XIV.) .. See Part XIV..... | 2d | 57,213. |
| | e Add lines 2a through 2d..... | 2e | 60,813. |
| 3 | Subtract line 2e from line 1..... | 3 | 3,116,280. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b..... | 4a | |
| | b Other (Describe in Part XIV.) .. See Part XIV..... | 4b | 429,965. |
| | c Add lines 4a and 4b..... | 4c | 429,965. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)..... | 5 | 3,546,245. |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements..... | 1 | 5,594,624. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities..... | 2a | 3,600. |
| | b Prior year adjustments..... | 2b | |
| | c Other losses..... | 2c | |
| | d Other (Describe in Part XIV.)..... | 2d | |
| | e Add lines 2a through 2d..... | 2e | 3,600. |
| 3 | Subtract line 2e from line 1..... | 3 | 5,591,024. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b..... | 4a | |
| | b Other (Describe in Part XIV.) .. See Part XIV..... | 4b | 1,009,147. |
| | c Add lines 4a and 4b..... | 4c | 1,009,147. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... | 5 | 6,600,171. |

Part XIV Supplemental Information

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

Client NORTHCEN

COMMUNITY FOUNDATION OF NORTH CENTRAL
MASSACHUSETTS INC

04-3537449

11/08/11

01:48PM

**Schedule D, Part XI, Line 8
Other Changes In Net Assets Or Fund Balances**

| | | |
|------------------|----|----------------|
| Agency Fees..... | \$ | -7,356. |
| Total | \$ | <u>-7,356.</u> |

**Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990**

| | | |
|---------------------------------|----|----------------|
| Administrative Fee Revenue..... | \$ | 57,213. |
| Total | \$ | <u>57,213.</u> |

**Schedule D, Part XII, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S**

| | | |
|-----------------------------------------------|----|-----------------|
| Contributions related to agency organiza..... | \$ | 125,091. |
| Investment revenue related to agency org..... | | 304,874. |
| Total | \$ | <u>429,965.</u> |

**Schedule D, Part XIII, Line 4b
Other Expenses Included On Form 990 But Not Included In F/S**

| | | |
|-------------------------|----|-------------------|
| Grants to agencies..... | \$ | 1,009,147. |
| Total | \$ | <u>1,009,147.</u> |

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL

Employer identification number

04-3537449

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. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) 21st Century Revolving 718 Main St Fitchburg, MA 01420 | 04-6001388 | | 21,598. | 0. | | | Tuturing for Students |
| (2) Applewild School 120 Prospect St Fitchburg, MA 01420 | 04-2225643 | | 19,000. | 0. | | | Capital Campaign |
| (3) ARC of NCM 564 MAIN ST Fitchburg, MA 01420 | 04-2226199 | | 600,000. | 0. | | | Capital Campaign |
| (4) Boys & Girls Club of NC 365 Lindell Ave Leominster, MA 01453 | 04-3576700 | | 3,035,488. | 0. | | | Building Construction |
| (5) Community Foundation of 285 John Fitch Hwy Fitchburg, MA 01420 | 04-3537449 | | 19,053. | 0. | | | Operations |
| (6) Community Healthlink 72 Jaquest Street Fitchburg, MA 01420 | 04-2626179 | | 12,400. | 0. | | | Education |
| (7) Doyle Field Commission 40 Albert Drive Leominster, MA 01453 | 54-2106411 | | 46,396. | 0. | | | Field restoration |
| (8) Fay Club Historic Foun 285 John Fitch Hwy Fitchburg, MA 01420 | 04-3537449 | | 0. | 7,950. | Cost | Historic Building Renovations | Renovations |

2 Enter total number of section 501(c)(3) and government organizations ▶ 39

3 Enter total number of other organizations ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 Afterschool Program Stipends | 31 | 7,449. | | | |
| 2 College Scholarships | 27 | 73,900. | | | |
| 3 Utility Assistance | 52 | 14,042. | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Community Foundation monitors the grants from its general endowment by working closely with the funded agencies. In addition, semiannual reports are submitted detailing expenditures and program measurements and outcomes.

This thorough review by Foundation staff and community volunteers helps ensure that donors' contributions are effective and making a difference in the community.

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 1 of 4

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization COMMUNITY FOUNDATION OF NORTH CENTRAL | Employer identification number 04-3537449 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Fitchburg Art Museum 185 Elm St Fitchburg, MA 01420 | 04-6111758 | | 11,000. | | | | Grant for operations /programs |
| Fitchburg Historical Soci 50 Grove St Fitchburg, MA 01420 | 04-6060118 | | 642,804. | | | | Grant for building fund |
| Fitchburg State College F 160 Pearl St Fitchburg, MA 01420 | 04-2661048 | | 64,425. | | | | Scholarships |
| Friends of Nashoba Val 200 Groton Rd Ayer, MA 01432 | | | 7,050. | | | | Teleneurological Project |
| Gardner Group, Inc. 219 Bragg Hill Rd Westminster, MA 01473 | 04-3214678 | | 20,000. | | | | Licensing Construction Project |
| Indian Hill Music School 36 King St Littleton, MA 01460 | 04-2867945 | | 30,750. | | | | Support for music school |
| Lawrence Acedemy PO Box 992 Groton, MA 01450 | 04-2105775 | | 47,000. | | | | Scholars Fund |
| Longsjø Legacy PO Box 923 Fitchburg, MA 01420 | 51-0187494 | | 37,000. | | | | Support the annual race |
| LUK Crisis Center 545 Westminster St Fitchburg, MA 01420 | 22-2592809 | | 8,460. | | | | Youth Partnering |
| Mass Watershed Coaliti 325 Lindell Ave Leominster, MA 01453 | 22-3191448 | | 30,000. | | | | Billion Gallon Yr Program |

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 2 of 4

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization COMMUNITY FOUNDATION OF NORTH CENTRAL | Employer identification number 04-3537449 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Monty Tech 1050 Westminster Street Fitchburg, MA 01453 | 04-2393534 | | 13,334. | | | | Monty Tech SSEP Program |
| Morgon Memorial Goodwi 1010 Harrison Ave Boston, MA 02119 | 04-2106765 | | 303,000. | | | | Renovation s and Repairs |
| Mt Grace Land Conserva 1461 Old Keene Rd Athol, MA 01331 | 04-2938967 | | 8,800. | | | | Service Learning Project |
| MWCC 444 Green St Garnder, MA 01440 | 23-7136083 | | 103,960. | | | | Scholarshi ps |
| NARSAD 60 Cutter Mill Rd Great Neck, NY 11021 | 04-2586706 | | 15,001. | | | | Annual |
| Nashua River Watershed 592 Main St Groton, MA 01450 | 23-7055674 | | 212,512. | | | | Support conservati on |
| Nashua Valley Boy Scouts 1980 Lunenburg Rd Lancaster, MA 01523 | 04-2349692 | | 52,948. | | | | Support for scouts of NCM |
| NMRS Scholarship Foundati Main St Townsend, MA 01469 | 04-2586706 | | 6,000. | | | | Scholarshi ps for students |
| Our Father's House PO Box 7251 Fitchburg, MA 01420 | 22-2515061 | | 22,000. | | | | Theraputic Programs |
| River Cities United Way PO Box 966 Lake Havasu, AZ 86405 | 23-7373816 | | 33,017. | | | | Support of the United Way |

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 3 of 4

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization COMMUNITY FOUNDATION OF NORTH CENTRAL | Employer identification number 04-3537449 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Salvation Army 25 Shawmut Rd Canton, MA 02021 | 13-5562351 | | 60,000. | | | | Bridging the Gap |
| Townsend Ecumenical Outre 82 Bayberry Hill Rd W Townsend, MA 01474 | 04-3270010 | | 60,150. | | | | Supt emerg needs |
| Trustees of the Reserv 464 Abbott Ave Leominster, MA 01453 | 04-2105780 | | 13,000. | | | | Gardening & bridge projects |
| United Arc of Franklin 111 Summer St Greenfield, MA 01301 | 04-2267562 | | 20,000. | | | | Positive Parenting Program |
| United Way of Central Ala PO Box 320189 Birmingham, AL 35232 | 63-0288846 | | 52,760. | | | | Support of united way |
| United Way of Greater Enn PO Box 639 Ennis, TX 75120 | 23-7087962 | | 36,845. | | | | Support of United Way |
| United Way of Greater Sta 4825 Highbee Ave NW Canton, OH 44718 | 13-4254191 | | 35,067. | | | | Support of the United Way |
| United Way of Laurens Cou 16 Peachtree St Clinton, SC 29325 | 23-7011064 | | 49,507. | | | | Support of the United Way |
| United Way of NCM 285 John Fitch Highway Fitchburg, MA 01420 | 04-2233021 | | 330,355. | | | | Programmin g |
| United Way of NCM 285 John Fitch Highway Fitchburg, MA 01420 | 04-2233021 | | 332,856. | | | | Support of programs |

Continuation Sheet for Schedule I (Form 990)

2010

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

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization COMMUNITY FOUNDATION OF NORTH CENTRAL | Employer identification number 04-3537449 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| United Way of Tri County 46 Park St Framingham, MA 01702 | 04-2104231 | | 8,500. | | | | Supt for children and needy |
| ----- | | | | | | | |
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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS INC**

Employer identification number
04-3537449

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|-----|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

| | (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|--------------------|-------------------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| Total | | | | | | ▶ \$ _____ | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|-----------------------------------------------------------------|-----------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
| | | | | Yes | No |
| (1) Anderson Bagley & Mayo | Board Member | 2,290. | D&O Insurance Policy | | X |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF NORTH CENTRAL
MASSACHUSETTS INC**

Employer identification number
04-3537449

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 | 3 | 53,473. | |
| 10 Securities—Closely held stock | X | 1 | 130,261. | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution— Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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 |
| 33 | | |

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

Schedule M (Form 990) 2010

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS INC

Employer identification number

04-3537449

OMB No. 1545-0047

2010

Open to Public Inspection

Related Organizations and Unrelated Partnerships

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

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) ----- | | | | | |
| (2) ----- | | | | | |
| (3) ----- | | | | | |
| (4) ----- | | | | | |
| (5) ----- | | | | | |
| (6) ----- | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity? | |
|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------|----|
| | | | | | | Yes | No |
| (1) UNITED WAY OF NORTH CENTRAL MASS 285 JOHN FITCH HIGHWAY FITCHBURG, MA 01420 04-2233021 | FEDERATED | | | | | | |
| (2) FUNDRAISING ORGANIZATION | | | | 501 (C) (3) | N/A | | X |
| (3) CFNCM Supporting Organization 285 John Fitch Highway FITCHBURG, MA 01420 26-1302246 | | | | | | | |
| (4) FUNDRAISING ORGANIZATION | | MA | | 501 (c) (3) | N/A | | X |
| (5) ----- | | | | | | | |
| (6) ----- | | | | | | | |
| (7) ----- | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- ----- ----- | | | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|
| (1) ----- ----- ----- | | | | | | | |
| (2) ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- | | | | | | | |

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

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

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity..... | | X |
| b Gift, grant, or capital contribution to other organization(s)..... | | X |
| c Gift, grant, or capital contribution from other organization(s)..... | | X |
| d Loans or loan guarantees to or for other organization(s)..... | | X |
| e Loans or loan guarantees by other organization(s)..... | | X |
| f Sale of assets to other organization(s)..... | | X |
| g Purchase of assets from other organization(s)..... | | X |
| h Exchange of assets..... | | X |
| i Lease of facilities, equipment, or other assets to other organization(s)..... | | X |
| j Lease of facilities, equipment, or other assets from other organization(s)..... | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s)..... | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s)..... | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets..... | | X |
| n Sharing of paid employees..... | | X |
| o Reimbursement paid to other organization for expenses..... | | X |
| p Reimbursement paid by other organization for expenses..... | | X |
| q Other transfer of cash or property to other organization(s)..... | | X |
| r Other transfer of cash or property from other organization(s)..... | | X |

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | (h) General or managing partner? | |
|-----------------------------------------|-------------------------|--------------------------------------------------|----------------------------------------------------------|----|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|
| | | | Yes | No | | Yes | No | | Yes | No |
| (1) ----- ----- ----- | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | |
| (4) ----- ----- ----- | | | | | | | | | | |
| (5) ----- ----- ----- | | | | | | | | | | |
| (6) ----- ----- ----- | | | | | | | | | | |
| (7) ----- ----- ----- | | | | | | | | | | |
| (8) ----- ----- ----- | | | | | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF NORTH CENTRAL
MASSACHUSETTS INC**

Employer identification number
04-3537449

Form 990, Part III, Line 1 - Organization Mission

The Community Foundation raises funds through public support. The Foundation's guiding principle is to carefully grow charitable investments and to distribute the proceeds in ways that help organizations develop their capacity to serve their communities most effectively.

Form 990, Part III, Line 4a - Program Service Accomplishments

The Community Foundations raises funds through public support. The Foundation's guiding principle is to carefully grow charitable investments and to distribute the proceeds in ways that help organizations develop their capacity to serve their communities most effectively.

The long-term mission of the Foundation is to work closely with our donors, nonprofit organizations and the community to make a difference by funding and nurturing ideas and programs that are sustainable and committed to systemic change.

In addition, to keep our administrative expenses as low as possible, we partnered with the United Way of North Central Massachusetts, sharing office space and key personnel. This arrangement, the only one in the United States, helps us put more money into important programs. In addition, it offers a unique opportunity to meet a variety of donor giving needs.

Form 990, Part III, Line 4d - Other Program Services Description

Horizons for Homeless Children's Leominster Space Program was provided funding to refurbish a Leominster play space for homeless children and to replenish supplies at three sites and recruit and train more volunteers for all three sites.

| | |
|----------------------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS INC | Employer identification number 04-3537449 |
|----------------------------------------------------------------------------------------|----------------------------------------------|

Form 990, Part III, Line 4d - Other Program Services Description

Literarcy Volunteers was provided funding for its Tutor Training Program that ran four 18-hour tutor trainings including books and materials for tutors to used when teaching. This will help reach the 40 plus individual currently on a waiting list.

Our Father's House used their grant funds for a Therapeutic Self-Help Groups for Homeless Individuals. The shelter will be open for three days per week for therapeutic self-help groups.

United ARC of Franklin and Hampshire Counties received funding for its Positive Parenting Program for the North Quabbin. The program has a series of parent education and support groups for No. Quabbin parents with intellectual disabilities or functional limitations.

Millers River Watershed Council, Inc. received \$7,500 for its Millers-Otter Initiative. The funds will provide the public with enhanced river access, volunteer water monitoring opportunities and literature for two new Water Trails.

Mount Grace Land Conservation Trust, Inc. received \$8,800 for their Service Learning Project that will allow a deepening of connections to the community.

The Nashua River Watershed Association received \$14,350 to control purple loosestrife by 20% within two years and 80% within 10 years, enabling the re-establishment of native plants.

Pat Brody Shelter for Cats, Inc. received \$5,000 to spay/neuter cats of low-income residents in the Fitchburg/Leominster area.

| | |
|----------------------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS INC | Employer identification number 04-3537449 |
|----------------------------------------------------------------------------------------|----------------------------------------------|

Form 990, Part III, Line 4d - Other Program Services Description

The Trustees of the Reservation received \$12,500 for the Twin Cities Community Garden Project creating a site in Leominster and one in Fitchburg.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Two Board Members are father and son.

Form 990, Part VI, Line 11b - Form 990 Review Process

The finance committee is given a copy of the 990 to review and approve prior to filing it.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE TRUSTEES ARE GIVEN A COPY OF A CODE OF ETHICS AND A CONFLICT OF INTEREST POLICY THAT THEY SIGN OFF ON THAT THEY RECEIVED. ANY CONFLICTS ARE PUT IN WRITING AND SIGNED BY THE TRUSTEE AND DATED ON A YEARLY BASIS.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The executive committee reviews the president's performance annually.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Audited financial statements are available on the organization's website. In addition, a summary of the financial results are provided in an annual report, which is posted on the website in addition to being made available upon request.

Form 990, Part XI, Line 5
Other Changes in Net Assets or Fund Balances

| | |
|----------------------------------------------------|----------------------|
| Net Unrealized Gains or Losses on Investments..... | \$ 3,113,432. |
| Total | <u>\$ 3,113,432.</u> |